

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN VILLAGE OF BETHLEHEM

LEGAL ENTITY

To operate MORAVIAN VILLAGE II OF BETHLEHEM

NAME OF FACILITY OR AGENCY

Located at 526 WOOD STREET, BETHLEHEM, PA 18018

(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 250
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 August 3, 2012 until August 3, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 215690

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

AUG 02 2012

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

Mr. John Romano, Administrator
Moravian Village of Bethlehem
Moravian Village II of Bethlehem
526 Wood Street
Bethlehem, Pennsylvania 18018

Dear Mr. Romano:

As a result of the Department of Public Welfare's licensing inspection on May 31, 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', written over a horizontal line.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 21689 - 06/31/2012 - Bloch, Betty
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A (hired 2/10/11) does not possess a high school diploma or GED diploma from an accredited US institution or active registry status on the Pennsylvania nurse aide registry. The home did not submit an educational waiver to the Department for staff person A, who diploma is from "Lourdes College" which is located in the Philippines.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

violation w/d mm 7/17/12

See attached Plan of Correction

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leslie Roehrig

John Romano

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Leslie Roehrig John Romano

Date *6/15/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/17/12
(Date)

violation w/d

The above plan of correction was approved by *[Signature]*
(Initials)

Plan of correction implementation status as of 7/17/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 21569 - 05/31/2012 - Bloch, Betty
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

The personal care home did not have a direct care staff person certified in CPR, AED, or first aid from 11:00 pm on 5/30/12 to 7:00 am on 5/31/12. Review of the staff schedule indicated staff persons B and C were working. The home was unable to provide trainings in CPR, AED, or first aid for ancillary staff persons working at this time.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached plan of correction.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Leslie Poching* *John Romano*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Leslie Poching* *John Romano* Date *6/15/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/17/12 (Date)

Plan of correction implementation status as of 7/17/12 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.63(a)

At least one staff person for every 50 residents who is trained in first Aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Concern:

Documentation that staff working from 11:00pm to 7:00 am were trained in CPR and First aid, was not available at the time of inspection.

Response:

Proof of CPR and First Aide training was obtained through the American Red Cross, indicating that Employee "B" is current with these certifications through 2/2013 (see attachments B) Additionally, Employee "B" will attend the CPR and First Aide retraining session on 6/18/2012.

Moving forward, copies of all employee certifications will be kept on file for audits / inspections. A checklist for education and certifications will be kept up to date and reviewed quarterly to ensure compliance. (see Attachment C)

A handwritten signature and the date "7/17/12" are circled in black ink.

Debra Roehrig Co-PC Admin

Authorized Signature

John Adams, Co-PC Admin

Authorized Signature

Violation Report: 21569 - 05/31/2012 - Bloch, Betty
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The non-slip backing on the underside of the 3' x 5' area rug in the bathroom adjoining room #107 was worn off.

The 3' x 5' area rugs in the kitchenette and the bathroom adjoining room #241 did not have non-slip surfaces on their undersides.

These rugs moved when the Department representative stepped upon them which posed a possible slipping hazard to the residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached plan of correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leslie Roeling

John Remme

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Leslie Roeling

John Remme

Date

6/15/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/17/12
(Date)

Plan of correction implementation status as of

7/17/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.88(a)

Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Concern:

The throw rug in apartment 107 had non slip backing that was worn off. Rug in the kitchenette and bathroom in apartment 241 did not have non slip backing on them.

Response:

The Rugs were removed from the resident apartments on 6/1/12. Throw rugs will be added to the weekly compliance checklist to ensure compliance with this regulation (see Attachment D).

A large, hand-drawn oval contains a handwritten signature and the date "7/17/12".

Julie Roehrig, CO-PC Admin

Authorized Signature

John [unclear], CO-PC Admin

Authorized Signature

Violation Report: 21569 - 06/31/2012 - Bloch, Betty PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM			
1. REGULATION 55 Pa.Code §2600 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.			
2a. DESCRIPTION OF VIOLATION The required phone numbers were not posted on or near the private phones in the following resident rooms: Middle sitting room in apartment #241 Sitting room on the left-side upon entering apartment #324			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed. <i>See Attached plan of Correction</i>			
Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/20/2011	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Leslie Roehrig</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Roehrig</i>		<i>John Romano</i>	Date <i>6/15/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/17/12</u> (Date)		Plan of correction implementation status as of <u>7/17/12</u> (Date)	
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.91

Telephone number for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Concern:

The required numbers were not posted on or near phones with outside lines in apartments 241 and 324.

Response:

The required phone numbers were posted for all phones in apartment 241 and 324 (see Attachment E). Sweeps which include checking to ensure the phone numbers are posted by every phone with an outside line will continue. Documentation of these checks will be available upon request. (see Attachment D)

A handwritten signature, possibly "J. Romano", is written inside a hand-drawn oval. Below the signature, the date "7/17/12" is written.

