

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395591	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Luther Crest Nursing Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Hausman Road Allentown, PA 18104	

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>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that the Minimum Data Set (MDS) assessments were completed to accurately reflect the resident's current status for one of 13 sampled residents. (Resident 2)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 2 had diagnoses that included diabetes mellitus, muscle weakness, need for assistance with personal care, and major depressive disorder. A physician's orders dated April 21, 2024, July 22, 2024, and March 28, 2025, directed staff to apply and monitor an electronic monitoring device to the resident's arm. Review of the MDS assessments dated July 13, 2024, October 13, 2024, and January 13, 2025, section P indicated the resident did not use the electronic monitoring device. The MDS inaccurately reflected the use of an electronic monitoring device.</p> <p>In an interview on June 5, 2025, at 10:12 a.m., the Director of Nursing confirmed that Resident 2's MDS assessments were inaccurate and did not reflect the resident's current status.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to implement physicians' orders for two of 13 sampled residents. (Resident 29, 36)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 29 had diagnoses that included congestive heart failure, coronary artery disease, and hypertension. A physician's order dated May 23, 2025, directed staff to weigh the resident daily. A review of the Medication Administration Record (MAR) for May and June 2025, and Treatment Administration Record (TAR) for May and June 2025, revealed that there was no evidence that staff weighed Resident 29 as ordered on May 25 and 26, 2025, and June 1 and 2, 2025.</p> <p>Clinical record review revealed that Resident 36 had diagnoses that included dementia, protein-calorie malnutrition, and chronic kidney disease. A physician's order dated April 29, 2025, directed staff to weigh the resident weekly. A review of the MAR and TAR for May 2025, revealed that there was no evidence that staff weighed Resident 36 as ordered between May 2 and May 27, 2025.</p> <p>In an interview on June 5, 2025, at 9:49 a.m. and 1:03 p.m., the Director of Nursing confirmed that there was no documented evidence that staff attempted to weigh the residents as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		