

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

LEGAL ENTITY

To operate MORAVIAN KING'S DAUGHTERS' HOME

NAME OF FACILITY OR AGENCY

Located at 61 WEST MARKET 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 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 May 24, 2013 until November 24, 2013
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242142

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: MAY 24 2013

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 March 20, 2013, of the above personal care home, we found that violations specified for your previous PROVISIONAL license have not been corrected and we found new violations not found during our previous inspection.

A SECOND PROVISIONAL license is being issued based on substantial compliance 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 X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
132a	II	13	\$5	\$65	5 calendar days from mailing date of this letter
132f	II	13	\$5	\$65	5 calendar days from mailing date of this letter
132h	II	13	\$5	\$65	5 calendar days from mailing date of this letter
26b	III	13	\$3	\$39	15 calendar days from mailing date of this letter
141a2	III	13	\$3	\$39	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 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.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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 your PROVISIONAL license, 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 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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.

2a. DESCRIPTION OF VIOLATION

The home did not complete an annual quality management plan review in 2012 or 2013.

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 facility administrator will work with her Board of Directors on April 8, 2013 and staff on April 9, 2013, to review the quality management plan. The plan will be reviewed on an annual basis with the Board of Directors and staff. Minutes from those meetings will be maintained in the notebook with the quality management plan. The plan will include complaints from residents, staff and family members. It will also include reportable incidents, licensing violations and corrections, training topics and resident council meetings. A tickler system of annual due dates will be created and the quality management plan will be added to that list by April 30, 2013.


Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012		
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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 *4/8/13*

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

The above plan of correction is approved as of 5-17-13
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of _____
 (Date)

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

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The home does not have adequate staffing scheduled during sleeping hours in the event of an emergency to meet the residents' needs. It was determined through review of the work schedule and interview with staff person A, who is the administrator, the home routinely schedules one staff person to work from 12:00 am to 8:00 am. It was determined through interviews with staff and residents that resident #s 1 and 2 require full physical assistance to evacuate to the outside of the home during fire drills. The home's current census is 13.

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.

Due to the two (2) residents (who have been reassessed and have mobility needs), the administrator will hire another person on midnight shift for the safety of all residents. There will be two (2) staff in the building on midnight shift effective April 15, 2013. At anytime there are immobile residents in the facility, there will be two (2) employees (or more if needed) on midnight shift.


5-8-13 Adm acknowledged Staffing has not been fully implemented. OP. 5-17-13

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) <i>Mary Ann Hughes</i>	Date <i>4/8/13</i>
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Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

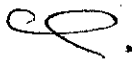
2a. DESCRIPTION OF VIOLATION

The home did not have documentation that it reviewed its emergency preparedness plan in 2012 or 2013.

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 emergency preparedness plan will be reviewed and approved by the Board of Directors on Monday, April 8, 2013, and reviewed with staff on Tuesday, April 9, 2013. It will be submitted for the annual approval to the North Hampton County Emergency Management Agency on April 9, 2013. The letter of approval will be added to the emergency preparedness plan notebook. The emergency preparedness plan will be added to the tickler system for annual renewals and reviews. Training for the importance of an emergency preparedness plan will be conducted on these dates and retrained annually.

5-8-13. Add emergency tickler system


Repeat Violation: No	Date(s) of Previous Violation(s):		
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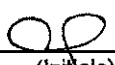
Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes* Date *4/8/13*

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Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 It was determined through resident interviews, the home sometimes informs resident #s1 and 2 when a fire drill will be conducted prior to the actual fire drill and to remain in their room during the drill. Both residents have been assessed with mobility needs and need to be able to evacuate the home in the event of an actual fire. The fire drill record indicates all residents evacuated during fire drills conducted 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.

Residents number one and number two will evacuate the facility in all future fire drills. They have already evacuated in a fire drill on March 30, 2013. Medication Technician and cook on duty have been assigned to assist both residents in evacuation. Staff have been trained on Regulation §2600.132h and taught that all residents must evacuate in fire drills including residents that have mobility needs or residents who state they do not want to evacuate.

Staffing issues not fully addressed no assigning specific employees in this plan does not appear to meet the home's needs.

The home shall submit their fire drill log since 3/2013 for review. Sp. 5-8-13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes*

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Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

Review of the fire drill record indicated the "Vestibule" exit was one of the exit routes used in all fire drills conducted from 9/29/12 to 2/24/13, as noted below:

Date of Fire Drill	Exits Route Used
09/29/12	Side, Vestibule
10/17/12	Back, Vestibule
11/16/12	Back, Vestibule
12/31/12	Side, Vestibule
01/29/13	Back, Vestibule
02/24/13	Side, Vestibule

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 fire exits which are being used are alternate. The "side vestibule" actually opens onto a driveway that leads to the back parking lot. The "side vestibule" has been renamed "side door" where residents are taken to the back parking lot. The "back vestibule" has been renamed to "back porch". Residents will exit onto the back porch and into the back yard and parking lot. Alternate routes will continue to be used.

The home will submit their fire drill log since 3/20/13 to the NE Regional office for review. 5-8-13 QD

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012
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Printed Name and Title of Legal Entity Representative
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Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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

It was determined through resident interviews that resident #s 1 and 2 do not routinely evacuate the home to a designated meeting place outside of the home during the monthly fire drills. The home does not have a fire safe area within the home, as indicated in the letter dated 11/24/12 by a fire safety expert. Both residents have been assessed with mobility needs and require 1 to 2 person physical assist. Both residents need to be able to evacuate in the event of an actual fire.

