

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Good Shepherd Home-Bethlehem		STREET ADDRESS, CITY, STATE, ZIP CODE 2855 Schoenersville Road Bethlehem, PA 18017	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43883</p> <p>Based on resident interview and observation, it was determined that the facility failed to provide a clean and comfortable environment on the nursing unit.</p> <p>Findings include:</p> <p>During a confidential resident interview on December 17, 2024, at 12:34 p.m., it was reported that the floors in resident rooms were not cleaned thoroughly.</p> <p>During a group interview on December 18, 2024, at 10:05 a.m., two of four residents reported that the floors on the nursing unit are not always cleaned thoroughly.</p> <p>On December 17, 2024, at 12:29 p.m., there was dirt and debris on the floor of room [ROOM NUMBER].</p> <p>Observations on December 18, 2024, between 9:29 a.m. and 1:26 p.m., revealed the following:</p> <p>There was dirt and debris on the floors of rooms 204, 217, 219, and 221. The dirt and debris remained on the floor of room [ROOM NUMBER]. There was dirt, debris, and a white substance smudged on the floor of room [ROOM NUMBER] that remained through the end of the observation period.</p> <p>28 Pa. Code 201.14(a) Responsibility of licensee.</p> <p>28 Pa. Code 201.18(b)(1) Management.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45244</p> <p>Based on facility policy review, clinical record review, review of facility documentation, and staff interview, it was determined that the facility failed to prevent resident to resident physical abuse by one resident (Resident 55) to ensure that each resident was free from abuse, for one of 15 sampled residents. (Resident 29)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Prevention of Resident Abuse, last reviewed December 2, 2024, revealed that all residents within the facility shall be free from abuse regardless of whether it comes from staff, other residents, volunteers, visitors, family or friends.</p> <p>Clinical record review revealed that Resident 55 had diagnoses that included diffuse traumatic brain injury, anxiety, mood disorder, and impulse disorder. Review of the Minimum Data Set assessment dated [DATE], revealed that the resident had physical behaviors. Review of Resident 55's care plan revealed a behavior management plan for acting aggressively to staff and peers with an intervention for staff to ensure the resident was at arm's length away from all other residents in the facility.</p> <p>Review of nurses' notes dated November 22, 2024, through December 5, 2024, revealed that Resident 55 exhibited agitation and aggressive behaviors that included throwing items, attempts to grab, scratch, kick, and hit staff, showing the middle finger, and pushing tray tables.</p> <p>On December 7, 2024, the nurse noted that Resident 55 scratched and hit Resident 29 in the hallway. Review of the facility witness statements, revealed that Resident 55 was agitated on December 7, 2024, prior to the incident with Resident 29, and staff left him unattended in the hallway with other residents within reach.</p> <p>In an interview on December 19, 2024, at 11:35 a.m., the Director of Nursing confirmed that Resident 55 was left unsupervised within arm's length of other residents when he should not have been.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		