

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  395752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/27/2025
NAME OF PROVIDER OR SUPPLIER  Moravian Hall Square Health and Wellness Center		STREET ADDRESS, CITY, STATE, ZIP CODE 175 West North Street 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 09315</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that assessed safety interventions with transfers was implemented for one of four residents sampled. (Resident R1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident R1 was admitted to the facility on [DATE], with diagnoses that included a closed fracture of the left tibia/fibula, anemia and osteopenia. On January 25, 2025, the physical therapist and physician directed staff to transfer the resident with the assist of two staff members with any transfer from the bed to the wheelchair. A note by a nurse on February 4, 2025, following an orthopedic planned followup, revealed that the resident was transferred by one staff member from her bed to the wheelchair. The resident experienced discomfort after the transfer.</p> <p>In an interview on February 27, 2025, at 10:30 a.m., the Nursing Home Administrator confirmed that the nursing assistant did not follow the resident's plan of care.</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
---	-------	-----------