

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN VILLAGE OF BETHLEHEM

To operate MORAVIAN VILLAGE II OF BETHLEHEM

Located at 526 WOOD STREET, BETHLEHEM, PA 18018

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 250  
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 February 2, 2012 until August 2, 2012,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215691

*Robert E. Robinson*

ISSUING OFFICER

*R. C. King*

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.

PW 628 - 01/11



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

ADULT RESIDENTIAL LICENSING

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

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: FEB 03 2012**

Mr. John Calzola, VP of Resident & Employee Services  
Moravian Village of Bethlehem  
Moravian Village II of Bethlehem  
526 Wood Street  
Bethlehem, Pennsylvania 18018

Dear Mr. Calzola:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 20, 2011 of the above personal care home, the violations specified on the enclosed Violation Reports were found.

A PROVISIONAL license is being issued based on the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes). Your PROVISIONAL license is enclosed.

All violations specified on the 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.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager  
Adult Residential Licensing  
Department of Public Welfare  
631 Health and Welfare Building  
Seventh and Forster Streets  
Harrisburg, Pennsylvania 17120

Mr. John Calzola

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky  
Director

Enclosures  
License  
Violation Report

T-176 P0002/0042 F-124

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin, Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane [Signature]</i>	DATE 12-19-11

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
16c The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).	Resident #2 is prescribed xalatan .005% eye drops - instill one drop in each eye at bedtime. The home failed to administer the medication from 11/1-11/5/11, 11/7-11/14/11, 11/16-1/21/11. The home did not submit an incident report to the department that the medication error occurred.  <i>The home will submit an incident report w/in 24 hours of becoming aware of a reportable incident.</i> <i>[Signature]</i> 12-19-11	12/15/2011	<ol style="list-style-type: none"> <li>Reason - To ensure prompt dept. response &amp; to provide information to dept and to ensure Resident Safety</li> <li>Cause - Missed eye drops were not reported in a timely fashion and incident report was not submitted.</li> <li>Fix - An incident Report was submitted 12/15/11 Resident, responsible party and physician were notified. Staff Inservice Education was given 1/23/11 regarding reporting of medication errors</li> <li>Assurance - Administrator or designee will</li> <li>Perform MAR audits weekly x 3 months; Monthly thereafter to assure compliance. Medication technician competency will be developed and will take place biannually.</li> <li>Audits will be performed on MARs weekly x 3 months; and monthly thereafter to assure compliance.</li> <li>Records will be kept to document the audits and competencies</li> </ol>	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: _____ Initials: (PPM)</p>

610-625-4062  
12-16-11 14:37 FROM-Moravian Village

T-176 P0003/0042 F-124

610-625-4062

12-16-'11 14:37 FROM-Noravian Village

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

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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) <i>John Romano, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Lester Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Chris Graziano</i>	DATE 12-19-11

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
82c Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.	A bottle of Clorox Fresh Meadow labeled "if swallowed call a doctor or poison control center immediately" was found on top of the dryer in Resident #1's room. The following poisonous materials were found in the bathroom of Resident #2 & #3: • 3 bottles of Arm & Hammer laundry detergent labeled "if swallowed call a physician." • 1 bottle of Clorox Toilet Bowl Cleaner labeled "if swallowed call a doctor or poison control center immediately." Residents # 1, #2, & #3 are not assessed to safely handle and identify poisonous materials.	11/23/11	<ol style="list-style-type: none"> <li>Reason-To protect the residents who can not safely use poisonous materials from harm.</li> <li>Documentation about the residents ability to safely handle poisonous materials was not kept in Resident record.</li> <li>All personal care home Residents have had their ability to safely use poisonous materials assessed by the physician and documentation was placed in Records. See Attachment #1</li> <li>Assurance- Administrator or designee will audit charts to assure documentation about Residents ability to safely handle poisonous materials is kept.</li> <li>Administrator or designee.</li> <li>Monthly chart audits will be conducted to ensure compliance.</li> <li>Records will be kept to document the audits and ensure compliance.</li> </ol>	<p>Steps have been taken to correct violation; full completion for next cycle.</p> <p>Date: 12-19-11 Initials: (DPM)</p>

T-176 P0004/0042 F-124

610-625-4062

12-16-11 14:37 FROM-Moravian Village

**VIOLATION REPORT**  
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SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Memo Szegned</i>	DATE 12-19-11

