STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395752	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Moravian Hall Square Health and Wellness Center	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)
F 0810 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide special eating equipment and utensils for residents who need them and appropriate assistance. Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that adaptive equipment was provided to one of two sampled residents who required adaptive equipment with meals. (Resident 42)Findings include: Clinical record review revealed that Resident 42 had diagnoses that included fracture of the third and fourth metacarpal bones (in the hand), chronic pain syndrome, and osteoarthritis. Review of the care plan revealed that the resident was at risk for nutrition problems with an intervention for adaptive equipment while eating. The intervention was for staff to provide built-up left angled utensils, a divided plate, and a cup with a lid and straw for all meals. A physician's order dated February 3, 2026, directed staff to provide built-up left angled utensils, a divided plate, and a cup with a lid and straw for all meals. On March 11, 2026, from 8:15 a.m. through 8:25 a.m., Resident 42 was observed in her room with her meal and without built-up left angled utensils or a divided plate. On March 11, 2026, from 12:10 p.m. through 12:35 p.m., Resident 42 was observed in the dining room with her meal and without built-up left angled utensils, a divided plate, or a cup with a lid and straw. In an interview on March 12, 2026, at 11:45 a.m., the Director of Physical Therapy confirmed that the resident should have received the built-up left angled utensils, divided plate, and a cup with lid and straw at all meals. 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services.

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