

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN MANORS, INC.

LEGAL ENTITY

To operate MORAVIAN MANOR

NAME OF FACILITY OR AGENCY

Located at 300 WEST LEMON STREET, LITITZ, PA 17543

(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 65
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 March 31, 2012 until March 31, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321760

Robert E. Robinson

ISSUING OFFICER

R. C. [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.

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

MAR 01 2012

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 28, 2011 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 "Ronald Melusky".

Ronald Melusky
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) 12/28/2011		REGIONAL REPRESENTATIVE Rebecca Riel, Ron Minnich	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Beaty Miller, Rn, PCA</i>			
SIGNATURE OF LEGAL ENTITY <i>Beaty Miller, Rn, PCA</i>		DATE <i>1/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Michael Goff</i>
			DATE <i>1/24/12</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
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 full 15oz bottle of Weiman Glass Cook Top Cleaner, with a manufacturer's label indicating "call a poison control center" if swallowed, and 2 containers of Cascade Action Pacs with a total of 119 pacs, with a manufacture's label indicating "if swallowed, call a poison control center or doctor immediately" was unlocked and accessible to residents under the kitchen sink in the Herrnhut unit. Residents of the home, including Resident #1, have not been assessed capable of recognizing and using poisons safely.	82c 12/18/11 1/20/12	Resident #1 was not on the unit during the DPW inspection, as [redacted] was transferred to the hospital on 12/18/11; [redacted] has since been admitted to skilled nursing under Hospice care with no expected re-admission into HHPC. All remaining PC resident charts will be reviewed that a signed doctor's order is in place whether or not a resident is deemed safe to store and use all hazardous materials. The PC administrator has modified the "Admission Checklist" to assure admission Orders and DMEs indicate this (See attached form #1)	Steps have been taken to correct violation; full compliance is not verifiable <i>NSC</i> Date <i>1/24/12</i> Initials (DPW)

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) 12/28/2011		REGIONAL REPRESENTATIVE Rebecca Riel, Ron Minnich	
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 Myler, RN, PCA</i>	DATE <i>1/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>1/24/12</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
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 full 15oz bottle of Weiman Glass Cook Top Cleaner, with a manufacturer's label indicating "call a poison control center" if swallowed, and 2 containers of Cascade Action Pacs with a total of 119 pacs, with a manufacture's label indicating "if swallowed, call a poison control center or doctor immediately" was unlocked and accessible to residents under the kitchen sink in the Herrnhut unit. Residents of the home, including Resident #1, have not been assessed capable of recognizing and using poisons safely.	<i>7/20/12</i>	The PC administrator will perform an audit on all PC admissions for the next six months that this has been done. (See attached form #2)	
		<i>IMMEDIATELY</i>	<i>UNTIL SUCH ASSESSMENTS HAVE BEEN OBTAINED, ALL POISONOUS MATERIALS WILL BE LOCKED AND INACCESSIBLE TO RESIDENTS.</i>	

VIOLATION REPORT
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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 Miller, Rn PCA</i>	DATE <i>1/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coff</i>	DATE <i>1/24/12</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
123a Exit doors shall be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.	The fire-rated double doors leading into Garden Court Apartments (i.e. Independent Living) on the 1st and 2nd floors of Manor West are equipped with an electronic card operated system. Residents are not able to freely open the doors as they are locked and need an employee badge to open.	123a 1/20/2012 1/20/2012	The V.P. Facilities' staff member disengaged all four fire-rated doors leading into Garden Court Apartments. Manor West residents no longer require a fob or employee badge to open these doors. <div style="text-align: right; margin-right: 20px;"><i>NSC</i></div> All Manor West residents received a memo about all four doors leading into GCAs no longer require a fob or employee badge (See Form #7). <div style="text-align: right; margin-right: 20px;"><i>1/24/12</i></div>	

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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 Miller, RN, PCA</i>	DATE 1/20/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Neil J. Cook</i>	DATE 1/24/12

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.	Resident #2 was admitted on 8/2/2011. The resident's medical evaluation was completed on 9/15/2011.	141a 1/13/2012 1/20/12	Resident #2 was admitted into Manor West as a Level #1 (room and board only) on 1/8/2011. On 8/2/2011 [REDACTED] was changed to a Level #2, which included med administration. The 9/15/2011 medical evaluation was a significant change one. A new medical evaluation was completed on Resident #2 during a doctor visit on 1/13/2012. (see attached Form #3) The PC administrator will perform a chart audit for any other resident that has changed from a Level 1 to a Level 2 looking for delayed medical evaluations. If so, the administrator or her designee will contact the physician for an updated med. eval. (see Form #4)	NSC 1/24/12