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
84 Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators, exceeding 120°F that are accessible to the resident, shall be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.	There are 8 operable electric fireplaces located in the common areas throughout the facility. According to maintenance, all are fully functional. The measured temperature from the 2nd floor fireplace blowing heat and accessible to the residents was 197 degrees.	11/28/11	<ol style="list-style-type: none"> <li>Reason- To eliminate potential fire risk &amp; to avoid potential injury or burn of Residents</li> <li>Cause- Failure of the facility to recognize electric fireplaces with heaters as a potential hazard</li> <li>Fix- All heating units in the 8 electric fireplaces have been disabled on 11/28/11 (See Attachment A)</li> <li>Violation is permanently corrected</li> <li>The Maintenance dept fixed the problem</li> <li>Completion date is 11/28/11</li> <li>No audit is required as heating element was permanently disabled.</li> </ol>	<i>AR</i> 12-19-11

**VIOLATION REPORT**  
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SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Grayson</i>	DATE 12-19-11

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
91 Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control center, municipal emergency management agency and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	The home did not have the updated personal care complaint hotline number posted in all of the resident's bedrooms.	11/29/11	<ol style="list-style-type: none"> <li>Reason-To ensure rapid response to emergent situations, to allow Residents &amp; Staff to report complaints in privacy.</li> <li>Cause-The updated personal care hotline number was not changed on the emergency phone number list in Resident rooms.</li> <li>on 11/29/11 The emergency phone number list was updated to include the updated Personal Care hotline number. Each Resident's phone number list was replaced with the new list. (See Attachment #2)</li> <li>Phone lists for emergency numbers will be audited for compliance.</li> <li>Administrator or designee</li> <li>Completion date is 11/29/11. Monthly Room Sweep Audits will be conducted to ensure compliance.</li> <li>Records will be kept to document the audits.</li> </ol>	<p>Steps have been taken to correct violation. All compliance criteria met.</p> <p>Date: 12/19/11  Initials: D Grayson</p>

T-176 P0005/0042 F-124

610-625-4062

12-16-'11 14:38 FROM Moravian Village

T-176 P0006/0042 F-124

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12-16-'11 14:38 FROM Moravian Village

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

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SIGNATURE OF LEGAL ENTITY <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Grayson</i>	DATE 12-19-11

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
103e Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.	The home's walk in freezer contained 1 rewrapped package of chicken patties and 1 rewrapped package of pepperoni. Both packages were not dated or labeled as to their contents.	12/15/11	<ol style="list-style-type: none"> <li>Reason - To prevent use of expired food items and cross-contamination of foods.</li> <li>Cause - Failure to understand importance of food labeling and dating policy, failure of supervisor to enforce said policy.</li> <li>The identified unlabeled, undated food items were disposed of on 11/22/11 during survey process.</li> <li>Safe food handling policy was revised (See Attachment #3) Production Staff re-education took place on 12/15/11 about importance of labeling &amp; dating of foods and on safe handling techniques (See attachment #4)</li> <li>The Executive Chef is responsible for correction.</li> <li>Completion date is 12/15/11</li> <li>Audits will be conducted weekly by executive chef to assure compliance.</li> </ol>	<i>AS</i> 12-19-11

T-176 P0007/0042 F-124

610-625-4062

12-16-'11 14:38 FROM-Moravian Village

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SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aimee Higgins</i>	DATE 12-19-11

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
105g1 To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.	The following dryers had an accumulation of lint in the lint trap: <ul style="list-style-type: none"> <li>Room #107, #309, &amp; #431</li> </ul>	12/15/11	<ol style="list-style-type: none"> <li>Reason - To Reduce the RISK of fire</li> <li>Cause - failure of facility to develop a mechanism to routinely inspect lint traps in Resident rooms.</li> <li>The identified lint traps were cleaned on 11/28/11.</li> <li>All lint will be removed from lint trap after each use by PCA. All lint traps to be inspected &amp; cleaned weekly. (See Attachment #5 for staff education)</li> <li>The Administrator or designee.</li> <li>Weekly inspection and cleaning of lint traps will be conducted</li> <li>Records will be kept to document the weekly inspection &amp; cleaning audits (See Attachment #6)</li> </ol>	<p>Steps have been taken to correct violation. Full compliance is being requested.</p> <p><i>[Signature]</i>  Date: 12/19/11  Initials: (CPM)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
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SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deane Grayson</i>	DATE 12-19-11

