

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 02/11/2026
NAME OF PROVIDER OR SUPPLIER Complete Care at Lehigh LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1718 Spring Creek Road MacUnjie, 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)		
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a physician ordered medication was available from the pharmacy for one of six sampled residents. (Resident 1) Findings include: Clinical record review revealed that Resident 1 had diagnoses that included a fractured femur, a stroke and osteoarthritis. On February 7, 2026, a physician ordered for staff to apply diclofenac sodium external gel, a gel used to relieve joint pain from osteoarthritis, to his lower extremities four times a day for pain. Review of the Treatment Administration Record (TAR) for February 2026, revealed that on February 8, 2026, for all four applications and on February 9, 2026, for the morning application of the diclofenac sodium external gel was coded other see notes on the TAR. Review of the nursing notes for February 8, and 9, 2026, revealed that the diclofenac sodium external gel had not been applied because it was not available from the pharmacy. In an interview on February 11, 2026, at 12:20 p.m., the Director of Nursing confirmed that the diclofenac sodium external gel had not been applied as ordered by the physician because it had not been available from the pharmacy for the dates listed above. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(1)(3) Management. 28 Pa. Code 211.12(d)(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
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