

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395476	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/16/2025
NAME OF PROVIDER OR SUPPLIER  Northampton County-Gracedale		STREET ADDRESS, CITY, STATE, ZIP CODE  Gracedale Avenue Nazareth, PA 18064	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45244</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to complete an accurate Minimum Data Set (MDS) assessment for one of 36 sampled residents. (Resident 322)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 322 had diagnoses that included severe protein calorie malnutrition, bipolar disorder, and dementia. Review of Resident 322's MDS assessment dated [DATE], indicated that Resident 322 utilized an antipsychotic medication. Review of Resident 322's clinical record revealed no orders for or evidence that the resident received an antipsychotic medication.</p> <p>In an interview on April 15, 2025, at 12:57 p.m., the Administrator confirmed Resident 322's MDS was inaccurate.</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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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide physician ordered treatments for one of five sampled residents with pressure ulcers. (Resident 308)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 308 had diagnoses that included diabetes mellitus and hidradenitis suppurativa (a chronic condition where skin lesions develop as a result of inflammation and infection of sweat glands). Review of the wound consultant notes revealed that the resident had a stage 4 pressure sore (full-thickness skin and tissue loss, exposing muscle, tendon, or bone) on the sacrum (lower back). On February 21, 2025, the physician ordered for staff to cleanse the wound with wound cleanser, apply a collagen sheet to the wound bed, gently fill the rest of the wound with silver alginate, and cover with an Optifoam gentle dressing every shift. Review of Resident 308's March 2025 treatment administration record revealed a lack of documentation to support that the treatment to her sacrum had been completed on March 1, 3, 4, 7, 10, and 11, 2025.</p> <p>In an interview on April 16, 2025, at 9:47 a.m., the Director of Nursing confirmed that there was no documented evidence that Resident 308's wound treatments had been completed as ordered on the above dates.</p> <p>28 Pa Code 211.12 (d)(1)(5) Nursing services.</p>

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>45840</p> <p>Based on clinical record review, observation, review of facility documentation, and staff interview, it was determined that the facility failed to provide nail care to promote foot health for one of 36 sampled residents. (Resident 397)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 397 had diagnoses that included encephalopathy (damage or disease that affects the brain) and ischemic cardiomyopathy (a condition when your heart muscle is weakened as a result of a heart attack or coronary artery disease). Review of the Minimum Data Set assessment, dated March 21, 2025, revealed that the resident had mild cognitive impairment and was dependent on staff for care. On March 15, 2025, the physician ordered that nursing staff schedule the resident with the podiatry clinic for mycotic toenails (a fungal infection of the toenails that can cause discoloration, thickening, and separation from the nail bed). On April 13, at 11:42 a.m., the resident was observed in bed with toenails that were discolored, thick, long, and jagged. There was no documented evidence that the resident was seen by a podiatrist or provided with foot care.</p> <p>In an interview on April 16, 2025, at 9:50 a.m., the Director of Nursing stated that the podiatrist was at the facility weekly and that the resident should have been scheduled with the podiatry clinic and was not.</p> <p>28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services.</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45125</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to implement treatment and services to prevent a further decrease in range of motion for two of eight sampled residents with limited range of motion. (Residents 21 and 380)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 21 had diagnoses that included monoplegia (paralysis of one limb) of upper limbs, muscle weakness, and lack of coordination. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident was cognitively impaired, dependent on staff for activities of daily living, and had a limitation in range of motion on one side of the upper extremities. On April 4, 2025, the occupational therapist (OT) recommended a restorative nursing program (RNP) for range of motion for active assisted range of motion for the right and left upper extremities in all available planes as tolerated. A physician's order dated April 4, 2025, directed staff to provide the RNP and passive range of motion for the left upper extremities in all available planes five to seven times a week for 15 minutes as tolerated. There was no evidence that staff had implemented the RNP. In an interview conducted on April 16, 2025, at 9:41 a. m., the Director of Nursing confirmed there was no evidence that the RNP was provided for Resident 21. In an interview conducted on April 16, 2025, at 10:21 a.m., the Program Director of Rehabilitation stated that Resident 21 required the RNP as recommended for the right and left upper extremities to prevent further contracture of her left hand and to maintain range of motion.