

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Hanover		STREET ADDRESS, CITY, STATE, ZIP CODE 3370 High Pointe Boulevard 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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39422</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to provide services to maintain adequate grooming and hygiene for one of four sampled residents who required assistance with activities of daily living (ADLs). (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included encephalopathy (disturbance of brain function), heart failure, and muscle weakness. The Minimum Data Set assessment dated [DATE], indicated that the resident was alert, had limited mobility to the right upper extremity, and required assistance with mouthcare. There was no documented evidence the resident was assisted with mouthcare, and no refusals were noted.</p> <p>In an interview on February 19, 2025, at 3:45 p.m., the Director of Nursing confirmed there was no documented evidence the resident was assisted with mouthcare and no evidence the resident refused.</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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(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>39422</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to ensure that a physician's order was implemented for one of four sampled residents. (Resident 1)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 1 had diagnoses that included encephalopathy (disturbance of brain function), heart failure, and muscle weakness. A physician's order dated January 6, 2025, directed staff to obtain a stat (immediate) urine sample for urinalysis to rule out an infection. There was no documented evidence that the urine sample was obtained as ordered.</p> <p>In an interview on February 19, 2025, at 3:45 p.m., the Director of Nursing confirmed the urine sampled was not obtained as ordered.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services</p>