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
105g2 Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	The vent that exits the dryer duct located on the patio of Room #309 was caked with lint in the grill of the vent. An accumulation of lint was also on the cement of the patio under the vent.	12/14/11	<ol style="list-style-type: none"> <li>Reason-To reduce the risk of fire</li> <li>Cause-failure of facility to develop a mechanism to routinely inspect dryer ducts.</li> <li>The identified dryer duct was cleaned on 12/14/11</li> <li>All dryer ducts will be audited monthly for potential hazards. If identified as problematic, a work order for cleaning of ducts will be submitted.</li> <li>Administrator or designee</li> <li>Completion date is 12/14/11 (see attachment #7)</li> <li>Records will be kept to document the monthly audits.</li> </ol>	<i>DR</i> 12-19-11

P0008/0042 F-124

T-176

610-625-4062

12-16-'11 14:38 FROM-Moravian Village

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SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Glasgow</i>	DATE 12-19-11

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																																																																	
132f Alternate exit routes shall be used during fire drills.	<p>During the homes fire drills conducted on 2 consecutive months: 5/18/11 at 7:15 p.m. and 6/4/11 at 3:15 p.m., the home used the same exit routes.</p> <table border="1"> <thead> <tr> <th>Mont</th> <th>Date</th> <th>Time</th> <th>Evac. Time</th> <th>FSE</th> </tr> </thead> <tbody> <tr><td>Jan</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Feb</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Mar</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Apr</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>May</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jun</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Jul</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Aug</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Sep</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Oct</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Nov</td><td></td><td></td><td></td><td>No</td></tr> <tr><td>Dec</td><td></td><td></td><td></td><td>No</td></tr> </tbody> </table>	Mont	Date	Time	Evac. Time	FSE	Jan				No	Feb				No	Mar				No	Apr				No	May				No	Jun				No	Jul				No	Aug				No	Sep				No	Oct				No	Nov				No	Dec				No	12/13/11	<ol style="list-style-type: none"> <li>Reason- To ensure Residents &amp; Staff are prepared to respond to different fire scenarios and have multiple evacuation routes.</li> <li>Failure to ensure alternating evacuation routes are used during fire drills.</li> <li>Plan for alternating evacuation routes during fire drills.</li> <li>Develop 2012 monthly fire drill plan which identifies location of drill emergency ensuring alternating evacuation sides and exits (see Attachment # 8)</li> <li>Administrator or designee</li> <li>Fire drill plan completed 12/13/11</li> <li>Monthly Audits will be conducted to assure compliance</li> </ol> <p>Fire drills are to be announced. Adm will keep a PRIVATE record of information in order to appropriately use alternate exits for future</p>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p><i>W. K. ...</i> Date: _____ Initials: (KPPN)</p>
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SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romanus</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orna Gray</i>	DATE 12-19-11

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
141a 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.	The medical evaluation for resident #4 dated 12/2/10 did not include a list of medications. The medical evaluation states "see attached."	12/15/11	<ol style="list-style-type: none"> <li>Reason- To ensure accurate assessments and support plans are developed and medical needs of the resident are met.</li> <li>Medication list was not attached to the medical evaluation form.</li> <li>An updated medication list was obtained from physician and placed on medical chart. A medical evaluation for this resident on 12/15/2011, including an updated medication list with physician date &amp; signature will be obtained.</li> <li>Administrator or designee will ensure all medical evaluations for residents include updated medication list.</li> <li>Administrator or designee.</li> <li>Monthly audits will be conducted to ensure compliance.</li> <li>Records will be kept to document the audits.</li> </ol>	<p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>12-19-11</p> <p>Date: _____ Initials: _____</p>

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SIGNATURE OF LEGAL ENTITY <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Wmne G. Goyce</i>	DATE 12-19-11

