

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN MANORS, INC.

To operate MORAVIAN MANOR

Located at 300 WEST LEMON STREET, LITITZ, PA 17543

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

The total number of persons which may be cared for at one time may not exceed 65
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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

and shall remain in effect from March 30, 2011 until March 30, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321760

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

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.



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

ADULT RESIDENTIAL LICENSING

MAR 17 2011

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

Mr. J. David Swartley, President
Moravian Manors, Inc.
Moravian Manor
300 West Lemon Street
Lititz, Pennsylvania 17543

Dear Mr. Swartley:

As a result of the Department of Public Welfare's licensing inspection on December 2, 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 black ink, appearing to read 'RM', with a long horizontal line extending to the right.

Ronald Melusky
Acting Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN MANOR, 300 WEST LEMON STREET, LITITZ, PA 17543		CURRENT LICENSE NUMBER 321760	
INSPECTION DATES (Include all dates of the inspection) 12/02/2010		REGIONAL REPRESENTATIVE Jaime Erb, Lynn Loudenslager	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Beaty Miller, RN, PCA			
SIGNATURE OF LEGAL ENTITY <i>Beaty Miller, RN, PCA</i>	DATE 12/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DL Avery</i>	DATE 2-24-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)		DATE COMPLIANCE VERIFIED BY
25a1 Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.	Resident #1, admitted 10/26/09 to Independent Care, started to receive personal care services on 9/10/10. A new contract was not completed. <p style="text-align: center;">PCH Division Central Region Field Office</p> <p style="text-align: center;">DEC 28 2010</p> <p style="text-align: center;">RECEIVED</p>	12/13/2010	Any personal care resident transferring from skilled nursing back into personal care at a different level will sign a contract amendment indicating the new daily room rate. This will be handled by the administrator or her designee. Any Independent Living resident transferring into personal care, the Admissions Dept. staff will review a PC contract and have a signed copy on file. The administrator or her designee will use the attached checklist to assure compliance with each admission/readmission.	Steps have been taken to correct violation; full compliance is not verifiable 3-24-11 Date	DLCA Initials (DPW)

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY <i>Becky Myller, Rn, PCA</i>	DATE 12/23/2010	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>DC Avey</i>	DATE 2-24-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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	Staff person A, date of hire 8/28/10, did not receive an orientation in general fire safety and emergency preparedness.	12/10/2010	Administrator or her designee will use an orientation checklist to assure newly-hired direct care staff, ancillary staff and volunteers have received required training on general fire safety and emergency preparedness (see attached checklist); see attached "General Orientation" on Fire Safety Topic-Disaster Preparedness orientation topic list.	<p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">2-24-11 <i>DC</i> Date Initials (DPW)</p>

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
location if applicable. (3) The designated meeting place outside the building or within the firesafe area in the event of an actual fire. (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.				

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY
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 (35 P. S. §§ 10225.101—10225.5102). (4) Reporting of reportable incidents	Staff person A, hired 8/28/10, did not receive training in residents rights, emergency medical plan, older adult protective services act or reporting of reportable incidents within the first 40 scheduled hours worked. Staff person C, hired 9/24/10, and staff person D, hired 7/30/10, did not receive training in the older adult protective services act or reporting of reportable incident and conditions within the first 40 scheduled hours worked.	12/10/2010	Administrator or her designee will use an orientation checklist to assure newly-hired direct care staff, ancillary staff and volunteers have received required training on resident's rights, emergency medical plan, older adult protective services act or reporting of reportable incidents within the first 40 scheduled hours worked (See attached checklist); see attached "General Orientation" on Resident Abuse and Reportable Incidents form.	Steps have been taken to correct violation; full compliance is not verifiable 2-24-11 <i>DC</i> Date Initials (DPW)

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REGULATION 55 Pa.Code §2600 and conditions.	VIOLATION	DATE COMPLIANCE VERIFIED BY	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)	DATE COMPLIANCE VERIFIED BY

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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	Staff person B, hired 8/27/07, did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert or the older adult protective services act (OAPSA) during training year August 2009 to August 2010. Staff person E, hired 6/4/04, did not receive training in OAPSA during training year June 2009 to June 2010.	5/27/2011	Administrator or her designee will monitor sign-in sheets from the annual May Fire Safety Training. Sign-in sheets will be department specific. If any direct care staff, ancillary staff or volunteers have missed the fire safety training, they will be assigned to complete the DPW online Fire Safety Training within the 12 months period. (Attached checklist will be used). Same checklist under 65b will be used to assure OAPSA training.	Steps have been taken to correct violation; full compliance is not verifiab! <i>2-24-11</i> Date Initials (DPW)	

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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.				

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65i A record of training including the direct care staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.	The home uses the Silver Chair Training Program for annual staff training. The actual time for completion of the training was not documented for staff person A and B. The home uses the rated minutes to document training time. Rated minutes are based on the time it takes a person with no knowledge of the subject to take the training.	12/23/2010 (next scheduled PC time 1/13/11)	Silverchair Learning Systems (SLS) regulations team reports SLS uses a combination of the Flesch/Flesch-Kincaid readability tests and Mergener's Formula to compute the estimated time to complete an educational activity. This calculated time, in minutes, is then rounded down to the nearest quarter hour. SLS takes into consideration the amount of time it takes for a person familiar with the content in addition to those that are not as well as those that learn better while listening to the course information. See attached PC policy on on-line training, indicating PC and ancillary staff are awarded only 30 minutes for each 60-minute course completed.	2-24-11 <i>DCa</i>

DC Aug 2-24-11

65i (continued)

PLAN OF CORRECTION

Along with diabetic training (if applicable), monthly staff meeting attendance, an annual eight-hour mandatory C.N.A. inservice, and the annual fire safety review, on-line training is only one method of how to meet the required 12 hours of annual training for direct care staff.

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132h Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.	During each fire drill, residents remain in their rooms and do not evacuate to a designated meeting place within a fire-safe area unless their floor is affected by the fire.	1/10/2011 (next scheduled PC fire drill)	Each DPW fire drill log, completed by the administrator, will show documentation to account for the total number of PC residents in the building. The log will show the breakdown of the number of residents evacuated in the simulated fire area, plus the remaining number of residents who were on alert and have gathered in the designated fire-safe areas. See attached updated in-house fire drill evaluation form to include "number of residents required to be evacuated" to assure the TOTAL number of PC residents in the building and evacuated number of residents indeed match.	2-24-11 <i>DCa</i>																																																																	
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(continued on next page) - 9a

DC Amy 2-24-11

132h (continued)

Plan of Correction

Staff education on change:
PC administrator educated
staff at the 12/20/2010
monthly PC staff meeting.

PC Resident education: The
attached memo was placed in
residents' mailboxes and
it was reviewed at the monthly
resident council called "Manor
Connections" 12/22/2010.

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187d The home shall follow the directions of the prescriber.	On 12/2/10 at 11:30am, resident #2's blood sugar was 136. According to the doctor's sliding scale, resident #2 should have received 4 units of Novolog. The medication administration record (MAR) indicated 8 units of Novolog were administered to resident #2.	12/20/2010	Medication Train the Trainer LPN reviewed the key steps for administering medications and proper documentation on the MAR with the med tech that documented incorrectly on the MAR. The administrator reviewed the proper administration of meds at the monthly December PC staff meeting 12/20/2010. Med techs were informed of ongoing unannounced med pass observations. The administrator or her designee will complete a weekly audit times four on 10% of the residents, then monthly times five on proper medication administration (see attached form).	2-24-11 Dca