

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM, PA

LEGAL ENTITY

To operate MORAVIAN KING'S DAUGHTERS' HOME

NAME OF FACILITY OR AGENCY

Located at 61 WEST MARKET 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 16

(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 September 27, 2010 until September 27, 2011,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242140

*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

SEP 29 2010

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

Ms. Mary Ann Hughes, Administrator  
Moravian Union of King's Daughters & Sons of Bethlehem, PA  
Moravian King's Daughters' Home  
61 West Market Street  
Bethlehem, Pennsylvania 18018

Dear Ms. Hughes:

As a result of the Department of Public Welfare's licensing inspection on June 14, 2010 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 King's Daughters' Home, 61 West Market Street, Bethlehem, Pennsylvania 18018		<b>CURRENT LICENSE NUMBER</b> 242140	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 14, 2010		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire	
<b>PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)</b>			
<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Mary Ann Hughes Adm.</i>	<b>DATE</b> 7-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Hurvey</i>	<b>DATE</b> 9-20-10

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
5a1 The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to agents of the Department.	Upon arrival at the home on the date of inspection, ARL staff was notified that the Administrator was unavailable. The designee on duty was unable to provide immediate access to staff records.	7-12-10	<p><del>Staff will have access to keys for locked cabinet in my absence, this would not have happened had my brother not passed away this day</del></p> <p><b>UNACCEPTABLE PLAN OF CORRECTION § 14</b></p> <p>The administrator will ensure that agents of the Department have immediate access to the home, records, and residents upon request. The home will designate a staff person to act as administrator designee at all times the administrator is not present in the home. The designee will have access to all staff &amp; resident records. The staff schedule will indicate who is acting as administrator designee on all shifts. JH. 7-20-10</p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>9-20-10 JH</p> <p>Date Initials (DPW)</p>

**RECEIVED**

JUL 19 2010

SCRANTON FIELD OFFICE  
Adult Residential Licensing

*Original*

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<p>22a1 The following admission document shall be completed for each resident - Preadmission screening completed prior to admission on a form specified by the Department.</p> <p>224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.</p>	<ul style="list-style-type: none"> <li>•Resident #1 Preadmission form was incomplete. The form was blank in the ADL's, IADL's and medical care needs.</li> <li>• Resident #2 preadmission form dated 12/8/09 was not completed. The form was blank in the areas of the ADL'S needs, IADL's needs, mobility needs and medical care needs.</li> <li>•Resident #4 Preadmission form was not complete. The 2<sup>nd</sup> side of the preadmission from was left blank.</li> </ul>	7-13-10	<p><i>All preadmission forms will be completed by [redacted] &amp; [redacted] and then checked by Administrator.</i></p> <p><i>The administrator will ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating screening form.</i></p> <p align="right"><i>JH 9-20-10</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center"><i>9-20-10 JH</i></p> <p>Date: _____ Initials (DPW): _____</p>

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<p>22a2 The following admission document shall be completed for each resident - Medical evaluation completed 60 days prior to or 30 days after admission on a form specified by the Department.</p> <p>141a-1 A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.</p>	<p>Resident # 3 Medical Evaluation DOA 2/8/10 was not completed on the required medical evaluation form. The home had a MA #51 in the resident's chart and not the Medical Evaluation form required by the Department.</p>	<p>7-15-10</p>	<p><i>Below Have enclosed Medical Eval we have used, have since received new medical eval. off line.</i></p> <p><i>Resident #3 will have an updated Medical Evaluation on the Department's required Medical Evaluation form. Going forward the administrator will ensure all residents Medical Evaluation will be completed on the required form. JH 9/20/10</i></p>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p><i>9-20-10</i> Date <i>JH</i> Initials (DPW)</p>

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25d A home may not seek or accept payments from a resident in excess of one-half of any funds received by the resident under the Senior Citizens Rebate and Assistance Act (72 P.S. §§ 4751-1— 4751-12). If the home will be assisting the resident to manage a portion of the rent rebate, the requirements of 20 (financial management) may apply. There may be no charge for filling out this paperwork.	The home's contract for Residents #1, #2, #3 and #4 did not indicate if the home participated in the Rent Rebate program. No other documentation was available to address the home's policy on rent rebates.	7-13-10	<i>Rent Rebate Policy has been established &amp; copy enclosed. The Administrator will have all Resident sign a copy and add to each resident's contract. JH 9-20-10</i>	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 Date <i>JH</i> Initials (DPW)

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51 Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults). 52 Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101—10225.5102) and 6 Pa.Code Chapter 15 (protective services for older adults) and other applicable regulations.	The home did not have employee records available on site at the time of inspection to demonstrate compliance with this regulation.  <b>Repeated Violation - 2/17/09</b>	7-13-10	<i>Employee records will be available at time of inspection</i>	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 <i>AK</i> Date Initials (DPW)

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54a Direct care staff persons shall have the following qualifications:  (1) Be 18 years of age or older (exception – 54b). (2) Have a high school diploma, GED diploma or active registry status on the Pennsylvania nurse aide registry. (3) Be free from a medical condition, including drug or alcohol addiction that would limit the staff person from providing necessary	At the time of inspection, the Home could not provide the required information to assess staff members required age, educational requirements and information regarding the state of health at the time of employment.	7-15-10	<p>(1) No staff under age 18 employed.</p> <p>(2) Requested High School Diploma for [redacted] did not follow thru</p> <p>(3) Health Record enclosed for [redacted]</p> <p>will be sure to get health record for all staff hired and High School Diplomas.</p>	9-20-10 JH