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
183b Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	The following medications for Resident #2 & #3 were unlocked and accessible on the counter of the kitchen in the residents room. The medical evaluation for Resident #2 & #3 dated 2/7/11 notes the residents cannot self administer medications. <ul style="list-style-type: none"> <li>Loratadine 10mg</li> <li>Hydroxyzine HCL 10mg</li> <li>Trazadone 100mg</li> <li>Citalopram HBR 40mg</li> <li>Metoprolol Succ ER 40mg</li> <li>DOK 100mg</li> <li>Nystatin Oral Suspension</li> <li>Nitrostat sub .4mg</li> <li>Derma-gran ointment</li> <li>Clotrimazole &amp; Betamethasone</li> <li>Hydrocortisone Cream 1%</li> <li>Folic 25mg</li> <li>Nateginide 60mg</li> <li>Lumigan .03% eye drops</li> <li>Calcium with Vitamin D</li> <li>Polythylene Glycol</li> <li>Alprazolam .25mg</li> <li>Acetaminophen 500mg</li> </ul>	11/28/11  <i>5 steps will be immediately implemented. See the home such as the above sent. 12-17-11</i>	<ol style="list-style-type: none"> <li>Reason - to ensure Residents who are unable to self medicate are safe.</li> <li>medications were not locked in proper locking storage containers.</li> <li>medications were placed in locking storage containers on 11/28/11. Staff education and Review of medication Policy will be conducted 12/21/11 (see Attachment #9)</li> <li>Monthly Audits will be conducted to ensure medications are kept in locked containers.</li> <li>Administrative or designee.</li> <li>All medications are now kept in locking containers. Monthly audits will be conducted to ensure compliance</li> <li>Records will be kept to document audits.</li> </ol>	<p>Steps have been taken to correct violation. Full compliance is not verifiable</p> <p>Date: 12-19-11 Initials: (SPM)</p> <p>01-12-12 ongoing violation.</p> <p>Q. 01-17-12</p>

P0011/0042 F-124  
T-176

610-625-4062

12-16-'11 14:38 FROM Moravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin</i> <i>Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i>  <i>John Romano</i>	DATE 12/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Gene Mazza</i>	DATE 12-19-11

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
183b	<ul style="list-style-type: none"> <li>Men phor anti-itch lotion</li> <li>Flucinolone Acetonide ointment USP .025%</li> <li>Dipropionate cream USP 1%</li> <li>Citalopram HBR 20mg</li> </ul> <p>The following medications for Resident #2 &amp; #3 were unlocked and accessible in the vanity above the sink in the bathroom:</p> <ul style="list-style-type: none"> <li>4 bottles of Nitroglycerin</li> <li>Simvastatin 80mg</li> <li>Falantamine ER 16mg</li> <li>Ramipril 5mg</li> <li>Simvastatin 20mg</li> <li>Prevacid Solutab</li> <li>Furosemide 40mg</li> <li>Ranexa 500mg</li> <li>Acetaminophen 650mg</li> <li>Quick dissolve Malox 600mg</li> <li>Alka Seltzer Plus</li> <li>Isosorbide Mono 30mg</li> <li>Singulair 10mg</li> <li>Prandin .5mg</li> <li>2 bottles of Plavix 75mg</li> <li>Toprol 50mg</li> <li>Meclizine 12.5mg</li> </ul>		<i>See previous page</i>	

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610-625-4062

12-16-'11 14:38 FROM-Moravian Village

T-176 P0013/0042 F-124

610-625-4062

12-16-'11 14:39 FROM-Moravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Romano</i>	DATE 12-19-11

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
1436	<ul style="list-style-type: none"> <li>• Triamterene with Hctz 37.5 mg</li> <li>• Mature complete multivitamin</li> </ul> <p>The medical evaluation dated 6/22/11 for Resident #5 notes resident can self administer medications with assistance in opening container and offering medications at prescribed times. The following medications were found unlocked and accessible in Resident #5's room:</p> <ul style="list-style-type: none"> <li>• Tylenol arthritis 650mg</li> <li>• Chlorine gluconate .12% oral rinse</li> <li>• Maalox advanced maximum strength</li> <li>• Nasonex nasal spray 50mcg</li> </ul>		<i>See previous pages</i>	

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PL Admin Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>John Romano</i>	DATE 12-19-11

