

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN VILLAGE OF BETHLEHEM

LEGAL ENTITY

To operate MORAVIAN VILLAGE II OF BETHLEHEM

NAME OF FACILITY OR AGENCY

Located at 526 WOOD STREET, BETHLEHEM, PA 18018

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 250  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 15, 2010 until January 15, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **215690**

*Robert E. Robinson*

ISSUING OFFICER

*Kevin T. Casey*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 4/02



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE  
PO BOX 2675  
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

JAN 15 2010

PHONE: (717) 783-3670  
FAX: (717) 783-5662

Ms. Tracy Patton, Executive Vice-President  
Moravian Village of Bethlehem  
Moravian Village II of Bethlehem  
526 Wood Street  
Bethlehem, Pennsylvania 18018

Dear Ms. Patton:

As a result of the Department of Public Welfare's licensing inspection on November 5, 2009 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Kevin T. Casey".

Kevin T. Casey  
Deputy Secretary

Enclosures  
License  
Violation Report

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Moravian Village II of Bethlehem, 526 Wood Street, Bethlehem, Pennsylvania 18018		<b>CURRENT LICENSE NUMBER</b> 215690	
<b>INSPECTION DATE(S) (include all dates of the inspection)</b> November 5, 2009		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kristal Seagraves</i>	<b>DATE</b> 12/1/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Diane Valencia</i>	<b>DATE</b> 1-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
81b Wheelchairs, walkers, prosthetic devices and other apparatus used by residents shall be clean, in good repair and free of hazards.	Resident # 1 has an enabler bar at bedside with an opening large enough to allow a limb to become entrapped.	11/6/09	<p>Enabler bar at bedside was Covered with a mesh cloth On 11/6/09. This covering Will not allow for entrance Of limb of a resident.</p> <p>Resident had been admitted To Personal Care on 11/4/09 The day prior to inspection And husband placed the bar On the eve of that day.</p> <p>Administrator will inspect and Ensure in the future that any Resident with an enabler bar Will have it covered to prevent Possible injury.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>1-8-10      DCU</p> <p>Date                      Initials (DPW)</p>

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DEC 03 2009

*Original*

SCRANTON FIELD OFFICE  
 Adult Residential Licensing

**VIOLATION REPORT**  
**PERSONAL CARE HOMES – 55 Pa.Code Chapter 2600**

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> November 5, 2009		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Kristal Seagraves</i>	<b>DATE</b> 12/1/09	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Doree Calene</i>	<b>DATE</b> 1-8-10

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.	The home's census of 16 residents on the day of inspection requires that a minimum of 48 gallons of water be on hand in the event of an emergency. The home had only 3 gallons of water on hand. The home's emergency water contract that did not specify immediate delivery.	11/5/09	On 11/5/09 a delivery of Water in the amount of 60 gallons took place Which would cover? The amount needed in An emergency. We Also obtained a letter From our supplier Indicating that the Water would be Delivered within 24 hours. (see attached) Dietary Manager and  PC Administrator will Monitor supply and Ongoing compliance.	PCV 1-8-10

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<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> November 5, 2009		<b>REGIONAL REPRESENTATIVE</b> Anne Graziano, Jason Harvey	
<b>SIGNATURE OF LEGAL ENTITY</b> <i>Krista Siegraves</i>	<b>DATE</b> <i>12/1/09</i>	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>June C. Valence</i>	<b>DATE</b> <i>1-8-10</i>

1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
131f Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.	The fire extinguisher in the home's laundry room was not tagged with a current inspection date.	<i>11/6/09 Notified maintenance 11/9/09 Inspection completed</i>	A-1 Fire Protection notified Of the extinguisher not Inspected in the Laundry on 11/6/09. The extinguisher Was inspected on 11/9/09 And a punched tag placed Stating 11/09—11/10. Maintenance is responsible To check extinguisher Monthly. Administrator Will assure compliance Doing a quarterly audit Of all extinguishers in the Home.	<i>DCV 1-8-10</i>

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1 REGULATION 55 Pa.Code § 2600.	2 VIOLATION	3 DATE BY WHICH CORRECTION WILL BE COMPLETED	4 PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	5 DATE COMPLIANCE VERIFIED BY DPW
187a A medication record shall be kept to include the following for each resident for whom medications are administered:  (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.	Resident # 2 was provided with medication on the date of inspection. Staff member A provided medication to the resident and then initialed on the line of the Medication Administration Record that stated "meds as packaged by Hartzell's". Each line of the MAR that lists medications individually was not initialed by the worker as required.	11/5/09	Med staff educated on 11/5/09 to initial each med individually under the appropriate date and time. Administrator will assure future compliance. Mars will be checked on a monthly basis.  Change written into policy.	DCU 1-8-10

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