

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM, PA

To operate MORAVIAN KING'S DAUGHTERS' HOME

Located at 61 WEST MARKET 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

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16
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 November 1, 2012 until May 1, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242141

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



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: NOV 05 2012

Ms. Mary Ann Hughes, Administrator
Moravian Union of King's Daughters & Sons of Bethlehem, PA
Moravian King's Daughters' Home
61 West Market Street
Bethlehem, Pennsylvania 18018

Dear Ms. Hughes:

As a result of the Department of Public Welfare's (Department) licensing inspection on August 21, 2012 of the above personal care home, the violations specified on the enclosed Violation Report 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 Human Services Licensing so that compliance can be verified.

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132a	II	12	\$5	\$60	5 calendar days from mailing date of this letter
132c	II	12	\$5	\$60	5 calendar days from mailing date of this letter
132d	II	12	\$5	\$60	5 calendar days from mailing date of this letter
66a	III	12	\$3	\$36	15 calendar days from mailing date of this letter
91	III	12	\$3	\$36	15 calendar days from mailing date of this letter
141a2	III	12	\$3	\$36	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

Once you receive your invoice from the Bureau of Human Services Licensing, if you disagree with the amount of the penalty, you have the right to appeal through a hearing before the Bureau of Hearings and Appeals, Department of Public Welfare. If you decide to appeal, a written request to appeal the fine must be received, along with the assessed daily fine, not to exceed \$500, in accordance with 55 Pa.Code § 2600.263 (relating to appeal of penalty). All appeal requests must be sent to the address indicated on the invoice you will receive from the Bureau of Human Services Licensing.

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
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

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,



Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2. DESCRIPTION OF VIOLATION


The home's license was posted in the administrator's office and not in a public and conspicuous location.

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.

A folder containing the current licensing inspection as well as current license was placed in hallway adjacent to office entrance by administrator. [redacted] and will be done yearly upon new inspection. Was corrected at day of inspection by M. Hughes Adm.

The Administrator/Designee will develop a checklist or tool to track or record compliance for this regulation. The Checklist will be maintained Daily/Weekly/Monthly and initialed and dated by the person who measures compliance. This checklist will be maintained by the home and provided to Department Reps upon request.

as appropriate.

 10-12-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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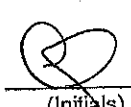
Signature of Legal Entity Representative (Required on EVERY Page) Mary Ann Hughes

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary Ann Hughes Date 9-12-12

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

The above plan of correction is approved as of 10-12-12 (Date)

Verification of Legal Entity Representative Signature 10-12-12 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

2. DESCRIPTION OF VIOLATION

The home's quality management plan was not reviewed within the past 12 months.

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.

Quality management plan will be addressed with staff by the end of September, 2012 - all quality management issues will be addressed by Administrator and thereafter yearly.

Adm will schedule the annual QMP in advance in order to maintain compliance going forward. This will be documented by the Adm and the documentation will be maintained and presented to Dept. Reps upon request. EQ 10-12-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Mary Ann Hughes

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Mary Ann Hughes

Date

9-17-12

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10-12-12
(Date)

Verification of Legal Entity Representative Signature

10-12-12
(Date)

The above plan of correction was approved by


(Initials)

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2. DESCRIPTION OF VIOLATION

Resident #1 was discharged from the home on 4/19/12. A refund of \$638.00 was provided on 5/31/12 and not within 30 days of the resident's discharge from the home.

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.

Not good communication in a timely fashion administrator failed to remind treasurer of state requirement of 30 day refund.

Administrator will make note to remind treasurer of 30 day requirement for future reference.

The Administrator/Designee will develop a checklist or tool to track or record compliance for this regulation. The Checklist will be maintained Daily/Weekly/Monthly and initialed and dated by the person who measures compliance. This checklist will be maintained by the home and provided to Department Reps upon request.

CG
10-12-12

This checklist should contain all of the requisite elements of the resident record.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Mary Ann Hughes

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

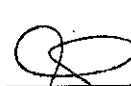
Mary Ann Hughes

Date 9-12-12

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(Date)

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(Date)

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(Initials)

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.66(a) - A staff training plan shall be developed annually.

2. DESCRIPTION OF VIOLATION

The home did not develop a staff training plan for the training year 2012.

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.

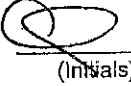
Staff Training Plan is currently being done - I am waiting for confirmation on scheduled training, copy when completed to be sent, plan of completion to be done by administrator in 2 weeks.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-17-12*

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

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.

2. DESCRIPTION OF VIOLATION

The required phone numbers were not posted on or near the telephone located in the home's kitchen which is utilized by 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.

List of phone numbers required by State are attached to wall above phone.

