STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395939	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Lehigh LLC	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, resident interview, and staff interview, it was determined that the facility failed to provide care and services to maintain dignity and preferences to promote quality of life for two of ten sampled residents. (Residents 1 and 10)Findings include:Clinical record review revealed that Resident 1 had diagnoses that included Parkinson's disease, muscle weakness, and dementia. Review of the Minimum Data Set (MDS) assessment dated [DATE], revealed that Resident 1 required assistance with activities of daily living and had moderate cognitive impairment. Review of the care plan dated July 15, 2025, revealed that staff were to assist the resident with transfers, movement and dressing. On June 4, 2026, at 10:15 a.m., Resident 1 was observed in bed wearing his night clothes. At 10:30 a.m., and 10:44 a.m., the call bell for Resident 1's room was observed to be activated. At 11:00 a.m., Resident 1 was observed in bed. He remained in his night clothes. He stated that he had asked the nurse who responded to his call bell both times to assist him with dressing for the day. The nurse had left without providing or offering assistance. At 11:28 a.m., Resident 1 was observed in bed, still in his night clothes. Resident 1 stated that he preferred to get out of bed before 9:00 a.m. Clinical record review revealed that Resident 10 had diagnoses that included hemiplegia and hemiparesis (paralysis) due to a stroke, and a seizure disorder. Review of the MDS assessment dated [DATE], revealed that Resident 10 required assistance with activities of daily living and did not have cognitive impairment. Review of the care plan dated February 13, 2026, revealed that staff were to assist the resident with transfers, movement and dressing. On June 4, 2026, at 10:41 a.m., the call bell for Resident 10's room was observed to be activated. At 10:44 a.m., Resident 10 stated that she was waiting for an aide to assist her with dressing. She stated that she preferred to be out of bed before 9:00 a.m.; that she had pressed the call bell twice since 8 a.m.; and that staff had turned it off without offering assistance. At 11:25 a.m., Resident 10 was observed in bed, still in her night clothes. In an interview at 1:25 p.m., Resident 10 stated that she was not assisted to dress until 12:28 p.m.In an interview on June 4, 2026, at 4:24 p.m., the Director of Nursing confirmed that Residents 1 and 10 had not been provided timely assistance to maintain their dignity and respect their preferences.28 PA Code 211.12(d)(1)(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395939	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Complete Care at Lehigh LLC	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on review of facility documentation, results of a test tray audit, resident interview and staff interview, it was determined that the facility failed to provide food that was palatable and at an appetizing temperature on one of four nursing units. (1st floor TCU)Findings include:Review of five months of Resident Council Minutes from January 2026, through May 2026, revealed that residents had stated that their food was served cold and was not palatable.In interviews on June 4, 2026, from 9:45 a.m., through 11:20 a.m., Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 stated that the food is often late, usually the wrong temperature, and often unpalatable.Review of facility documentation entitled, Test Tray Meal Evaluation, revealed that the hot entree, starch, and vegetable should be greater than or equal to 135 degrees Fahrenheit (F), and cold drinks should be below or equal to 41 F at point of service to the residents. Results of a test tray audit conducted on June 4, 2026, at 1:16 p.m., revealed the chicken thigh w/onion gravy was served at a temperature of 127 F, the potato wedges were served at a temperature of 103 F, the mixed vegetables were served at a temperature of 109 F, and apple juice was served at a temperature of 54 F. The meal was not palatable to taste.In an interview on June 4, 2026, at 4:20 p.m., the Administrator confirmed the food did not meet the expectations for hot foods to be served at or above 135 F and cold foods to be served at or below 41 F.28 Pa. Code 201.14(a) Responsibility of licensee.