



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
100 LACKAWANNA AVENUE
ROOM 330, SCRANTON STATE OFFICE BUILDING
SCRANTON, PENNSYLVANIA 18503-1923

ADULT RESIDENTIAL LICENSING

PHONE: (570) 963-3209
1-800-833-5095
FAX: (570) 963-3018

Sent via email to: [REDACTED]
MAILING DATE: February 7, 2012

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

Dear Mr. Calzala:

As a result of the Department of Public Welfare's licensing inspection on January 12, 2012 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.

Sincerely,

Anne Graziano

Regional Licensing Administrator

Enclosure
Violation Report

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) 01/12/2012		REGIONAL REPRESENTATIVE Ryan Novak, Ann O'Haire	
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>Ledie Roehrig</i> <i>John Henry</i>	DATE 1/30/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orlene Grayson</i>	DATE 02-06-12

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
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.	Resident #1's Polyethylene Glycol 3350 was unlocked and accessible in Resident #1's kitchen cabinet. The medical evaluation for Resident #1 dated 2/7/11 notes the resident cannot self administer medications. Repeated Violations: 11/20/2011		Please See Attached Response.	Steps have been taken to correct violation. Compliance verified by <i>OR</i> 02-06-12

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) 01/12/2012		REGIONAL REPRESENTATIVE Ryan Novak, Ann O'Haire	
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>Jessie Roehrig</i> <i>John [Signature]</i>	DATE 1/30/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann [Signature]</i>	DATE 02-06-12

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
183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.	The following medications for Resident #1 were located in Resident #1's medication lock box but are not on the current medication administration record: <ul style="list-style-type: none"> • Clotrimazole & Betamethasone Dipropionate cream 1% .05% • Fluocinolone Acetonide Ointment USP .025% Repeated Violations: 11/20/2011		Please see attached Response	02-06-12 Steph [Signature]



Moravian Village II of Bethlehem

Violation Report Date: 1/12/12

License Number: 215690

183D

Only Current prescription, OTC, Sample and CAM for individuals living in the home may be kept in the home.

Concern:

The plan of correction indicated that audits would begin to ensure that there are no medications in the home that are not current.

Response:

The two medications that were not on the MAR for Resident #1 were removed from the medication lock box and disposed of per facility policy. An audit of all resident medications to the Physician Orders was completed on 1/13/2012 (**attachment A**) indicating that the medications in the lock box are listed on the current MAR. We will enhance from monthly to weekly audits through March 31st, bi-weekly audits through June 30th and monthly audits thereafter. **Copies of these audits will be available upon request.**

Leslee Roehrig

Authorized Signature

John Brown Co-PC Admin

Authorized Signature

Steps have been taken to correct violation; full compliance achieved
 02-06-12
 [Signature]

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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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>Lester Roehrig</i> <i>John Brown</i>	DATE 1/30/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Orlando Clayton</i>	DATE 02-06-12

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
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	Staff did not indicate the time Oxycodone 5mg was administered to Resident #1 on 1/1/12, 1/2/12, and 1/4/12-1/11/12. Staff did not indicate the time Diabetic Tussin 10ml was administered to Resident #2 on 1/1/12-1/10/12. Repeated Violations: 11/20/2011		Please see attached response	02-06-12 <i>OR</i> Cynthia K... Regional Verifier L... L...

01-30-'12 14:53 FROM-Moravian Village 610-625-4719 T-013 P0005/0041 F-920

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Leshi Roehrig</i> <i>John Roehrig</i>	DATE 1/30/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann O'Haire</i>	DATE 02-06-12

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
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>Please see a attached response</i> <i>Continued</i>	



Moravian Village II of Bethlehem

Violation Report Date: 1/12/12

License Number: 215690

187A

A medication record shall include the date and time of medication administration for those residents whom medications are administered for.

Concern:

The time that PRN medications were given was not properly documented on the MAR for Resident #1 and Resident #2.

