

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORNINGSTAR SENIOR LIVING INC
LEGAL ENTITY

To operate MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES
NAME OF FACILITY OR AGENCY

Located at 175 WEST NORTH STREET, NAZARETH, PA 18064
(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 104
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller

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, 2013 until March 22, 2014,
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



FEB 19 2013

Ms. Pollyanna 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 (Department) licensing inspection on January 15, 2013 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

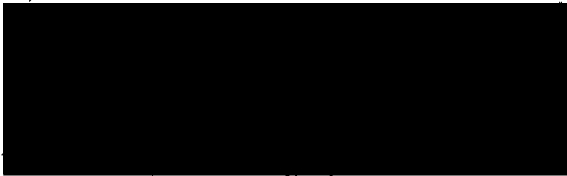

Sincerely,

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
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600**

PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES		License Number: 226280
Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		County: Northampton
Administrator: Pat Chuckolovcak		Region: NORTH
Legal Entity Name: MORNINGSTAR SENIOR LIVING INC		
Legal Entity Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		
Certificate(s) of Occupancy		
1-2	C-2 LP	
05/25/2004	02/23/2004	
Borough of Nazareth	Department of L&I	
Staffing Hours		
Resident Support: 22	Total Daily Staff: 118	Waking Staff: 89
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/15/2013: Hummel, Jesse; O'Haire, Anne		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 104 Number of Residents Served: 73 Secured Dementia Care Unit in Home: Yes Area: lower level Secured Dementia Unit Capacity, if Applicable: 22 		Number of Residents who: 

Patricia A. Chubalovcak 1/25/13

Violation Report: 22628 - 01/15/2013 - Hummel, Jesse
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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.

2a. DESCRIPTION OF VIOLATION

On 1/15/2013 the home had 73 residents residing at the facility. The home is required to have at least 3 gallons of water per resident for three days in the event of an emergency. The home is required to have at least 219 gallons on hand, however the home has only 60 gallons of emergency drinking water on hand. The home has a contract with Glen Rock Mountain Spring Water dated 11/6/2009 stating that water will be delivered to the facility, however the letter does not specify that water will be delivered as a priority even in the event of a regional general emergency as 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.

1. Glenrock Mountain Spring Water revised agreement to specify that the company guarantees that the water will be delivered as a priority in the event of a regional general emergency.
2. Agreement will be reviewed annually or as regulations change by PCH administrator for compliance to regulations for on hand drinking water requirements.

Copy of agreement dated 01/22/2013 attached for review.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Patricia A. Chukaloveck*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Patricia A. Chukaloveck, Personal Care Supv* Sr. Director of Date *01/25/2013*

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

The above plan of correction is approved as of 1-25-13
 (Date)

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

Plan of correction implementation status as of 1-25-13
 (Date)

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

Violation Report: 22628 - 01/15/2013 - Hummel, Jesse
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined through interviews with Administrator A and staff person B that the home does not evacuate all residents during fire drills. It was determined that the home's fire alarm system is audible throughout the facility. During a drill the home will designate a hypothetical location of a fire. During the drill conducted on 10/25/12 at 5:55 am the hypothetical fire was located within the home's secured dementia care unit. The 25 residents residing within the secured dementia unit present at the time the alarm sounded were all evacuated to fire safe areas. However, the 43 residents residing in personal care and not within the secured dementia unit were directed to disregard the alert and were permitted to return to their rooms. The residents were not evacuated to a common fire safe area or accounted for as is required for all fire drills.

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.

1. Fire drills conducted for personal care shall require all residents from the three areas (Galilee, Morningstar and Bethany) to evacuate to the designated fire safe areas every time the alarm sounds.
2. Total census and number of residents evacuated for the three areas shall be documented on the fire drill log by the PCH administrator for each drill.
3. The PCH administrator shall be responsible for reviewing the log monthly for accurate documentation of all fire drills.
4. Prior to next scheduled fire drill, personal care residents and personal care staff will be updated by the PCH administrator on the requirement of evacuating to the designated fire safe areas each time the fire alarm sounds.
5. A fire drill for all personal care areas will be conducted prior to February 1, 2013.

Adm will fax January fire drill log to NE Regional office for review upon completion

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Signature of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackalovec*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackalovec* Date *01/25/2013*
Sr. Director of Personal Care Services

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

The above plan of correction is approved as of <u>1-25-13</u> (Date)	Plan of correction implementation status as of <u>1-25-13</u> (Date)
The above plan of correction was approved by <u><i>OC</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