

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to MORAVIAN MANORS INC
LEGAL ENTITY

To operate MORAVIAN MANOR
NAME OF FACILITY OR AGENCY

Located at 300 WEST LEMON STREET, LITITZ, PA 17543
(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 65
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

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 June 28, 2013 until June 28, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 321760

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



JUL 0 1 2013

Mr. J. David Swartley, MBA, NHA, President
Moravian Manors, Inc.
Moravian Manor
300 West Lemon Street
Lititz, Pennsylvania 17543

Dear Mr. Swartley:

As a result of the Department of Public Welfare's (Department) licensing inspection on March 14, 2013 and March 18, 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 "R. Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

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

PCH Name: MORAVIAN MANOR		License Number: 321760
Address: 300 WEST LEMON STREET, LITITZ, PA 17543		County: Lancaster
Administrator: Beaty Miller		Region: CENTRAL
Legal Entity Name: MORAVIAN MANORS INC		
Legal Entity Address: 300 WEST LEMON STREET, LITITZ, PA 17543		
Certificate(s) of Occupancy		
C-1 01/09/1975 L&I	Other 09/22/2011 Lititz Borough	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 44	Waking Staff: 33
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/14/2013: Rouse, McKinley; McCloskey, Jason 03/18/2013: Rouse, McKinley; McCloskey, Jason		
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: 65 Number of Residents Served: 43 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 43 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 1	

RECEIVED

MAY 20 2013

CENTRAL REGION FIELD OFFICE
 Human Services Licensing

Violation Report: 32176 - 03/14/2013 - Rouse, McKinley
 PCH Name: MORAVIAN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 There is a fire extinguisher in the hall on the right side of room 150. None of the evacuation diagrams in the home have the fire extinguisher marked on them.

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.

██████████ Maintenance Supervisor, corrected the posted HHPC 50's unit "Evacuation Sign" by adding two fire extinguisher symbols immediately after it was noted by the two surveyors during the walking tour on March 14, 2013 and re-posted the "Evacuation Sign". The Maintenance Supervisor and the Facilities Operations Manager are fully aware that if there are any further (none planned) renovations requiring new exit signs that the PC Administrator will confirm all "Evacuation Signs" are accurate. The remaining five PC "Evacuation Signs" were audited by ██████████ RN, PCA on May 20, 2013. The HHPC 40's hall "Evacuation Sign" also needs two fire extinguisher symbols added. ██████████ Maintenance Supervisor, will have the sign corrected and re-posted by May 21, 2013.
 See Attachment A: corrected HHPC 50's "Evacuation Sign"

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Beaty Miller, RN PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Beaty Miller, RN, PCA</u>	Date <u>5/20/13</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 5-28-13
 (Date)

The above plan of correction was approved by BE
 (Initials)

Plan of correction implementation status as of 5-28-13
 (Date)

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

Violation Report: 32176 - 03/14/2013 - Rouse, McKinley
 PCH Name: MORAVIAN MANOR

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Levemir Flex Pen 16 units inject subcutaneously at bedtime for diabetes was opened, but the opening date was not marked anywhere on the pen. The medication expires 42 days after opening. There is no way to determine if the medication has expired.

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) - Page 3A of 3 - BE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Becky Myler, Rn, PCA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Becky Myler, Rn, PCA* Date *5/20/13*

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The above plan of correction is approved as of 5-28-13
 (Date)

Plan of correction implementation status as of 5-28-13
 (Date)

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- Not Implemented

The above plan of correction was approved by BE
 (Initials)

██████████ Levemir Flex pen was immediately discarded during the survey when it was noted not to have an opened date. At the Manor's expense, another Levemir Flex pen was re-ordered on **March 14, 2013**.

To prevent this violation from occurring again, the PC Administrator, ██████████ Rn, on **March 28, 2013**, updated the "Medications" policy to include this update (See Attachment B: Page 2 of policy). LPNs and Med Techs, as scheduled the following week, had to sign a form that they read and understand the updated "Medications" policy. (See Attachment C.)

A sign was designed to be posted on each unit's med refrigerator as a reminder to monitor expiration dates on insulin pens/vials (See Attachment D)

May 1, 2013 ██████████ Rn, PCA assigned a monthly audit to LPN, ██████████ ██████████ to ensure Insulin pens/vials are labeled per policy (See Attachment E)

Effective May 1, 2013 this audit will be monitored by ██████████ Rn, PCA monthly x 6 months (See Attachment F)

Beaty Miller, Rn, PCA
Beaty Miller, Rn, PCA