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64c An administrator shall have at least 24 hours of annual training relating to the job duties.	At the time of inspection, the home could not provide the administrator's training records for the 2009 training year. Records were not on-site and Administrator was not available at the time of inspection.	7-15-10	<i>Certificates &amp; training enclosed</i>	<i>9-20-10 JH</i>

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65a Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:  (1) Evacuation procedures. (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable. (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.	At the time of inspection, the home was not able to provide staff records to demonstrate compliance with this regulation.	7-15-10	<i>Staff records enclosed for training to be available for inspections.</i>	9-20-10 JH

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(4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable. (5) The location and use of fire extinguishers. (6) Smoke detectors and fire alarms. (7) Telephone use and notification of emergency services.	Continued from previous page.	7-15-10	(4) Smoking Policy enclosed 5 (6) Diagram of fire extinguishers - pull alarms and smoke detectors enclosed. (7) Listing is posted at all telephones in home.	9-20-10 JKH

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65b Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  (1) Resident rights. (2) Emergency medical plan. (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. (4) Reporting of reportable incidents and conditions.	At the time of inspection, the home was not able to provide staff records to demonstrate compliance with this regulation.	7-15-10	<i>Staff records for 2 new staff [redacted] of training enclosed.</i>	9-20-10 <i>HN</i>

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65d Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:  (1) Training that includes a demonstration of job duties, followed by supervised practice. (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test. (3) Initial direct care staff person training to include the following: (i) Safe management techniques. (ii) ADL's and IADL's.	At the time of inspection, the home was not able to provide staff records to indicate that all direct care staff have been successfully trained in all of the areas outlined under this regulation.	7-15-10	Staff records enclosed to be available upon inspections	9-20-10 JH

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(iii) Personal hygiene. (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities. (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older. (vi) Implementation of the initial assessment, annual assessment and support plan. (vii) Nutrition, food handling and sanitation. (viii) Recreation, socialization, community resources, social services and activities in the community. (ix) Gerontology. (x) Staff person supervision, if applicable.	Continued from previous page.	7-15-10	<i>Staff records to be available upon future inspections.</i>	9-20-10 <i>glt</i>

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(xi) Care and needs of residents with special emphasis on the residents being served in the home. (xii) Safety management and hazard prevention. (xiii) Universal precautions. (xiv) These regulations. (xv) Infection control. (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.	Continued from previous page.	7-15-10	<i>Staff records enclosed for training Will have staff training availability for DPA</i>	9-20-10 <i>JK</i>

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<b>SIGNATURE OF LEGAL ENTITY REPRESENTATIVE</b> <i>Mary Ann Hughes</i>	<b>DATE</b> 7-15-10	<b>REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION</b> <i>Jason Harvey</i>	<b>DATE</b> 9-20-10

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
65e Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.	At the time of inspection, the home was not able to provide training records that reflected that that all direct care staff persons received at least 12 hours of annual training during the last training year.	7-13-10	<i>Direct Care Staff 12 hr annual training enclosed.</i>	9-20-10gk

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

<b>NAME AND ADDRESS OF PERSONAL CARE HOME</b> Moravian King's Daughters' Home, 61 West Market Street, Bethlehem, Pennsylvania 18018		<b>CURRENT LICENSE NUMBER</b> 242140	
<b>INSPECTION DATE(S) (Include all dates of the inspection)</b> June 14, 2010		<b>REGIONAL REPRESENTATIVE</b> Ann O'Haire	
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65g Direct care staff persons, ancillary staff persons, substitute personnel and regularly-scheduled volunteers shall be trained annually in the following areas:  (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights (under these regulations). (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101—10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	At the time of inspection, the home was not able to provide training records that reflected that that all staff persons were trained annually in the areas outlined under this regulation.	9-15-10	<i>Staff Training doc. included - Fire safety expert 6/09 incl. Will be setting up for 2010.</i>	9-20-10 <i>JH</i>

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126a A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.	The home most recent furnace inspection was dated 11/08. This information was found on a sticker located on the furnace stating that UGI Utilities had been the provider.	7-15-10	<i>Furnace cleaned and inspected by UGI. Copy enclosed. Will keep documentation in file. Administrator will ensure that the furnace will be cleaned by a professional furnace cleaning company or trained maintenance staff with in the required time. JH 9-10-10</i>	JH 9-20-10

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

NAME AND ADDRESS OF PERSONAL CARE HOME Moravian King's Daughters' Home, 61 West Market Street, Bethlehem, Pennsylvania 18018		CURRENT LICENSE NUMBER 242140	
INSPECTION DATE(S) (Include all dates of the inspection) June 14, 2010		REGIONAL REPRESENTATIVE Ann O'Haire	
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126b Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.	At the time of inspection, no documentation was available to indicate that the home's furnace was cleaned according to manufacture's instructions.	7-15-10	<p style="font-size: 1.2em;"><i>Was informed by UGI that cleaning is done every 4 yrs. Was cleaned 7-15-10</i></p> <p><del>Was cleaned 7-15-10</del></p>	<i>9-20-10</i>

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

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182b Prescription medication that is not self-administered by a resident shall be administered by one of the following:  (4) A staff person who has completed the medication administration training in 190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.	At the time of inspection, the home was unable to provide staff records to indicate that staff persons who administer medications to residents have current training as required under this regulation.  <div style="text-align: center; font-size: 2em; font-weight: bold; margin-top: 20px;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">JUL 19 2010</div>	7-15-10	Med Techs Trained by PEPP - have enclosed.	Steps have been taken to correct violation; full compliance is not verifiable 9-20-10 Date <span style="float: right;">Initials (DPW) <i>OH</i></span>

SCRANTON FIELD OFFICE  
Adult Residential Licensing