Was completed by [redacted] on day of inspection 8-21-12.

Housekeeper [redacted] is responsible to see that numbers are posted on all phones.

This should be done on a weekly basis. The work will be recorded on a checklist, to be signed or initialed by the employee performing the task, as well as dated. These checklists will be retained by the home and provided to Dept. Reps upon request. *MQ* 10-12-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2011
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2. DESCRIPTION OF VIOLATION
 A step measuring approximately 8 inches in height is located at the side entrance outside the home. A handrail is required in order for residents to safely use the exit. Staff person A, who is the administrator, stated the exit is not utilized because to do so without the presence of a handrail could possibly result in a resident falling.

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.

A railing will be placed on driveway side of home for fire evacuation. I have enclosed a copy of work order to be completed when parts come in. Will send copy when completed.

Adm will send a digital photo of the work upon completion
Of 10-12-12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-19-12*

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2. DESCRIPTION OF VIOLATION

The lamp, in the hallway on the second floor, has a lampshade that is tattered and torn with shreds of the lampshade lining hanging. The glass shade covering the light in the 1st floor foyer, behind the elevator, has a corner broken off and is compromising the safety of the glass shade.

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.

Glass shade is removed and will be replaced and if not possible to replace glass shade ~~and~~ a new fixture will be installed.

This work to be done by [REDACTED]

[REDACTED] whom is also doing the rail; copy of work sheet when completed to be sent.

Lampshade in hall was replaced - picture enclosed.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Hughes</i>	Date <i>9-17-12</i>
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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.103(e) - 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.

2. DESCRIPTION OF VIOLATION

In the double glass door refrigerator in the kitchen were two containers opened and not dated: Musselman's Applesauce and a large container of Cool Whip.

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.

All staff are aware that opened food containers are to be dated and labeled if necessary
 Any served food is discarded from an individual and not kept for future use.

This violation was corrected by [redacted] on day of inspection 8-21-12

All staff is aware of this regulation. The home Adm/Designer will develop a checklist that includes the physical plants items. This item will be checked on a weekly basis, will be signed or initialed and dated by the person who assumes compliance. These lists will be maintained by the home and produced for Dept. Reps on request. 10-12-12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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

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- Not Implemented

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2. DESCRIPTION OF VIOLATION

The following items stored in the "Baly" brand freezer located in the home's basement had been maintained beyond the 30-day permissible timeframe:

- A plastic bag of beef cubes; dated 1/20/11
- 3 "Chef Pierre" brand coconut custard pies; dated 2/6/12
- A "Chef Pierre" brand Boston cream pie; dated 7/9/11
- Homemade apple pie; dated 11/4/11
- 5 "Sara Lee" brand banana cakes; dated 2/12/12

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.

A recent inventory of entire freezers in basement was completed by [redacted] and [redacted] as a special assignment and every 2 weeks will monitor the rotation of all items. Cook was found to be lax in this area.

The Adm/Designer will develop a checklist that includes measuring compliance w/ this regulation. When measuring compliance the staff person responsible will sign/initial and date the checklist, and return these documents for review by Dept. reps upon request. *ER* 10-12-12

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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Verification of Legal Entity Representative Signature 10-12-12 (Date)

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- Not Implemented

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2. DESCRIPTION OF VIOLATION
The home did not have at least one gallon of water for three days for each of the 12 residents being served at the time of the inspection. The home had 31 gallons on-hand, 36 gallons are required.

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.
Case of water was ordered on day inspection 8-21-12 and arrived within 48 hrs. Administrator upon ordering overlooked the count and is aware of violation. Inventory is done by [redacted] and [redacted] but Administrator does ordering & I did not take in the water is used & before expiration date. The administrator will have [redacted] & [redacted] help to monitor as well. The adm will develop a checklist of physical plant items and measure this item on a monthly basis. The staff person measuring compliance will sign or initial and date the list. This document will be retained by the home and presented to Dept. Reps upon request.

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

Signature of Legal Entity Representative (Required on EVERY Page) *MaryAnn Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *MaryAnn Hughes* Date *9-12-12*

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Verification of Legal Entity Representative Signature 10/12/12 (Date)
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 Not Implemented

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.


2. DESCRIPTION OF VIOLATION

The home did not provide a letter to the local fire department informing them of the general floor plan of the home, the location of the home, or that the home currently serves two residents who would need additional assistance in the event an emergency evacuation was required.

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.

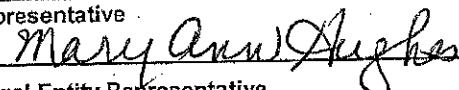
A letter was sent to the Bethlehem Fire Dept and also copies of homes evacuation Plans. I have enclosed copy of letter & plans are enclosed.

