Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER: Bethlehem South Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2021 Westgate Drive Bethlehem, PA 18017	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to assess and document the status of wounds or provide physician ordered treatments to prevent new or worsened pressure ulcers for three or eight sampled residents. (Residents 2, 3, 4)Findings include: Clinical record review revealed that Resident 2 had diagnoses that included Hidradenitis suppurativa (chronic inflammatory skin condition of lumps and cysts in the buttocks, groin, and armpits), peripheral vascular disease (a condition when the blood vessels become narrow), and heart failure. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was alert, was dependent on staff for activities of daily living (ADL), and was at risk of developing pressure ulcers. A review of the care plan revealed that the resident had limited mobility and had skin breakdown on her left axilla (armpit) and right gluteal fold (the crease that forms beneath the buttocks). A physician's order dated March 2, 2024, directed staff to cleanse the resident's left axilla with a wound cleanser, apply an antibiotic lotion (clindamycin 1%) and apply a new dressing daily on day shift (7:00 a.m. to 3:00 p.m.). A review of Resident 2's treatment administration record (TAR) for April 2026, revealed a lack of documentation to support that the daily dressing was completed as ordered on four occasions on day shift. In addition, a physician's order dated April 2, 2026, directed staff to apply a topical cream (clindamycin phosphate 1%) on the resident's inflamed skin daily on day shift for wound care. A review of the treatment administration record for April 2026, revealed a lack of documentation to support that the medication was applied as ordered on three occasions on day shift and there was no documented evidence that the resident had refused treatment. Clinical record review revealed that Resident 3 had diagnoses that included hypertension (high blood pressure) and cellulitis of the left lower limb. The MDS assessment dated [DATE], indicated that the resident was alert, was dependent on staff for ADL, and was at risk for developing pressure ulcers. A review of the care plan revealed that the resident was at risk for skin breakdown related to fragile skin, poor safety awareness, and that he had an arterial ulcer (slow-healing wound) on his left ankle. Staff was instructed to provide wound treatment as ordered. A physician's order dated April 23, 2026, directed staff to remove the dressing, provide sterile cleaning, apply a new dressing to the left ankle and wrap it with a bandage daily on day shift. A review of the TAR for April 2026, revealed a lack of documentation to support that the daily dressing treatment was completed as ordered on three occasions on day shift and there was no documented evidence that the resident had refused treatment. In addition, a physician's order dated April 16, 2026, directed staff to apply a thin layer of skin protectant medication on the resident's buttocks on every shift for redness. A review of the treatment administration record for April 2026, revealed a lack of documentation to support that the medication was applied as ordered on seven occasions and there was no documented evidence that the residence had refused treatment. Clinical record review revealed that Resident 4 had diagnoses that included hypertension and stroke. The MDS assessment dated [DATE], indicated that the resident had memory problems, was dependent on staff for ADL, and had pressure ulcers. A review of the care plan revealed that the resident had a pressure ulcer on the sacrum, left heel and the left lower part of his leg. Staff were instructed to administer treatments per physician's orders. A physician order dated April 2, 2026, directed staff to (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/29/2026
NAME OF PROVIDER OR SUPPLIER Bethlehem South Skilled Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Westgate Drive Bethlehem, PA 18017	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	assess and document the appearance and the outcome of the wound on the left heel on every shift. A review of the TAR for April 2026, revealed a lack of documentation to support that staff assessed the wound on the left heel on day shift on eight occasions. In addition, a physician's order dated April 9, 2026, directed staff to assess and document the appearance and the outcome of the wound on the sacrum on every shift. A review of the TAR for April 2026, revealed a lack of documentation to support that staff assessed the wound on day shift on seven occasions. A further clinical review revealed a physician's order dated April 16, 2026, that directed staff to assess and document the appearance and the outcome of the wound on the left lower leg on every shift. A review of the TAR for April 2026, revealed a lack of documentation to support that staff assessed the wound on the left lower leg on day shift on seven occasions and there was no documented evidence that the resident had refused to be assessed. In an interview on April 29, at 12:36 p.m., the Director of Nursing confirmed that there was no documented evidence that staff assessed the wounds as ordered, provided wound care, or that the residents refused treatments on those dates. CFR. 483.25(b)(1)(ii) Pressure Ulcers.Previously cited 9/5/25 28 Pa. Code 211.12(d)(1)(5) Nursing services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395429	A. Building B. Wing	04/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethlehem South Skilled Nursing and Rehabilitation	2021 Westgate Drive Bethlehem, PA 18017

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on facility policy review, clinical record review, observations, and staff interview, it was determined that the facility failed to ensure that adequate catheter care was provided for two of eight sampled residents. (Residents 5, 6) Findings included: Review of the facility policy entitled, Catheter: Indwelling Urinary - Care of, last reviewed January 15, 2026, revealed that the catheter drainage bag must be positioned lower than the bladder, the catheter drainage bag must be emptied when it became half full, and the catheter tubing and drainage bag must be kept off the floor. Clinical record review revealed that Resident 5 had diagnoses that included obstructive uropathy (blockage in the urinary tract), diabetes, and kidney failure. The resident required the use of an indwelling urinary catheter (a tube inserted into the bladder to drain urine). On January 27, 2026, the physician ordered the resident to have an indwelling urinary catheter. On April 28, 2026, at 11:00 a.m., the resident was observed in bed with the catheter tube and catheter bag containing urine lying directly on the floor. On April 29, 2026, at 9:38 a.m., the resident was observed in bed with the catheter tube and catheter bag containing urine lying directly on the floor. At the time of the observation, registered nurse 1 stated that the catheter bag should have been kept off the floor. Clinical record review revealed that Resident 6 had diagnoses that included neuromuscular dysfunction of the bladder and diabetes. A physician's order dated December 28, 2024, instructed staff to monitor the resident's suprapubic catheter (a tube inserted in the lower abdomen to drain urine directly from the bladder) on every shift. On April 29, 2026, at 9:48 a.m., Resident 6 was observed lying in bed with the catheter drainage bag that was more than half full of urine on the floor. At the time of the observation, license practical nurse 1 stated that the catheter drainage bag should have been emptied and kept off the floor. In an interview on April 29, 2026, at 11:00 a.m., the Director of Nursing confirmed that the catheter bags should be emptied and not in contact with the floor. 28 Pa. Code 211.12(d)(1)(5) Nursing services.