

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 04/03/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</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) assessment was completed to accurately reflect the current status of two of 15 sampled residents. (Residents 47, 57)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 47 had a diagnosis of diabetes. Section N of the MDS assessment dated [DATE], indicated that Resident 47 was injected with insulin once during the seven-day review period. Review of Resident 47's clinical record revealed that Resident 47 did not have a physician's order for and was not administered insulin during the seven-day review period, as inaccurately identified on the MDS assessment.</p> <p>Clinical record review revealed that Resident 57 was admitted to the facility on [DATE], for short term rehabilitation. A nursing note dated February 4, 2025, indicated the resident was discharged back to her home in a personal care setting with memory support. The MDS assessment dated [DATE], indicated the resident discharged to a long term care hospital.</p> <p>In an interview on April 3, 2025, at 9:11 a.m., the Nursing Home Administrator confirmed that Resident 47's and 57's MDS assessments were 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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48578</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to develop a comprehensive care plan that addressed individual residents' needs as identified in the comprehensive assessment for two of 15 sampled residents. (Residents 20, 56)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 20 had diagnoses that included legal blindness, hearing loss, difficulty walking, and an enlarged prostate. The Minimum Data Set (MDS) assessment dated [DATE], noted the resident had vision difficulties, communication issues due to his impaired hearing, and continence issues. The MDS Care Area Assessment (CAA) summary noted that the resident's vision, communication, and urinary incontinence issues were to be addressed in the care plan. There was no evidence that interventions to address Resident's 20's vision, communication, and urinary incontinence were addressed in the care plan.</p> <p>Clinical record review revealed that Resident 56 had diagnoses that included difficulty walking and heart failure. Resident 56's admission bowel and bladder assessment dated [DATE], indicated that the resident was occasionally incontinent. The MDS CAA summary dated March 20, 2025, noted that the resident's incontinence was to be addressed in the care plan. There was no evidence that interventions to address Resident's 56's urinary incontinence was included in the current care plan.</p> <p>In an interview on April 3, 2025, at 9:13 a.m., the Assistant Director of Nursing confirmed there was no documented evidence that the identified care areas were addressed in the care plans.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>		