

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395429	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 03/12/2025
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NAME OF PROVIDER OR SUPPLIER: BETHLEHEM SOUTH SKILLED NURSING AND REHABILITATION CENTER STATE LICENSE NUMBER: 900302	STREET ADDRESS, CITY, STATE, ZIP CODE: 2021 WESTGATE DRIVE BETHLEHEM, PA 18017
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>1,2) Nurse aide staffing ratios will be reviewed for the last 7 days to evaluate if nurse aide ratio is met.</p> <p>3) Nursing admin and scheduler will be re-educated on new July 1 nurse aide staffing ratio and PPD requirements.</p> <p>4) Weekly audit of nurse aid ratios will be conducted for 60 days by NHA/designee to assure nurse aid ratio is met. Tracking and trends to be submitted to QAPI committee for any further action needed.</p>	<p>Completion Date: 05/13/2025 Status: APPROVED Date: 03/20/2025</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:

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P 5520	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to provide the minimum of one nurse aide (NA) per each resident for seven of seven days reviewed. Findings include: Reivew of nursing time schedules from March 2, through March 8, 2025, revealed that the facility failed to provide a minimum of one NA for ten residents on day (7:00 a.m.-3:00 p.m.) shift on March 2, 4, 7, 8, 2025. The facility failed to provide the minimum of of one NA for 11 residents on the evening (3:00 p.m.-11:00 p.m.) shift on March 2, 3, 4, 5, 6, 7, 8, 2025. The facility failed to provide the minimum of one NA for 15 residents on the night (11:00 p.m.-7:00 a.m.) shift on March 2, 4, 5, 6, 7, 8, 2025.	P 5520		

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P 5530	<p>Nursing services.</p> <p>(4) Effective July 1, 2023, a minimum of 1 LPN per 25 residents during the day, 1 LPN per 30 residents during the evening, and 1 LPN per 40 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p> <p>Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of one Licensed Practical Nures (LPN) for each resident on two of seven days reviewed.</p> <p>Findings include:</p> <p>Reivew of nursing time schedules from March 2, through March 8, 2025, revealed that the facility failed to provided a minimum of one LPN for 40 residents on night (11:00 p.m.-7:00 a.m.) shift on March 3, 4, 2025.</p>	P 5530	<p>1,2) LPN staffing ratios will be reviewed for the last 7 days to evaluate if LPN ratio is met.</p> <p>3) Nursing admin and scheduler will be re-educated on new July 1 LPN nurse staffing ratio and PPD requirements.</p> <p>4) Weekly audit of LPN ratios will be conducted for 60 days by NHA/designee to ensure LPN ratio is met. Tracking and trends to be submitted to QAPI committee for any further action needed.</p>	<p>Completion Date: 05/13/2025</p> <p>Status: APPROVED</p> <p>Date: 03/20/2025</p>

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P 5640	<p>Nursing services.</p> <p>(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5640	<p>5640</p> <p>1,2) HPPD will be reviewed for the last 7 days to evaluate if the state minimum PPD of 3.2 hours of direct care is met. Master PCA has been updated and the facility is hiring to schedule needs to ensure ratios and HPPD at being met.</p> <p>3) Nursing admin and scheduler will be re-educated on July 1 nurse staffing and PPD requirements.</p> <p>4) Weekly audit of HPPD will be conducted for 60 days by NHA/designee to ensure minimal HPPD is met. Tracking and trends to be submitted to QAPI committee for any further action needed.</p>	<p>Completion Date: 05/13/2025</p> <p>Status: APPROVED</p> <p>Date: 03/20/2025</p>

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P 5640	Continued from page 4 Based on a review of nursing time schedules, it was determined that the facility failed to ensure that a minimum of 3.2 hours of direct care for each resident was provided on six of seven days reviewed. Findings include: Review of nursing time schedules from March 2, through March 8, 2025, revealed that the facility failed to ensure that a minimum of 3.2 hours of direct care for each resident was provided on the following days: March 2, 2025: 2.54 care hours per resident. March 3, 2025: 3.06 care hours per resident. March 4, 2025: 3.15 care hours per resident. March 6, 2025: 2.87 care hours per resident. March 7, 2025: 3.17 care hours per resident. March 8, 2025: 2.94 care hours per resident.	P 5640		



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BETHLEHEM SOUTH SKILLED NURSING AND REHABILITATION CENTER

STATE LICENSE NUMBER: 900302

SURVEY EXIT DATE: 03/12/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY