

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 06/18/2025
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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on clinical record review, staff interview, and resident interview, it was determined that the facility failed to implement physician's orders for one of 14 sampled residents. (Resident 36)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 36 had diagnoses that included a broken right ankle and diabetes. A physician's order dated April 30, 2025, directed staff to apply an anti-embolic stocking (a special sock to prevent blood clots) to the left leg daily and remove every night due to swelling. Observation on June 16, 2025, at 12:30 p.m. revealed that Resident 36 did not have the anti-embolic stocking applied to her left leg, and multiple observations on June 17, 2025 between 10:00 a.m. and 12:50 p.m., revealed that the stocking was not applied to Resident 36's left leg. Review of the Treatment Administration Record (TAR) for June 2025 revealed nurses' initials indicated that the anti-embolic stocking was applied in the morning and removed at bedtime on June 16, 2025 and June 17, 2025. In an interview on June 16, 2025 at 12:30 p.m., the resident stated that she has never had a stocking applied to her left leg.</p> <p>In an interview on June 18, 2025 at 11:45 a.m., the Director of Nursing (DON) confirmed that the order for the anti-embolic stocking to the left leg was an error and that the nurses should not have indicated that it was applied.</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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