Response:

The home conducted four medication administration observations, ensuring proper documentation on the MARS (attachment B). The home conducted additional reeducation during the monthly staff meeting on 1/18/12 (attachment C) with review of the updated Medication Supervision in the Apartments policy (attachment D) which included an in depth review of proper documentation on the MAR. The home will conduct medication administration observations ensuring that each medication technician is observed four times monthly through March 31st, twice monthly through June 30th and once monthly thereafter. Copies of these observations will be available upon request.

Ledee Roehrig

Authorized Signature

John Adams - Co. PE Admin

02-06-12

99

Authorized Signature

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

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SIGNATURE OF LEGAL ENTITY <i>Leslie Roehrig</i> <i>[Signature]</i>	DATE 1/30/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 02-06-12

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
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 #3 to indicate Azopt 1% Eye drops was administered at 8am or 12pm on 1/5/12 or at 12pm on 1/11/12. Staff did not initial or sign the MAR of Resident #3 to indicate Simvastatin 40mg tablets was administered at 9pm on 1/3/12-1/6/12. Repeated Violations: 11/20/2011		Please see a attached response	02-04-12-09 <i>[Signature]</i>



Moravian Village II of Bethlehem

Violation Report Date: 1/12/12

License Number: 215690

187B

The information in subsections 187a13 and 187a 14 shall be recorded at the time the medication is administered.

Concern:

Staff did not initial or sign on the MARS for Resident #3 indication that medication was given.

Response:

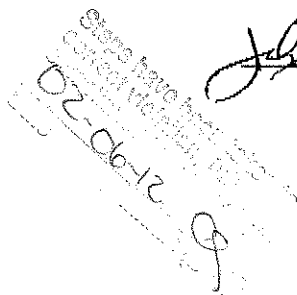
The home conducted four medication administration observations, ensuring proper documentation on the MARS (**attachment B**). The home conducted additional reeducation during the monthly staff meeting on 1/18/12 (**attachment C**) with review of the updated Medication Supervision in the Apartments policy (**attachment D**) which included an in depth review of proper documentation on the MAR. The home will conduct medication administration observations ensuring that each medication technician is observed four times monthly through March 31st, twice monthly through June 30th and once monthly thereafter. **Copies of these observations will be available upon request.**

Lester Roehrig

Authorized Signature

John Jones Co-PC Admin

Authorized Signature



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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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SIGNATURE OF LEGAL ENTITY <i>Keslie Reehrig</i> <i>[Signature]</i>	DATE 1/30/12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE 02-06-12

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
187d The home shall follow the directions of the prescriber.	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 1/1/12, 1/2/12, 1/4/12, 1/6/12, 1/8/12, 1/9/12, and 1/11/12. Repeated Violations: 11/20/2011		Please see attached response	02-06-12 <i>[Signature]</i>



Moravian Village II of Bethlehem

Violation Report Date: 1/12/12

License Number: 215690

187D

The home shall follow the directions of the prescriber.

Concern:

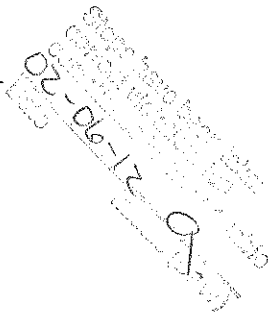
Blood glucose level was not tested once daily as prescribed by the physician.

Response:

The home conducted four medication administration observations, ensuring proper documentation on the MARS (**attachment B**). The home conducted additional reeducation during the monthly staff meeting on 1/18/12 (**attachment C**) with review of the updated Medication Supervision in the Apartments policy (**attachment D**) which included an in depth review of proper documentation on the MAR. The home will conduct medication administration observations ensuring that each medication technician is observed four times monthly through March 31st, twice monthly through June 30th and once monthly thereafter. **Copies of these observations will be available upon request.**

Ledie Rocking

Authorized Signature



John Brown - Co-PC Admin

Authorized Signature