Hesli Roehrig Co-PC Admin

Authorized Signature

John Romano Co-PC Admin

Authorized Signature

Violation Report: 21560 - 05/31/2012 - Bloch, Betty
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION

The home's current Smoking Policy states, "Effective November 17, 2011, Moravian Village of Bethlehem will be a Smoke - Free campus. Smoking and/or discarding of tobacco products is not permitted by anyone while on campus property. The policy also states, "There are no designated smoking areas for employees or residents on the campus." Several cigarettes butts were found under the benches located outside of the main entrance of the home. Also, a cigarette butt was found on the elevator floor leading to the basement that was witnessed by staff person D.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See attached plan of correction

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Leslie Roehrig* *John Rowms*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leslie Roehrig* *John Rowms* Date *6/15/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/17/12
(Date)

Plan of correction implementation status as of 7/17/12
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.144(C)

A home that permits smoking inside or outside of the home shall develop and implement written safety policy and procedures that include 2600.144(C) 1-3

Concern:

Moravian Village of Bethlehem is a smoke free campus and smoking on the premises is not permitted per facility policy. Cigarette butts were found under benches located outside the main entrance, and one cigarette butt was found on the elevator floor.

Response:

The home does not permit smoking inside or out (see attachment F). Signage to indicate the smoke-free campus are posted throughout the premises, including the main entrance (see attachments G) Audits will be conducted to observe for discarded cigarette butts on the premises (see attachment H). Additionally, housekeeping staff will be assigned to remove any cigarette butts observed daily (see attachment I)

[Handwritten signature]
 7/17/12

Ledei Roehrig COPC Admin

Authorized Signature

John Bernier, COPC Admin

Authorized Signature

Violation Report: 21589 - 05/31/2012 - Bloch, Betty
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Codes §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the 2003 Ford Windstar van did not include antiseptic. The van was used to transport residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

~~Letter~~ See Attached Plan of Correction

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leslie Roehng

John Romano

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Leslie Roehng

John Romano

Date 6/15/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/17/12
(Date)

Plan of correction implementation status as of

7/17/12
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.171(b)(5)

If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first Aid kit with the contents in 2600.96 (relating to first aid kit)

Concern:

The first aid kit in the Ford Windstar, which transports residents, did not include antiseptic.

Response:

Antiseptic was placed in the first aid kit during the department's inspection in the presence of the inspector on 5/31/12. Going forward, monthly audits of the first aid kits will take place to ensure all components of the first aid kits are there. (See attachment J).

[Handwritten signature]
 7/17/12

[Handwritten signature] CO-PC Admin

Authorized Signature

[Handwritten signature] CO-PC Admin

Authorized Signature

Violation Report: 21569 - 05/31/2012 - Bloch, Batty
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.181(f) - The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

2a. DESCRIPTION OF VIOLATION
 A bottle of OTC "Top Care" brand Ibuprofen 200mg tablets was found stored on top of the dresser located in resident #1's sitting room on the left-side upon entering the resident's apartment. The OTC medication was not recorded in the resident's record.
 Resident #1's most current medical evaluation (dated 2/15/12) indicates the resident can self-administer medications with assistance in offering them at the prescribed times.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached plan of Correction

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Leslie Roehrig</i>	<i>John Romano</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Leslie Roehrig</i>	<i>John Romano</i>	Date	<i>6/15/12</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/17/12
 (Date)

Plan of correction implementation status as of 7/17/12
 (Date)

The above plan of correction was approved by *[Signature]*
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.181(f)

The resident's record shall include a list of prescription, CAM and OTC medications for each resident who is self-administering his/her medication.

Concern:

A bottle of OTC medication was identified in resident #1's sitting room. This medication was not reflected on the resident's list of medications.

Response:

The medication was removed from the resident living environment, and secured until such time the MD approves the medication can be taken by the resident. Sweeps to ensure any medications are on the resident medication list will continue (see Attachment D)

7/17/12

 A handwritten signature and the date "7/17/12" are circled in black ink. The signature is illegible but appears to be a name starting with "J".

Leslie Roehrig CO-PC Admin

Authorized Signature

John ... CO-PC Admin

Authorized Signature

Violation Report: 21569 - 05/31/2012 - Bloch, Betty
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Za. DESCRIPTION OF VIOLATION

The following direct care staff persons' Department-approved medication administration training was incomplete and, therefore, they are not currently qualified to administer medications to residents:

Staff person B

The required Student Certification Forms were not completed for the Annual Practicums completed on 5/10/10 and 8/2/11. The 2011 Annual Practicum was not completed within 12 months of the previous one dated 5/10/10.

Staff person E

The required 2011 Student Certification Form was not completed for the training completed on 4/18/11

Staff person F

The required 2009 - 2011 Initial Annual Practicum and Annual Practicum Student Examination Data Summary Sheets and Student Certification Forms were not available to review. The required Annual Practicum Student Examination Data Summary Sheet and Student Certification Form were not completed for 2012.

Staff person A does not possess the required educational documentation to qualify as a direct care staff person and, therefore, is not currently qualified to administer medications to residents.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

See Attached plan of correction.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Leslie Roehrig

John Thomas

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Leslie Roehrig

John Thomas

Date

6/15/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

7/17/12
(Date)

Plan of correction implementation status as of

7/17/12
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

M
(Initials)



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.182(b)

Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home
- (4) A staff person who has completed the medication administration training as specified in 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medication, insulin injections and epinephrine injections for insect bites or other allergies.