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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 Myrtle, RN, PCA</i>	DATE <i>1/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coof</i>	DATE <i>1/24/12</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
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.	Resident #2 was admitted on 8/2/2011. The resident's medical evaluation was completed on 9/15/2011.	7/20/12	To prevent this from happening, the PC administrator will perform an audit on all significant changes and new admissions that a med. eval. has been completed within 25 days. If not, the physician will be notified by either the PC administrator or her designee of the importance of having one completed within 30 days. (See Form # 4)	

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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 Miller, RN, PCA</i>	DATE 1/20/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Theresa Gelf</i>	DATE 1/24/12

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 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<ul style="list-style-type: none"> • The medical evaluation for Resident #3, dated 9/27/2011, does not include whether the resident has any allergies. • The emergency evacuation for mobility needs section is not completed on the medical evaluation for Resident #4, dated 5/9/2011. 	<p style="text-align: center;">1/16/2012</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;">1/13/2012</p> <hr style="width: 50%; margin: 0 auto;"/> <p style="text-align: center;">7/20/2012</p>	<p>Resident #4's physician completed a new medical evaluation to ensure mobility needs are addressed (see Form #5)</p> <p>To ensure all medical evaluations are completed in their entirety, the PC administrator has revised the "New Admission/Level Change Checklist" to include reminder all areas are to be addressed (see Form #1a)</p> <p>To prevent this from occurring, the PC administrator will conduct an audit for six months that med evals are completed on all PC residents in their entirety.</p>	<p style="text-align: right;">NSC 1/24/12</p>

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SIGNATURE OF LEGAL ENTITY <i>Becky Miller, Rn PCA</i>	DATE 1/20/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil S. Goff</i>
		DATE 1/24/12

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 The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	<ul style="list-style-type: none"> The medical evaluation for Resident #3, dated 9/27/2011, does not include whether the resident has any allergies. The emergency evacuation for mobility needs section is not completed on the medical evaluation for Resident #4, dated 5/9/2011. 	141a 1/13/2012	Resident #3 is presently in the hospital with plans to be admitted into the skilled nursing unit. Therefore, it is impossible for the physician to complete a new medical evaluation to include allergies	
		1/20/2012		
		1/27/2012	All PC residents medical evaluations will be thoroughly reviewed by the PC administrator to ensure all areas are filled in. If any area is missing, the PC Charge Nurse will notify the physician to have a new medical evaluation completed.	

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SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Paul J. Coody</i>	DATE 1/24/12

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.				

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SIGNATURE OF LEGAL ENTITY <i>Becky Myler, R, PCA</i>	DATE 1/20/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil L. Coyle</i>	DATE 1/24/12

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
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.	The preadmission screening form for Resident #2, admitted 8/2/2011, which includes the determination that the home can meet the resident's service needs, is dated 12/31/2010.	1/16/2012	(See Page 3) Resident #2 was admitted into Manor West as a Level #1 (room and board only) on 1/8/2011. Thus [redacted] pre-admission screening was dated 12/31/2010. On 8/2/2011 [redacted] was changed to a Level 2, which included med administration. A second pre-admission screening wasn't completed, only a medical evaluation and significant change support plan. To prevent this from occurring, the PC administrator has designed an audit sheet to assure any resident changing from a Level 1 to Level 2 is to be considered a "new PC admission" and have a pre-admission screening form completed (See attached form #6)	Steps have been taken to correct violation; full compliance is not verifiable 1/24/12 Date Initials (DPW) N/C

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SIGNATURE OF LEGAL ENTITY <i>Becky Myller, Rn, PCA</i>	DATE <i>1/20/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Phil J. Goff</i>	DATE <i>1/24/12</i>

REGULATION	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
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.	The preadmission screening form for Resident #2, admitted 8/2/2011, which includes the determination that the home can meet the resident's service needs, is dated 12/31/2010.	7/27/2012	For six months, the PC administrator will complete an audit on all PC residents moving from a Level 1 to a Level 2 to ensure a new Pre-admission screening form has been completed	