REGULATION 55 Pa.Code §2609	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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	<p>The following medications for Resident #3 were expired:</p> <ul style="list-style-type: none"> <li>• Toprol 50mg</li> <li>• Ranxa 500mg</li> <li>• Plavix 75mg</li> <li>• Folic 25mg</li> <li>• Galantamine ER 16mg</li> <li>• Prandin .5mg</li> <li>• Furosemide 40mg</li> <li>• Triamterene with Hctz 37.5 mg</li> <li>• Citalopram HBR 20mg</li> <li>• Isosorbide Mono 30mg</li> <li>• Ramipril 5mg</li> <li>• Simvastatin 20mg</li> </ul> <p>The following medications for Resident #2 were expired:</p> <ul style="list-style-type: none"> <li>• Levothyroxine .075mg</li> <li>• Milk of magnesium</li> <li>• Singulair 10mg</li> <li>• Meclizine 12.5mg</li> <li>• Simvastatin 80mg</li> </ul> <p>The following medications for Resident #6 were expired:</p> <ul style="list-style-type: none"> <li>• Natural balance Ophthalmic solution</li> </ul>	12/6/11	<ol style="list-style-type: none"> <li>1. Reason - TO Ensure expired medications are not kept in the home to protect resident safety.</li> <li>2. Failure to properly audit for expired medications.</li> <li>3. All expired medications were immediately removed from the residents living environment on 11/22/11.</li> <li>4. Conducting regular audits that include expired drug identification and removal.</li> <li>5. Administrator or designee.</li> <li>6. All expired medications identified during survey were removed by 11/22/11. expired medication audits were initiated for all personal care home residents 12/6/11 monthly audits will be conducted to ensure compliance.</li> <li>7. Records will be kept to document expired medication Audits.</li> </ol>	<p>Steps have been taken to correct violation full compliance is not expected</p> <p>12-19-11 John Romano Mfric (PL)</p> <p>exp. by violation 1-12-12</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin</i> <i>Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>John Romano</i>	DATE 12/18/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Annaliese Hagen</i>	DATE 12-19-11

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
183d	<ul style="list-style-type: none"> <li>• Moric for eyes</li> <li>• Furosimide 40mg</li> </ul> <p>The following medications for Resident #3 were found in Resident #3's bedroom:</p> <ul style="list-style-type: none"> <li>• Furosemide 40mg</li> <li>• Plavix 75mg</li> <li>• Citalopram HBR 20mg</li> <li>• Simvastatin 20mg</li> <li>• Ranexa 500mg</li> <li>• Nystatin Oral suspension</li> <li>• Prandin .5mg</li> </ul> <p>The medications are not listed on the current order from the physician dated 11/18/11 or on the medication administration record.</p> <p>The following medications were found in Resident #2 &amp; #3's room expired with no label:</p> <ul style="list-style-type: none"> <li>• 2 bottles of Aspirin 325mg</li> <li>• Prevacid Solutab</li> <li>• Thera Flu cough &amp; Cold</li> <li>• Alka Seltzer Plus</li> <li>• Gaviscon extra strength antacid</li> <li>• Quick dissolve Maalox</li> </ul>		<i>See previous page</i>	

T-176 P0015/0042 F-124

610-625-4062

12-16-'11 14:39 FROM-Moravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE <i>12/15/11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherie Grogias</i>	DATE <i>12-19-11</i>

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
193d			<i>See previous page</i>	

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610-625-4062

12-16-'11 14:39 FROM-Moravian Village

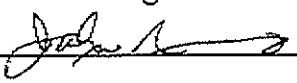
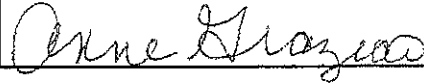
VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin</i> <i>Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Maziar</i>	DATE 12-19-11

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
184a The original container for prescription medications shall be labeled with a pharmacy label that includes the following: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.	An unlabeled bottle of approximately 50 pills was stored in a 4 drawer been located next to the resident # 7's recliner. According to the residents medical evaluation dated 10/6/11, resident is capable of self administration. Resident stated [redacted] thought unlabeled medication "might be a pain pill". Resident stated [redacted] was not sure.  The following medications located in the room of resident #2 and #3 did not contain a pharmacy label: <ul style="list-style-type: none"> <li>Furosemide 20mg</li> <li>Metoprolol 50mg</li> <li>Isosorbide</li> </ul>	12/15/11	<ol style="list-style-type: none"> <li>Reason - To Reduce the risk of medication errors.</li> <li>Failure to identify medications that were missing proper labeling</li> <li>The identified medications were identified and labeled on 12/21/11.</li> <li>Medication policy was updated on 12/14/11 (see Attachment #9, Sections 2c and 2d) Staff education will occur and ongoing audits will be conducted.</li> <li>Administrator or designee</li> <li>Staff education about updated medication policy will occur 12/21/11. Monthly audits will be conducted to ensure compliance</li> <li>Records will be kept to document audits</li> </ol>	<p>Steps have been taken to correct violation, full compliance is not verifiable</p> <p>Date: 12/19/11 Initials: (DPW)</p>

