

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORNINGSTAR SENIOR LIVING, INC.

To operate MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

Located at 175 WEST NORTH STREET, NAZARETH, PA 18064

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 104
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 25

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 22, 2012 until March 22, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226280

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

MAR 20 2012

Ms. Pallyanna Franks, COO
Morningstar Senior Living, Inc.
Moravian Hall Square Personal Care Residences
175 West North Street
Nazareth, Pennsylvania 18064

Dear Ms. Franks:

As a result of the Department of Public Welfare's licensing inspection on January 25, 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.

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 'Ronald Melusky', with a long horizontal flourish extending to the right.

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 HALL SQUARE PERSONAL CARE RESIDENCES, 175 WEST NORTH STREET NAZARETH, PA 18964		CURRENT LICENSE NUMBER 226280	
INSPECTION DATES (Include all dates of the inspection) 01/25/2012		REGIONAL REPRESENTATIVE Florence Babiarz, 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>Patricia A. Chuchaloveck, Sr. Director of Personal Care Services</i>			
SIGNATURE OF LEGAL ENTITY <i>Patricia A. Chuchaloveck</i>	DATE <i>2/16/12</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>M. Mostkalezyk</i>	DATE <i>2/24/12</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
89b Hot water temperature in areas accessible to the resident may not exceed 120°F.	At the time of the inspection, the hot water temperature exceeded 120 degrees in the following rooms: Resident room #2202, the temperature measured 127.9 Resident room #2209, the temperature measured 127.5 Resident room #3212, the temperature measured 126.8 Resident room #3207, the temperature measured 127.5 Resident room #1210, the temperature measured 123.4 Resident room #1211, the temperature measured 124.1	<i>2/10/12</i>	<ol style="list-style-type: none"> 1. Water mixing valve for Morningstar was adjusted at time of survey on 1/25/12 by maintenance to bring water temperature to within acceptable range. 2. Water temperatures shall be monitored two times/week by maintenance and recorded on water temperature log for Morningstar. 3. If temperatures are found to be above acceptable limit immediate adjustment will be made by maintenance staff. 4. The Director of Maintenance shall be responsible for reviewing the temperature logs monthly to ensure compliance. <p><u>Attachment:</u> Water temperature logs for Morningstar from 1/26/12 to 2/10/12.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Date _____ Initials (DPW) _____</p>

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

NAME AND ADDRESS OF PERSONAL CARE HOME MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES, 175 WEST NORTH STREET NAZARETH, PA 18064		CURRENT LICENSE NUMBER 226280	
INSPECTION DATES (Include all dates of the inspection) 01/25/2012		REGIONAL REPRESENTATIVE Florence Babiarz, 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)			
SIGNATURE OF LEGAL ENTITY	DATE	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE
<i>Patricia P. Chrusciel</i>	<i>2/16/12</i>	<i>M. M. [Signature]</i>	<i>2/24/12</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
187d The home shall follow the directions of the prescriber.	At the time of the inspection, the home did not have the following medication for resident #1: Tylenol tab 325mg – take 2 tablets by mouth every 4 hours as needed for temp > 100; and Tylenol tab 325mg – take 2 tablets by mouth every 4 hours as needed for mild pain.	<i>1/25/12</i> <i>Corrected at time of inspection.</i>	<ol style="list-style-type: none"> 1. Medication for resident #1 was ordered and received from pharmacy on 1/25/12. 2. A medication review was conducted between 1/26/12 and 2/2/12 on all current MHS personal care residents. Personal Care Coordinator verified that all current PRN medication orders have medications available for resident use. 3. Within 24 hours of a new admission the medication orders shall be compared against medications received by the nurse supervisor to verify that all resident meds are available as ordered by prescriber. 4. During monthly med cart audits all PRN medication orders shall be reviewed by nurse supervisor to ensure that all medications are on hand for resident use as prescribed. Sr. Director of Personal Care Services to review monthly audits to ensure compliance. 	<p align="center">Steps have been taken to correct violation; full compliance is not verifiable</p> <p align="center">Date: <i>2/24/12</i> Initials (DPW): <i>[Signature]</i></p>