The adm will update this letter to the local fire company when mobility changes are experienced by resident(s). Adm will review mobility status of residents on a weekly basis.  10-12-12

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



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

Mary Ann Hughes

Date

9-12-12

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(Date)

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(Initials)

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2. DESCRIPTION OF VIOLATION

In the furnace room in the basement of the home was a gallon container of Otis Cleaning Compound, No.2 - Combustible material - sitting next to the furnace.

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.

~~A letter was sent~~ M.N. Alm.

The combustible material from Otis Elevator left in furnace room has been removed, Otis employees have been informed they can not leave this material & this was to be noted ^{by Otis} to prevent any further problems.

My staff has also been informed upon any maintenance being done. Admor designe


will review this element of fire safety on a daily basis. Compliance will be measured via use of a checklist that includes this regulation. Checklists will be signed or initialed and dated by person measuring compliance. Checklists will be retained on the home and provided to Dept Reps on req. 10-12-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-17-12*

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2. DESCRIPTION OF VIOLATION

The furnace has not been inspected since July 2010.

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.

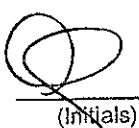
USA I came on 8-27-12 to
 clean and inspect furnace -
 Will have done annually hereafter
 Have enclosed USA paperwork.
 Adm will keep a list of annual due
 dates in order to insure compliance going
 forward. EQ 10-12-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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The above plan of correction is approved as of <u>10-12-12</u> (Date)	Verification of Legal Entity Representative Signature <u>10-12-12</u> (Date)
The above plan of correction was approved by  (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

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.126(b) - Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

2. DESCRIPTION OF VIOLATION

The furnace has not been cleaned since July 2010.

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.

The furnace was cleaned 8/27/12, informed them 26I Corp that we need to be done annually and that I will also remind them of this annually. Have enclosed paperwork.

Adne use @ track annual date for this req. and schedule in a timely manner in order to insure compliance going forward 10-12-12

Withdrawn 10/19/12 JH

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Mary Ann Hughes

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

Mary Ann Hughes

Date

9-17-12

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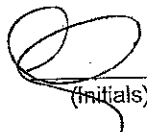
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10-12-12 (Date)

Verification of Legal Entity Representative Signature

10-12-12 (Date)

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 (Initials)

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(a) - An unannounced fire drill shall be held at least once a month.

2. DESCRIPTION OF VIOLATION

Based upon staff interviews and an interview of staff person A, who is the administrator, it was concluded that the staff person who conducts the fire drill is given advance notice by the administrator of when the fire drill is to be conducted during the specific shift and therefore, the fire drills are not always unannounced for the home's staff.

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.

Unannounced fire drills ~~to~~ will be held on various shifts.

The person conducting the fire drill will not be given advanced notice by administrator.

Administrator is responsible to monitor all unannounced drills and record documentation.

August 30-12 fire drill was conducted by adm. & was unannounced. Adm will review fire drill logs monthly to insure compliance going forward. *OS* 10-12-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2011
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-10-12*

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2. DESCRIPTION OF VIOLATION

The home's fire drill record does not indicate if the fire alarm was activated and operable during the fire drill conducted on 5/26/12 at 1:00am.

The home's fire drill record does not indicate the exit(s) used, the number of staff participating, and if the fire alarm was activated and operable during the drill conducted on 11/29/11 at 12:30am.

The fire drill record indicates the exact time in minutes and seconds was documented for the drills conducted on 5/26/12, 4/29/12, 3/28/12, 2/20/12, 12/6/11 and 11/29/11.

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.

The home's fire drill record is to be completely filled by staff at time of drill, [redacted] & [redacted] did initial check activation, both did activate alarms and are aware of doing this.

All fire drill will be completed and better reviewed by adm. - this must be done on a monthly basis.
Copy enclosed

[Signature] 10-12-12

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2012 11
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes Adm.*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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- Not Implemented

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2. DESCRIPTION OF VIOLATION

The evacuation time for the drills conducted on 5/26/12 and 11/29/11 was 3 minutes. The home does not have written documentation from a fire-safety expert granting additional time for evacuation.

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 am awaiting contact from Bethlehem Fire Dept and [redacted] regarding fire safety doors. I will send copy of letter upon receipt

~~*Adm will also ensure alternate routes are used during monthly drills. 10-12-12~~

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/21/2012 \1
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Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes Adm*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>MARY ANN Hughes</i>	<i>9-12-12</i>

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(f) - Alternate exit routes shall be used during fire drills.

2. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the side exit was used on all drills conducted from 12/2011- 7/2012.

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.

Staff is aware that all ~~both~~ stairwells
 are to be used alternately. Administrator
 needs to monitor evacuation of documents
 monthly on said drills.

