

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

April 5, 2024

[REDACTED]
BETHLEHEM MANOR SENIOR LIVING LLC
[REDACTED]

RE: BETHLEHEM MANOR
815 PENNSYLVANIA AVENUE
BETHLEHEM, PA, 18018
LICENSE/COC#: 22684

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/08/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *BETHLEHEM MANOR* License #: *22684* License Expiration: *05/24/2024*
 Address: *815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: *BETHLEHEM MANOR SENIOR LIVING LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *04/11/2017* Issued By: *DLI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint* Exit Conference Date: *02/08/2024*

Inspection Dates and Department Representative

02/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *75* Residents Served: *42*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Upstairs* Capacity: *36* Residents Served: *15*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *34* Have Physical Disability: *0*

Inspections / Reviews

02/08/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/11/2024*

Inspections / Reviews *(continued)*

03/20/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/27/2024

03/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/29/2024

04/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The enabler bar attached to resident [redacted] bed in pod [redacted] measured approximately 12 inches across and was not covered. In addition, the enabler bar was attached to a wooden board which was not secured to the bed's frame, allowing the enabler bar to slide out of place and create a gap between the bar and the side of the mattress.

Plan of Correction

Accept [redacted] - 03/26/2024)

In response to the regulation 81.b On [redacted] this was immediately corrected at the time of inspection.

To enhance the current compliant operations our nursing department maintenance, housekeeping were reeducated on [redacted] and [redacted] on proper equipment placement. On [redacted] we had an in-service and reeducation all staff on proper equipment. Med aides, [redacted] Nursing supervisor (and/or who covers on her day off) , PCAs, med aids and housekeeping will check the bed canes daily to ensure safety placement of the bed canes and that they are covered.

Administration and nursing supervisor will inspect all equipment on weekly basis to ensure compliance. This weekly audit will be done by administration & nursing supervisor.

In Step 2 we will send you a picture of proper placement of bed cane for resident [redacted] and our weekly audit form.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [redacted] - 04/05/2024)

187d - Follow Prescriber's Orders

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] Medication administration record indicates the resident is to be weighed once monthly. The resident did not have documentation of weight for January 2024.

Plan of Correction

Accept [redacted] - 03/26/2024)

In response to regulation 187.d Nursing supervisor Christina immediately weighted resident [redacted] on [redacted]

To enhance the current compliant operations on the last day of each month nursing supervisor in coordination with the med aide will ensure that all monthly weights are done. If a resident is out of facility we will get done once returned.

187d - Follow Prescriber's Orders (continued)

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Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented [redacted] - 04/05/2024)

225c - Additional Assessment

3. Requirements

- 2600.
- 225.c. The resident shall have additional assessments as follows:
 1. Annually.

Description of Violation

Resident [redacted] most current support plan was completed [redacted]. The home did not have documentation that an annual support plan was completed in 2023.

Plan of Correction

Accept [redacted] - 03/26/2024)

In response to the regulation 225.c on 2/8/2024 Chrissie our rasp coordinator updated rasp and it was put in chart.

To enhance the current compliant operations A RASP log was created to insure that all rasp are done and accounted for. On weekly bases [redacted] Nursing supervisor and rasp coordinator [redacted] will insure they are done on time. This will be audited by the [redacted] Administrator on a weekly basis. This rasp was faxed to licensing on 2/21/2024 when we submit step 2 we will send you a copy of confirmation and rasp for 2023 on resident [redacted]

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Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented [redacted] - 04/05/2024)

227c - Support Plan Revision

4. Requirements

- 2600.
- 227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] has been taken to the hospital 3 times from [redacted] to [redacted] for irritated and itchy skin, this includes an admission to the hospital on [redacted] with a diagnosis of crusted scabies. The Resident Assessment Support Plan (RASP) dated [redacted] has not been updated to support treatment.

227c - Support Plan Revision (continued)

Plan of Correction

Accept [REDACTED] - 03/26/2024)

In response to the regulation 227.c We respectfully disagree with this violation as the direct care staff was diligently caring for resident [REDACTED]. To ensure we were following all PCP orders and being cautious we sent [REDACTED] to the hospital several times. Our direct care staff continued to follow the PCP and hospital discharge orders. This just wasn't documented in rasp.

To enhance the current compliant operation, the rasp was updated on [REDACTED] - [REDACTED] Nursing supervisor will ensure that the items needed in the rasp will be updated on or as needed on a weekly basis.

On step 2 we will send a copy of the update.

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Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented [REDACTED] - 04/05/2024)

227i - Support Plan Accessible

5. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

Staff interviews have determined they do not have access to the resident files, specifically the Resident Assessment Support Plan (RASP).

Plan of Correction

Accept [REDACTED] - 03/26/2024)

In response to the regulation 227.i All direct care staff was retrained on [REDACTED] to locate a resident care support plan in the wellness with the residents medical chart. We went over the information that's in a RASP.

To enhance the current compliant operation, going forward any new direct care hire at the time of training will be physically shown where to locate a rasp and what it is.

On step 2 we will send info on training log for staff training on [REDACTED]

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Licensee's Proposed Overall Completion Date: 03/22/2024

227i - Support Plan Accessible (*continued*)

Implemented [REDACTED] 04/05/2024)