STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395527	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethlehem North Skilled Nursing and Rehabilitation	2029 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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on facility policy review, clinical record review, resident interview, and review of facility documentation, it was determined that the facility failed to report alleged violations involving abuse to the State Survey Agency for six of six sampled residents. (Residents 1, 2, 3, 4, 5, 6)Findings Include: Review of the facility policy entitled, Abuse Prohibition, last reviewed November 14, 2025, revealed that immediately upon receiving information concerning a report of suspected or alleged abuse, the Administrator or designee would report allegations that involved abuse not later than two hours after the allegation was made and report allegations to the appropriate state and local authorities within 24 hours if the event did not result in serious bodily injury. Clinical record review revealed that Resident 1 had diagnoses that included major depressive disorder, bipolar disorder, anxiety, and post-traumatic stress disorder (PTSD). Review of facility documentation revealed that on April 7, 2026, the resident alleged that a nurse aide (NA 1) was inappropriate and touched her vagina during incontinence care. There was a lack of evidence that the facility reported the alleged violation to the State Survey Agency until April 9, 2026. Clinical record review revealed that Resident 2 had diagnoses that included schizoaffective disorder, bipolar disorder, developmental disorder of speech and language, and mild intellectual disabilities. Review of facility documentation revealed that on April 7, 2026, Resident 1 alleged that Resident 2 informed her that nurse aide 1 had touched her inappropriately. There was a lack of evidence that the facility reported the alleged violation to the State Survey Agency until April 9, 2026. Clinical record review revealed that Resident 3 had diagnoses that included encephalopathy, cognitive impairment, anxiety, major depressive disorder, and delusional disorder. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that the resident had cognitive impairment and was dependent on staff for activities of daily living (ADLs). Review of facility documentation and the clinical record revealed that on March 17, 2026, April 9, 2026, and April 24, 2026, the resident reported that NA 1 had touched her inappropriately on one occasion. On April 30, 2026, staff documented that at the beginning of the evening shift (3:00 p.m. to 11:00 p.m.) on April 29, 2026, the resident had called local authorities regarding care concerns and reported the prior allegation. In an interview on May 11, 2026, at 12:45 p.m., the resident reported that she had told staff on multiple occasions and the local authorities on April 29, 2026, that NA 1 touched her inappropriately. There was a lack of evidence that the facility reported the alleged violation to the State Survey Agency until May 11, 2026. Clinical record review revealed that Resident 4 had diagnoses that included disorders of muscle and a history of cerebral infarction. The MDS assessment dated [DATE], revealed that the resident was dependent on staff for ADLs. Clinical record review revealed that Resident 5 had diagnoses that included disorder of bone, history of delirium, anxiety, delusional disorders, dementia with mil agitation and psychotic disturbance. Review of the MDS assessment revealed that the resident was dependent on staff for ADLs. Clinical record review revealed that Resident 6 had diagnoses that included osteomyelitis, history of depression, and unspecified affective mood disorder. Review of the MDS assessment dated [DATE], revealed that the resident required supervision and touch assistance with ADLs. Review of facility documentation (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	dated April 9, 2026, revealed that the facility was made aware of alleged violations involving abuse regarding Residents 4, 5, and 6 on that date. There was a lack of evidence that the facility reported the alleged violations to the State Survey Agency. 28 Pa. Code 201.14(c) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(1) Management. 28 Pa. Code 211.12(d)(1)(5) Nursing services.