Adm must review fire drill logs monthly and oversee
 the execution of monthly drills in order to insure
 alternate routes are used in monthly drills. 9/10/12

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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 (Date)

Verification of Legal Entity Representative Signature 10-12-12
 (Date)

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

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- Not Implemented

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2. DESCRIPTION OF VIOLATION

Based upon staff and resident interviews, it was concluded that residents congregate inside the home near the side entrance of the home when monthly fire drills are conducted and that residents do not always evacuate to the outside of the home. The home does not have documentation from a fire-safety expert indicating the home has internal fire-safe areas and therefore, the residents must always fully evacuate the home.

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.

Residents congregated to known fire safe area within in the home, now question of fire safe doors has surfaced, until I have documentation of said "fire safe door", residents will exit to outside safe area. Administrator will monitor & document such action - this must be done on a monthly basis.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2. DESCRIPTION OF VIOLATION

The fire drill record for 5/26/12 and 11/29/11 does not indicate if the fire alarms were sounded. The home's administrator stated she/he was unaware if the alarms were tested during these months.

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.

On monthly fire drills the alarms are sounded, Simplex monitors our alarms and takes us off line, when drill completed alarms are reset, Documentation is to be completed in all phases and staff is aware. Administrator will monitor each drill. This must be done on a monthly basis. Adm will review monthly fire drill logs to measure for compliance. Additional drills will be conducted if the home fails to properly address all elements of fire drill regulations.
 10-12-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2. DESCRIPTION OF VIOLATION

The medical evaluation in the record of resident #2 (dated 10/19/11) did not indicate the resident's height.
The medical evaluation in the record of resident #3 (dated 7/6/12) did not indicate the resident's weight.

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.

All Medical Evaluations will be proof read by Administrator to be sure all areas are completed.

[Redacted] is responsible to send & received Medical Evals & if incomplete to inform administrator & returned to physician
Copy of Medical Eval Completed.

A sticker will be created and used monthly to remind adm/designee to review all new & Annual Med Evals.

10-12-12

Repeat Violation: No <u>Yes</u>	Date(s) of Previous Violation(s): 08/21/2012	09-21-11	Q.
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Signature of Legal Entity Representative (Required on EVERY Page) Mary Ann Hughes

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary Ann Hughes Date 9-12-12

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

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.

2. DESCRIPTION OF VIOLATION

As per the home's policy regarding insulin, insulin must be dated when opened. Insulin prescribed to resident # 4 was not dated when opened.

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.

Med Techs are trained and aware of this responsibility.

Unannounced checking of medications to comply with training & responsibility administrative
I have implemented periodic checks review of procedures with staff as of 9-3-12

Adm will develop a checklist to be used monthly to measure compliance w/ regs related to medication. Staff person completing the checklist will initial or sign and date the document. The home will maintain these compliance records and provide them to the Dept. Reps. upon request. CA 10-12-12

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Mary Ann Hughes

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Mary Ann Hughes Date 9-12-12

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Violation Report: 24214 - 08/21/2012 - Patton, Leslie

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #3 is supposed to have Nuvigil, 150mg., 1 tablet daily, but has not had the prescription since Aug.1st, 2012.
Resident #5 has an order for Calmoseptine Ointment -- apply as needed on pressure spots. The facility does not have the medicine available for the resident.

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.

Resident #3 due to insurance issues medication is delayed, resident #3 physician was notified of violation and if not resolved would have discontinued med medication was received and situation resolved as of 8/22/12

Resident #5 - Cream was located in extra med drawer after pharmacy notified my staff. it was sent, should have been found by [redacted] as it was here at time inspection 8/21/12

Med Techs need to communicate to adm of replace meds from 1 location to proper location. Adm or designee will review contents of med cart at least weekly in order to insure compliance. 9/10-12/12

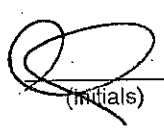
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Ann Hughes* Date *9-12-12*

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Violation Report: 24214 - 08/21/2012 - Patton, Lesle

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2. DESCRIPTION OF VIOLATION

The records of residents #2, #3, #5, and #6 do not contain any documentation to indicate the residents were informed of their right to refuse a medication if they believe it is being given in error. Staff person A, who is the administrator, stated she did not believe the residents of the home had been informed of this right.

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.

Medication Refusal sheet has been implemented and addressed with all residents, signatures were obtained from all residents.

Staff was informed as of 9/3/12 of medication refusals.

Copies of Rm 2-3-5-6 are enclosed.

Adm or designee will develop a list of all elements required to be in the resident record. Adm will review matters for compliance.

Documentation of monthly reviews will be maintained by the home and provided to Dept. Reps upon request. QQ 10-12-12

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

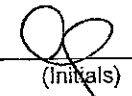
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