Concern:

Staff persons "B", "E", "F" so not have proper documentation proving their medication administration training and certification. Staff person "A" does not have adequate documentation proving educational requirements have been met, and therefore is not qualified to administer medications.

Response:

Medication Administration training class was held on 6/4/12 for all staff identified in the survey as being non compliant with medication administration training certification. Moving forward, copies of all employee certifications will be kept on file for audits / inspections. A checklist for education and certifications will be kept up to date and reviewed quarterly to ensure compliance (see Attachment C).

Kelli Roehrig, Co-PC Admin

Authorized Signature

John [Signature], Co-PC Admin

Authorized Signature

[Signature]
7/17/12

Violation Report: 21569 - 05/31/2012 - Bloch, Betty PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM		
1. REGULATION 55 Pa.Code §2600 2600.185(a) - 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.		
2a. DESCRIPTION OF VIOLATION The home's policy and procedure for "Controlled Substance Count" (dated 4/20/12) states, "The on-coming med tech will count and an out-going med tech will verify the accuracy of the count on the individual controlled substance count sheet. Both med techs will sign the Controlled Substance Count Sheet." The narcotic count sheet for resident #2 was not signed by the staff persons on the following dates/shifts: <u>On-coming staff person</u> 7:00 am - 3:00 pm shift on 5/29/12 11:00 pm - 7:00 am shift on 5/7/12, 5/19/12, and 5/27/12 <u>Out-going staff person</u> 7:00 am - 3:00 pm shift on 5/20/12, 5/28/12, and 5/29/12 3:00 pm - 11:00 pm shift on 5/10/12, 5/15/12, 5/16/12, 5/17/12, 5/18/12, and 5/29/12 11:00 pm - 7:00 am shift on 5/8/12 and 5/16/12		
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.</i> See See Attached Plan of Correction		
Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/20/2011
Signature of Legal Entity Representative (Required on EVERY Page) <i>Leslie Roehrig</i> <i>John Romano</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leslie Roehrig</i> <i>John Romano</i>		Date <i>6/15/12</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <i>7/17/12</i> (Date)	Plan of correction implementation status as of <i>7/17/12</i> (Date)	
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.185(a)

The Home shall develop and implement procedures for safe storage, access, security, distribution, and use of medications, and medical equipment by trained staff persons.

Concern:

The narcotic count sheet for resident #2 was not signed by staff persons for 15 shifts.

Response:

Medication Technicians were re-educated on the Controlled Substance Count Policy. (See attachment K) MAR audits will take place to ensure that this policy is being followed (see Attachment D). Additionally, electronic MARs will be utilized beginning 6/18/12 for additional documentation.

Heidi Roehrig Co-PC Admin

Authorized Signature

John ... Co-PC Admin

Authorized Signature

Violation Report: 21569 - 05/31/2012 - Bloch, Betty
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.187(a) - 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 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.

2a. DESCRIPTION OF VIOLATION

The staff person who administered resident #1's PRN medication Ipratropium 0.03% Spray on 5/26/11 did not document the time of administration on the May 2012 medication administration record.

Review of the "Narcotic Count Sheet" indicated resident #2 was administered the PRN medication Hydrocodon-APAP 5/500 on 5/7/12 at 10:08 pm. The staff person who administered this medication did not complete the May 2012 medication administration record to indicate this medication was administered to the resident.

The staff person who administered resident #3's PRN medication Lorazepam 1mg tab on 5/12/12 did not document the time of administration on the May 2012 medication administration record.

The required printed names of the staff persons who administered medications to residents were omitted on the May 2012 medication administration records.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

~~See~~ See Attached plan of correction

Repeat Violation: Yes	Date(s) of Previous Violation(s):	01/12/2012	11/20/2011
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Leslie Roehrig* *John Romano*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Leslie Roehrig* *John Romano* Date *6/15/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/17/12</u> (Date)	Plan of correction implementation status as of <u>7/17/12</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented



Moravian Village II of Bethlehem

Violation Report Date: 5/31/12

License Number: 215691

2600.187(a)

A Medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Residents 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 time
- (10) Duration of therapy, if applicable.
- (11) Special Precautions, if applicable
- (12) Diagnosis or purpose for the medication, including pro re nata
- (13) Date and time of medication administration
- (14) Name and initials of the staff person administering the medication.

Concern:

The MAR was missing the time of a PRN medication on 5/26/12 for Resident #1, administration date/time for PRN medication for resident #2 on 5/7/12, time of administration for PRN medication on 5/12/12 for resident #3. Additionally, the printed names of the staff persons who administered medications were not available on the MAR.

Response:

Audits will be performed to ensure proper documentation of Mar is occurring (see attachment D). Electronic MARs will be utilized to ensure proper documentation effective 6/18/2012. For this system, electronic signatures and printed names of the medication technician will be automatically included on the MAR.

Lulu Roehrig CO-PC Admin

Authorized Signature

John Romano, CO-PC Admin

Authorized Signature

Mr
7/17/12