

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395752</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>01/17/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>MORAVIAN HALL SQUARE HEALTH AND WELLNESS CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>175 WEST NORTH STREET NAZARETH, PA 18064</b>		
STATE LICENSE NUMBER: <b>392702</b>				
(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
F 0000	INITIAL COMMENT	F 0000		
F 0552 SS=D	Based on an Abbreviated survey in response to a complaint completed on January 17, 2025, it was determined that Moravian Hall Square Health and Wellness Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey.	F 0552		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0552  SS=D	Continued from page 1  483.10(c)(1)(4)(5) Right to be Informed/Make Treatment Decisions  §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.  This REQUIREMENT is not met as evidenced by:	F 0552	1. The Infection Prevention Nurse will provide education to residents and/or their designated representatives regarding vaccination options and their benefits and risks prior to obtaining informed consent. 2. If the resident representative and the resident are unable to recall IF they had received a recent vaccination their community Primary Care Physician will be contacted. 3. The Infection Prevention Nurse will obtain informed consent for all vaccinations from residents and/or their designated representatives, utilizing the Document Manager in PCC or, where applicable, paper documentation. 4. A physician's order will be obtained 5. The nurse will verify that informed consent has been obtained prior to administering any vaccinations. 6. Residents will be monitored for signs and symptoms for 24 to 48 hours following administration of the vaccine.	Completion Date: <b>01/29/2025</b> Status: <b>APPROVED</b> Date: <b>02/03/2025</b>

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F 0552  SS=D	Continued from page 2	F 0552	<p>7. Vaccination administration will be documented by nurse in EMAR on PCC and updated in the immunizations tab of resident's EMR.</p> <p>8. The COVID-19 Vaccine Policy has been reviewed, and staff have been educated on the associated policies and procedures. This includes training on how to effectively communicate with residents and their representatives regarding vaccination, ensuring they understand the informed consent process and their right to make an informed decision.</p> <p>9. The Infection Preventionist will be responsible to insure All vaccinations have physician orders and consent prior to administration. This will be completed by the infection preventionist, with the DON as her backup - This will be added to our QAPI reporting no less than quarterly for the next year</p>	

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F 0552  SS=D	Continued from page 3  Based on policy review, clinical record review, and staff interview, it was determined that the facility failed to inform a resident and (or) responsible party, in advance, of a treatment and (or) treatment options prior to receiving a vaccine for one of three sampled residents. (Resident 1)  Review of the facility policy entitled, "Covid-19 Vaccine Policy," dated January 4, 2025, revealed that before receiving any Covid-19 vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of the vaccine and obtain consent.  Clinical record review revealed that Resident 1 was admitted to the facility on March 3, 2024, and had diagnoses that included dementia and muscle weakness. The Minimum Data Set assessment dated November 28, 2024, indicated the resident had memory loss and required extensive assistance with activities of daily living. On September 17, 2024, the physician ordered for staff to administer	F 0552		

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F 0552  SS=D	Continued from page 4  an as needed Covid-19 vaccination in the event of an outbreak. On November 7, 2024, staff administered the Covid-19 vaccine. There was no documentation to support that the resident or the resident's responsible party was provided with information and education regarding the benefits and potential side effects of the vaccine or that consent was obtained prior to the administration of the Covid-19 vaccine.  In an interview on January 17, 2025, at 1:30 p.m., the Director of Nursing confirmed that the resident and the resident's representative were not provided with informed consent prior to receiving the Covid-19 vaccine.  28. Pa. Code 211.12(d)(1) Nursing services.	F 0552		



# Certified End Page

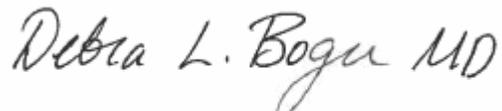
**MORAVIAN HALL SQUARE HEALTH AND WELLNESS CENTER**

**STATE LICENSE NUMBER: 392702**

**SURVEY EXIT DATE: 01/17/2025**

**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