

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 06/29/2025
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, it was determined that the facility failed to address or implement an order by the orthopedic surgeon to prevent a decline in range of motion 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 heart failure, osteoarthritis of the right hand, and vision loss. The Minimum Data Set assessment dated [DATE], indicated that the resident was alert, dependent on staff for activities of daily living, and had a limitation in range of motion to one arm. On June 11, 2025, the orthopedic surgeon ordered a Dynasplint (stretching device to increase joint movement) to the right elbow. Review of the occupational therapy treatment note, dated June 20, 2025, revealed that staff was to ensure the resident had the Dynasplint in place for 30 minutes three times a day after every meal. There was no documented evidence that staff had implemented the recommendations to ensure that the Dynasplint was in place.</p> <p>In an interview conducted on June 29, 2025, at 1:50 p.m., the Administrator confirmed that there was no documented evidence that the recommendation for the Dynasplint was implemented.</p> <p>28 Pa. Code 211.12(d)(1)(3)(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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