

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396096	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2026
NAME OF PROVIDER OR SUPPLIER Moravian Village of Bethlehem		STREET ADDRESS, CITY, STATE, ZIP CODE 634 East Broad Street Bethlehem, PA 18018	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on review of manufacturer instructions, clinical record review, and staff interview, it was determined that the facility failed to ensure that residents were free from unnecessary medications for one of three sampled residents reviewed for their drug regimen. (Resident 1) Findings include: According to the manufacturer's instructions, the buprenorphine patch should be changed at the same time of day, one week (exactly seven days) after the patch was applied. After removing and disposing of the patch, the date and time of removal should be recorded. Clinical record review revealed that Resident 1 was admitted to the facility on [DATE], with diagnoses that included multiple acute thoracic vertebra fractures, multiple right rib fractures, and severe kyphosis (excessive forward curve of the spine). Review of the hospital after visit summary dated March 10, 2026, revealed a buprenorphine patch (an opioid) was to be discontinued after the current patch was completed. On March 23, 2026, the resident was transferred to the hospital for a change in condition. Upon transfer, the nurse observed the buprenorphine patch on the resident's upper arm. The facility failed to identify, monitor the effects, or timely remove the buprenorphine patch that remained on the resident for 13 days. In an interview on April 9, 2026, at 2:00 p.m., the Director of Nursing confirmed that the buprenorphine patch order was not identified until March 23, 2026, and staff should have removed the patch at an earlier date. 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
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