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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395939 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 10/26/2024 |
| NAME OF PROVIDER OR SUPPLIER Complete Care at Lehigh LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 1718 Spring Creek Road MacUngie, PA 18062 | |

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) |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>45840</p> <p>Based on clinical record review, facility documentation review, and staff interview, it was determined that the facility failed to ensure that the responsible party was notified of a change in condition for one of six sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included diabetes, polyneuropathy, and muscle weakness. Review of the Minimum Data Set assessment, dated October 11, 2024, revealed the resident had cognitive impairment. On October 10, 2024, at 7:25 a.m., a nurse noted that the resident fell going back to bed after using the toilet. Review of a nurse's note dated October 10, 2024, at 11:05 a.m. revealed new orders from the physician for x-rays of the right hip, pelvis, and thoracic and lumbar spine. According to the facility investigation into the fall, the resident's responsible party was not notified of the fall and x-rays until the following day at 3:15 p.m.</p> <p>In an interview on October 28, 2024, at 2:15 p.m., the Director of Nursing stated that staff was to notify the responsible party immediately after a fall.</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 |
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