*Unlabeled medications were used immediately and corrected by labeling as soon as possible.*

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Tom Romano, PC Admin, Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> 	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-19-11

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
184b If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.	<p>The following over-the-counter medications located in the room of resident #2 and #3 were not labeled with a resident's name:</p> <ul style="list-style-type: none"> <li>Aspirin</li> <li>Stool softner</li> <li>2 bottles of Calcium plus vitamin D3</li> <li>2 bottles of Acetaminophen</li> <li>Gaviscon</li> <li>Tylenol</li> <li>Prevacid Solutab</li> <li>Mature Complete Multivitamin</li> <li>Milk of Magnesia</li> <li>Thera-Flu Cough and Cold</li> <li>Quick Dissolve Maaiox</li> <li>Alka Seltzer</li> </ul>	12/15/11 <i>Unlabeled OTC's / CAM's will be secured and correctly labeled as possible.</i>	<ol style="list-style-type: none"> <li>1. Review - To ensure staff can clearly identify to whom the medication belongs.</li> <li>2. Failure to identify medications that were missing Resident name.</li> <li>3. All identified medications were labeled with the appropriate Resident name on 11/22/11.</li> <li>4. Facility medication policy was updated on 12/14/11 (see attachment #9, section 2d). Staff education and ongoing audits will be conducted.</li> <li>5. Administrator or designee</li> <li>6. Staff education about updated medication policy will occur on 12/21/11. Monthly Audits will be conducted to ensure compliance.</li> <li>7. Records will be kept to document Audits.</li> </ol>	<p>Steps have been taken to correct violation full compliance to not verified.</p> <p>12-19-11 Date Initials (Print)</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romans, PC Admin, Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cherie Hargrove</i>	DATE 12-19-11

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
186a Each prescription medication shall be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.	The following medications located in the room of resident #2 and #3 were not labeled with a pharmacy label or any other identifying information to indicate the medications were ordered by an authorized prescriber: <ul style="list-style-type: none"> <li>Metoprolol 50mg</li> <li>Furosemide 20mg</li> <li>Isosorbide</li> </ul>	12/15/11  OT-11-12-19-11	<ol style="list-style-type: none"> <li>1. Reason - to ensure the resident receives medications which reflect current orders.</li> <li>2. Failure to identify medications that were missing label that included an authorized prescriber.</li> <li>3. Identified medications were confirmed verified by physician and were replaced with medications that had proper pharmacy label.</li> <li>4. Medication policy was updated on 12/14/11 (See attachment #9, section 2 C). Staff education and ongoing audits will be conducted. - <i>over the week</i></li> <li>5. Administrator or designee</li> <li>6. Staff education about updated medication policy will occur on 12/15/11. Monthly audits will be conducted to ensure compliance.</li> <li>7. Records will be kept to document compliance</li> </ol>	<p>Steps have been taken to correct violation. All compliance records verified. (see attached)</p> <p>12-19-11</p>

T-176 P0019/0042 F-124

610-625-4062

12-16-'11 14:39 FROM-Moravian Village

T-176 P0020/0042 F-124

610-625-4062

12-16-'11 14:40 FROM-Moravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Ramona, PC Admin Leslie Roehrig PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Ramona</i>		DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Armine Shazad</i>
			DATE 12-19-11

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
185a The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.	Resident #2 is prescribed Tylenol 325mg 2 tablets to be taken every 4 hours as needed. The medication was not on-hand at the time of the inspection. Resident #3 is prescribed the following medications which were not on-hand at the time of the inspection: <ul style="list-style-type: none"> <li>1 suppository every 4th day as needed</li> <li>Enema every 4th day as needed</li> <li>Fentanyl 50mcg every 72 hours as needed</li> <li>Tylenol 325mg 2 tabs every 4 hours as needed</li> </ul>	12/15/2011	<ol style="list-style-type: none"> <li>Reason - To reduce the risk that medications will be misplaced, lost, or misused.</li> <li>Failure to Audit to ensure current orders were reflected on the MAR.</li> <li>Medication Reconciliation for MARs were conducted on 12/7/11 to ensure all MARs were updated.</li> <li>Ongoing audits and Medication Record updates will be conducted.</li> <li>Administrator or designee</li> <li>Audits will be conducted on MARs weekly x 3 months and monthly thereafter to assure compliance.</li> <li>Records will be kept to document the audits and competencies.</li> </ol>	

