

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  04/08/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, it was determined that the facility failed to ensure that medical record documentation was complete and accurate for one of four sampled residents. (Resident R1)</p> <p>Findings include:</p> <p>Resident R 1 was admitted to the facility on [DATE], with diagnosed that included metabolic encephalopathy and left below the knee amputation. The April 1, 2025, admission skin assessment revealed that the resident had no open areas and her skin was intact. The April 3, 2025, bathing assessment revealed that the resident's skin was intact with no impaired area.</p> <p>In an interview on April 8, 2025, at 10:30 a.m., the resident informed the nurse practitioner that a bandaged area on the right lower extremity had not been changed or the area assessed by staff since admission on [DATE]. The right lower extremity was then assessed and a treatment prescribed.</p> <p>There was a lack of documentation within the clinical record that the impaired area was identified by staff from admission until April 8, 2025 (eight days later).</p> <p>28 Pa. Code 211.5(f) Medical records.</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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