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	06/02/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **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 ensure that the responsible party was notified of an alteration in treatment for one of four sampled residents. (Resident 1) Findings include:Clinical record review revealed that Resident 1 had diagnoses that included neurocognitive disorder with Lewy bodies (a progressive brain disorder caused by abnormal buildup of alpha-synuclein proteins in the brain, dementia with behaviors and insomnia). A Minimum Data Set assessment dated [DATE], indicated that the resident had memory impairment and was dependent for most of his care. A review of the resident's care plan revealed a problem area of at risk for complications related to the use of psychotropic drugs. On April 29, 2026, a psychiatrist documented that the resident's responsible party had indicated that she did not want the resident restarted on the psychotropic medication Depakote, a medication used to manage manic mood disorders. On May 1, 2026, a nurse documented that the resident had been exhibiting inappropriate behaviors towards staff. On the same day, a physician ordered for staff to administer the medication Depakote two times a day for dementia with behaviors. There was no documented evidence that the responsible party had been notified of the order to start administering the medication Depakote until May 4, 2026. On May 5, 2026, a nurse documented that the resident's behaviors had increased and he had to be redirected away from staff and other residents. On the same day, a physician ordered for the dosage of the Depakote to be increased. Review of the Medication Administration Record for May 2026, revealed that the staff had administered the Depakote as ordered by the physician. There was no documented evidence that the responsible party had been notified of the increase in the Depakote. In an interview on June 2, 2026, at 1:35 p.m., the Administrator stated that there was no documented evidence that the responsible party had been notified timely of the initiation of the Depakote and had not been notified of the increase in the dosage. CFR 483.10(g)(14) Notification of Changes.Previously cited 7/1/2025 28 Pa. Code 201.29(a) Resident rights. 28 Pa. Code 211.12(d)(1)(5) Nursing services.

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