01-12-12  
ongoing violation  
*OR*

T-176 P0021/0042 F-124

610-625-4062

12-16-'11 14:40 FROM-Noravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann H. [Signature]</i>	DATE 12-19-11

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
188b A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.	Resident #2 is prescribed Xalatan .005% eye drops to be administered in each eye at bedtime. The home failed to administer the medication from 11/11/11-11/15/11, 11/17/11-11/14/11 and from 11/16/11-11/21/11. The home did not notify the prescribing physician of the above stated medication error.	12/15/2011	<ol style="list-style-type: none"> <li>Reason- To assure medication errors are handled appropriately in order to avoid Resident injury.</li> <li>Missed medication dose was not reported in a timely fashion therefore an incident report was not submitted and the resident, physician and responsible party was not notified.</li> <li>Incident report and all parties were notified on 12/15/2011. Staff education given 11/22/11</li> <li>Assurance- Administrator or designee will conduct Medication Record Audits weekly x 3 months; monthly thereafter. All parties will be notified for medication errors to ensure compliance.</li> <li>The administrator or designee</li> <li>Audits on medication record will be conducted weekly x 3 months; monthly thereafter. medication technician competency will be developed by 1/31/2012 and will begin 2/1/12</li> <li>Records will be kept to document the audits and competencies.</li> </ol>	

~~On-going violation~~  
01-12-12

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PL Admin</i> <i>Leslie Roehng, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne Dragan</i>	DATE 12-19-11

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
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	<p>The following medications prescribed to resident #2 were not listed on the resident's Medication Administration Record (MAR):                      Monistat 72%, Fortamet 500mg, Meclizine HCL 12.5mg, Diprison .05%, Centrum Silver, Albuterol Sulfate, Maxzide 25mg, Actonel 35mg, and Tylenol 325mg.</p> <p>The following medications prescribed to resident #3 were not listed on the resident's MAR:                      Ducolax 10mg, Enema 19g-7g, Fentanyl patch 50mcg, Galantamine HBR 16mg, Novolog, Furosemide 20mg, Nitroquick 14mg, Oyster shell Cal, and Centrum Silver.</p> <p>Staff did not indicate the time Oxycodone 5mg was administered to resident #3 on 11/2/11-11/4/11, 11/7/11, 11/8/11, 11/10/11, 11/13/11, and 11/15/11-11/20/11.</p> <p>Staff did not indicate the time Diabetic Tussin 10ml was administered to resident #3 on 11/1/11, 11/4/11, 11/7/11, 11/8/11, 11/10/11, and 11/14/11-11/21/11.</p>	12/15/11	<ol style="list-style-type: none"> <li>Reason-to ensure proper tracking of resident medications, and proper administration of those medications.</li> <li>Failure to audit to ensure proper documentation on the MAR</li> <li>Medication Reconciliation for MARs was conducted on 12/7/11 to ensure updating of MARs.</li> <li>Medication Policy was updated on 12/14/11 (See Attachment #9, Sections #5, #7, #9, #12). Staff education will occur and ongoing audits will be conducted</li> <li>Administrator or designee</li> <li>Staff education about updated policy will take place on 12/21/11. Weekly audits will take place x 3 months and monthly thereafter to ensure compliance.</li> <li>Records will be kept to document the Audits</li> </ol>	

Ongoing violation  
01-12-12

P0023/0042 F-124  
T-176

610-625-4062

12-16-'11 14:40 FROM-Moravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin Leslie Roehng, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehng</i> <i>John R</i>	DATE 12/16/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann M. Trojick</i>	DATE 12-16-11

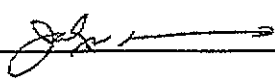
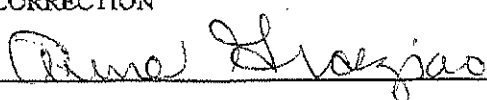
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			<i>See previous page</i>	

P0024/0042 F-124  
T-176

610-625-4062

12-16-'11 14:40 FROM Moravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Komars, PC Admin Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> 	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 12-19-11