</p> <p>Clinical record review revealed that Resident 380 had diagnoses that included atrial fibrillation and cauda equina syndrome (a condition that occurs when the bundle of nerves below the end of the spinal cord are damaged). The MDS assessment dated [DATE], indicated that the resident was not cognitively impaired and required staff assistance for activities of daily living. Review of Resident 380's current care plan revealed that he had limited physical mobility related to weakness and that staff was to provide a restorative nursing program for passive range of motion exercises to his lower extremities 15 minutes per day. In an interview on April 14, 2025, at 12:31 p.m., Resident 380 stated that staff did not complete exercises to his lower extremities and that he would not refuse if offered. Review of Resident 380's RNP task flowsheet from March 15 through April 13, 2025, revealed that the resident was not offered restorative range of motion on 19 of 30 days. In an interview on April 16, 2025, at 9:47 a.m. the Director of Nursing confirmed that there was no documented evidence that the restorative nursing program was provided.</p> <p>28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>52457</p> <p>Based on a review of facility policy and observation, it was determined that the facility failed to ensure that medications/biologicals were securely stored in a medication or treatment cart on one of 12 nursing units. (Tower 5)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Storage of Medications, last reviewed February 20, 2025, revealed that the compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes) containing drugs and biologicals were to be locked when not in use. Unlocked medication carts were not to be left unattended.</p> <p>Observations on April 14, 2025, on Tower 5, from 11:20 a.m. through 11:36 a.m., revealed the medication cart in the common area was unlocked, unattended, and accessible to anyone in the vicinity. Observation from 11:55 a.m. through 12:26 p.m., revealed the same medication cart in the common area was unlocked, unattended, and accessible to anyone in the vicinity.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45125</p> <p>Based on facility policy review, observation, and staff interview, it was determined that the facility failed to store food in a sanitary manner on two of 12 nursing units. (Northwest 1 and Northwest 2) In addition, the facility failed to distribute resident meal trays in a sanitary manner on one of 12 nursing units. (Northeast 1)</p> <p>Findings include:</p> <p>A review of the facility policy entitled, Foods Brought by Family/Visitors, dated [DATE], revealed that perishable food items were to be labeled with the resident's name, the item, and the use-by date. Expired food items were to be discarded.</p> <p>Observation of the nourishment room refrigerator on the Northwest 1 unit on [DATE], at 9:25 a.m., revealed there was a package each of strawberries and blueberries, two packages of shrimp, a package of crawfish tail meat, an opened package of pepperoni, and an opened bottle of chili sauce. These items were not dated or labeled with a name on them. There was a container of vegetable soup that was dated [DATE], an opened container of lobster bisque dated [DATE], and a container of black bean salad that was labeled with a use-by date of [DATE]. In the cabinets, there were two bulk containers of cookies that were not dated. In an interview on [DATE], at 9:34 a.m., Registered Nurse (RN) 1 stated the nourishment room was only used for the residents.</p> <p>Observation of the nourishment room refrigerator on the Northwest 2 unit on [DATE], at 9:55 a.m., revealed there was a container of blueberries and strawberries, a container of meat sauce, a cup of peaches, and an opened bottle of orange soda. These items were not dated or labeled with a name on them. There was a packaged salad that was labeled use-by [DATE].</p> <p>Review of the facility policy entitled, Standard Precautions, Contact Precautions, Droplet Precautions, Airborne Precautions, Enhanced Barrier Precautions, last reviewed February 20, 2025, revealed that staff were to change gloves between tasks, and wash their hands between resident contacts.</p> <p>During observations of the lunch meal service on the Northeast 1 unit on [DATE], from 11:50 a.m. through 12:11 p.m., Licensed Practical Nurse (LPN) 1 was observed passing trays from the meal cart. LPN 1 was observed leaving the tray line area, opening doors to the medication room and other storage rooms, and adjusting her jacket. LPN 1 returned to tray line to continue serving food, including touching rolls, with her hands, wearing the same gloves, after touching the door knobs, keypads, and jacket, without changing her gloves.</p> <p>28 Pa. Code 201.18(b)(3)(e)(2.1) Management.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		