STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395951	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lehigh Valley Hospital Tsu	17th & Chew Sts Allentown, PA 18105

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on facility policy review, clinical record review, observation, and resident and staff interviews, it was determined that the facility failed to assess a resident's capability to self-administer medications for one of 12 sampled residents. (Resident 48)Findings include:Review of the facility policy entitled, Medications Self-Administration - Pharmacy, last reviewed April 8, 2026, revealed that self-administration of medications could only occur under direct observation by a licensed staff member for residents who are determined to be fully alert, oriented, and able to follow instructions. The policy also stated that nursing staff were to instruct the patient in the proper use of the medication and document this education in the interdisciplinary teaching record. Clinical record review revealed that Resident 48 had diagnoses that included recent left femur fracture from a fall that was surgically repaired, chronic pain, and difficulty with walking. A physician's order dated May 15, 2026, directed staff to place a pain patch (lidocaine 4 percent (%)) on Resident 48's left lower extremity daily at 9:00 a.m., and to leave it in place for 12 hours. Review of Resident 48's medication administration record for May 2026, revealed that the medication was refused on the morning of May 19, 2026, because Resident 48 wanted to shower. Observations on May 19, 2026, from 12:56 p.m., to 2:56 p.m., revealed that there was an open, unused lidocaine patch on Resident 48's bedside table dated May 19, 2026, and initialed by registered nurse (RN) 1 who was assigned to care for the resident for day shift (7:00 a.m. to 3:00 p.m.) There was no documentation to indicate that the facility had assessed Resident 48 for the ability to self-administer the lidocaine patch, and the medication was not secured.In an interview on May 20, 2026, at 2:23 p.m., the Director of Nursing confirmed that Resident 48 was not assessed to self-administer the medication, and the medication should not have been left on the resident's bedside table.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