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
187b The information in subsections 187a13 and 187a14 shall be recorded at the time the medication is administered.	Staff did not initial or sign the MAR of resident #2 to indicate Asprin 81mg and Folic Acid 1mg was administered at 12:00pm on 11/7/11. Staff did not initial or sign the MAR of resident #2 to indicate Betoptic eye drops were administered at 6:00am on 11/8/11. Staff did not initial or sign the MAR of resident #2 to indicate Singular 10mg was administered at 9:00pm on 11/10/11. Staff did not initial or sign the MAR of resident #2 to indicate Lisinopril 10mg was administered at 9:00pm on 11/20/11. Staff did not initial or sign the MAR of resident #3 to indicate Loratadine 10mg was administered at 9:00am on 11/9/11 Staff did not initial or sign the MAR of resident #3 to indicate Nateglinide 60mg was administered at 12:00pm on 11/21/11.	12/15/11	<ol style="list-style-type: none"> <li>Reason- To reduce documentation errors and that medications are administered as Prescribed.</li> <li>Failure to audit to ensure proper documentation on the MAR.</li> <li>MAR's were reviewed and rechecked to reflect updated orders ch 12/7/11. Medication Policy was updated on 12/14/11</li> <li>medication policy was updated as above (see sections # 5, # 7, # 9 &amp; # 12) Staff education will occur and ongoing audits will be conducted.</li> <li>Administrator or designee, ie. Staff education about updated Policy will take place on 12/21/11; weekly audits will be conducted x 3 months and monthly thereafter to assure compliance</li> <li>Records will be kept to document the audits</li> </ol>	

*on-going violation 1-12-12*

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romani, PC Admin</i> <i>Leslie Roehrig, PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romani</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Cheryl L. Vazquez</i>	DATE 12-19-11

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
187d The home shall follow the directions of the prescriber.	<p>Monistat 2% is prescribed to resident #2 to be administered each day at bedtime. The home has not been administering the medication due to the medication not being present in the home. The home is not following the prescriber's order. Centrum Silver is prescribed to resident #2 is to be administered once daily. The home has not been administering the medication due to the medication not being present in the home. The home is not following the prescriber's order.</p> <p>Resident #2's blood glucose level is ordered to be tested once daily. The home did not test the resident's blood glucose level on 11/9/11, 11/11/11, 11/14/11, 11/16/11, 11/18/11, and 11/21/11.</p> <p>Resident #2 is prescribed Vitamin D to be administered once daily. The home administered Vitamin D twice a day to resident #2 from 11/1/11-11/21/11 and therefore did not comply with the prescriber's order.</p> <p>The following medications prescribed to resident #3 were not on-hand at the time of the inspection and were therefore not administered as</p>	12/18/11	<ol style="list-style-type: none"> <li>Reason - to ensure the resident receives medications as ordered by the physician</li> <li>Failure to obtain &amp; communicate physician orders in a timely fashion</li> <li>Physician orders and MPEs were updated and faxed to pharmacy on 12/7/11</li> <li>Medication policy was updated on 12/14/11 (See Sections #1, #6, #7) Staff education and ongoing audits will be conducted.</li> <li>Administrator or designee</li> <li>Staff education about updated policy will take place on 12/21/11. Weekly audits will take place x3 months; monthly thereafter to ensure compliance.</li> <li>Records will be kept to document the Audits.</li> </ol>	

on-going violation

T-176 P0026/0042 F-124

610-625-4062

12-16-'11 14:40 FROM-Moravian Village

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN VILLAGE II OF BETHLEHEM, 526 WOOD STREET BETHLEHEM, PA 18018		CURRENT LICENSE NUMBER 215690	
INSPECTION DATES (Include all dates of the inspection) 11/20/2011		REGIONAL REPRESENTATIVE Ryan Novak, Gerald Dumas	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>John Romano, PC Admin Leslie Roehrig PC Admin</i>			
SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>John Romano</i>	DATE 12/15/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Dragic</i>	DATE 12-19-11

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
1872	<p>prescribed:</p> <ul style="list-style-type: none"> <li>Novolog 2-6 units 4 times daily per sliding scale protocol</li> <li>Furosemide 20mg 1 tablet daily</li> <li>Centrum Silver 1 tablet daily</li> <li>Dulcolax 10mg</li> </ul>		<i>See previous page</i>	