

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 11/27/2024
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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48108</p> <p>Based on observation, clinical record review, and staff and resident interviews, it was determined that the facility failed to provide services to maintain adequate grooming and hygiene for two of 35 sampled residents. (Residents 39, 67)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 39 had diagnoses that included hemiplegia and hemiparesis following cerebral infarction, adult failure to thrive, and chronic pain in the left hand. Review of the care plan revealed that the resident required assistance with activities of daily living (ADLs) and had contractures of the left hand. Staff were to check fingernail length and trim and clean on bath days as needed, and fingernails were to be kept short. On November 25, 2024, at 12:59 p.m., the resident was observed in bed. His fingernails were long and dirty. There was a dark colored substance underneath the nails. The resident stated that his fingernails needed to be cut. On November 26, 2024, at 11:48 a.m., the resident was observed in bed. His fingernails remained long and dirty.</p> <p>Clinical record review revealed that Resident 67 had diagnoses that included unspecified dementia and contracture of the left hand. Review of the care plan revealed that the resident required assistance with ADLs. Staff were to check fingernail length and trim and clean on bath days as needed, and fingernails were to be kept short. On November 25, 2024, at 12:57 p.m., the resident was observed in bed. His fingernails were long and dirty. There was a dark colored substance underneath the nails. The resident stated that his fingernails needed to be cut. On November 26, 2024, at 12:26 p.m., the resident was observed in bed. His fingernails remained long and dirty.</p> <p>In an interview on November 27, 2024, at 9:21 a.m., the Administrator confirmed that the residents' fingernails should have been trimmed and cleaned with bathing and as needed.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48108</p> <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on clinical record review, observation, and staff interview, it was determined that the facility failed to implement interventions to prevent further decline and/or improve range of motion for two of 35 sampled residents. (Residents 39, 67)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 39 had diagnoses that included hemiplegia and hemiparesis following cerebral infarction, adult failure to thrive, and chronic pain in the left hand. Review of the care plan date October 24, 2024, revealed that the resident was at risk for self-care deficit related to physical limitations and required extensive assistance from staff. There was a care plan intervention dated July 31, 2024, for staff to apply a left elbow extension splint during morning care and remove at night. On November 25, 2024, at 12:59 p.m., and November 26, 2024, at 11:48 a.m., the resident was observed in bed without the splint in place. There was no documentation to support that the resident had refused to wear the splint.</p> <p>Clinical record review revealed that Resident 67 had diagnoses that included unspecified dementia and contracture of the left hand. Review of the care plan revealed that the resident required assistance with activities of daily living (ADLs) and that a carrot (a padded device, shaped like a carrot, used for separating contracted fingers from the palm) was to be utilized per orders. On February 5, 2024, the physician ordered for staff to apply a left-hand carrot at all times except for range of motion and morning and evening care. On November 25, 2024, at 12:57 p.m., and November 26, 2024, at 12:26 p.m., the resident was observed in bed without the carrot in place. There was no documentation to support that the resident had refused to have the carrot applied.</p> <p>In an interview on November 27, 2024, at 9:21 a.m., the Administrator confirmed that the residents should have had the devices applied in accordance with their care plans.</p> <p>CFR 483.25(c)(1)(3)Increase/Prevent Decrease In Range of Motion/Mobility</p> <p>Previously cited 11/2/2023.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		