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 #1 and #2 will evacuate the facility in all future fire drills. They have already evacuated in a fire drill on March 30, 2013. The Medication Technician and cook on duty have been assigned to assist both residents in evacuation. Staff has been trained on Regulation §2600.132h and taught that all residents must evacuate in fire drills including residents that have mobility needs or residents who state they do not want to evacuate. The administrator will develop a marking for all doors to be used in fire drills. This marker will designate if the room has been evacuated. All staff will be educated on the markers and the training will be included in the fire training done in a new employee's orientation.

The home has not fully implemented the stepping plan. The proposed plan does not account for shifts or days when a med tech or cook and they are not present in the home or engaged in other duties in the event of an emergency. Reviewed by phone by adm 5-8-13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012	
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Mary Ann Hughes</i>	<i>4/8/13</i>

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 (Initials)

Plan of correction implementation status as of 5-17-13
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION
 The door in the laundry room which exits to the outside back porch egress route did not have an exit sign on or near it. The home currently serves 13 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.

An exit sign has been placed above the exit door in the laundry room. All exit doors will have an exit sign on or above them in the future. The exit sign requirement has been added to the building check off list and will be monitored on a monthly basis by the housekeeping position.

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>4/8/13</i>
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 (Date)

The above plan of correction was approved by *QA*
 (Initials)

Plan of correction implementation status as of 5-17-13
 (Date)

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

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #3's initial medical evaluation, dated 1/23/13, indicates the resident requires "Secure Dementia Care" in the "Special Health or Dietary Needs" section of the form. The home does not have a license for a Secured Dementia Unit.

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's medical evaluation was not a Pennsylvania medical evaluation form. Resident #3 has been evaluated by her new Pennsylvania physician and has been assessed to be eligible to live in a personal care home. The Administrator and medication technicians have been trained to obtain a Pennsylvania medical evaluation sixty days prior to admission or within thirty days after admission. Resident #3's Pennsylvania medical evaluation was done on March 25, 2013.

The adm or designee will establish a system to review resident records, including the medical evaluation, to insure completeness and correctness. The home will retain all documentation related to this resident record reviews for review by the Dept. QP. 5-17-13

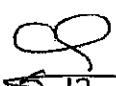
Repeat Violation: ~~NO~~ YES Date(s) of Previous Violation(s): 8-21-12

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 *4/8/13*

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Plan of correction implementation status as of 5-17-13 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
PCH Name: MORAVIAN KING S DAUGHTERS HOME

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.

2a. DESCRIPTION OF VIOLATION

The home does not have any staff persons who received the required Department-approved annual medication administration training in 2012 and therefore does not have any staff qualified to administer medications, including insulin, to residents. The staff persons' most current annual trainings were completed on the following dates:

Staff person B: 12/19/11

Staff person C: 12/16/11

Staff person D: 2/16/11

Staff person E: 12/16/11

Staff person F: 12/15/11

In addition, the required Student Certification Forms were incomplete for 2011:

Staff person B: No Student Certification Form was completed

Staff person C: Training completion date and the student's signature were omitted

Staff person D: Training completion date and the student's signature were omitted

The home provides medication administration services, including insulin, to residents residing in the home.

PLEASE SEE PAGE ELEVEN OF SIXTEEN

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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.

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 medication technician staff were retrained on March 24, 2013, by a department approved medication administration trainer, [REDACTED]. They will also be retrained in diabetic insulin on April 10, 2013. The administrator and staff were shown regulation §2600.182 and the annual requirement for medication and diabetic training. On April 3, 2013, they were taught the importance of having the appropriate training for the health and safety of the residents living in the facility. The medication technician training has been added to the tickler system of annual due dates.

The adm reviewed this POC w/RLA on 5-8-13 via phone she has no knowledge of a tickler system. ee.

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
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Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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 medication policy for Safe Storage, Access, Security, Distribution and Use of Medications and Medical Equipment include, "All prescription, OTC, CAMs and syringes for residents who receive medication administration services shall be stored in a locked medication care in the Resident Services Office."

On the day of the home's inspection, one Glucosamine-Chondroitin 500mg capsule belonging to resident #4 was found on the laundry area floor. The home did not follow its policy and procedure for the safe storage of medications.

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 facility does have a policy and procedure for the safe storage of medications. It has a locked medication cart and medication technicians are trained on keeping the cart locked at all times. On the day of inspection, the medication room was being painted and a new carpet was in the process of being laid. The medication cart was temporarily positioned in the laundry room close to the living area on this day and the cart was locked. On the day of the inspection, the medication technician had dropped a pill on the floor while pouring a medication and had not picked it up. It was picked up, documented, and discarded. Staff were retrained on the handling of medications and the importance of monitoring incidents involving medications such as dropping a medication and the documentation related to it.

The home will retain all documentation of staff training related to this violation for review by the department. qp

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Ann Hughes*

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

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on 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.

2a. DESCRIPTION OF VIOLATION
 The records of resident #s 3 and 4 did 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.

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 #3 and #4 had signed the copy of the residents rights which had been down loaded from the Department of Public Welfare's website and is missing the right listed in regulation §2600.191. The facility has established a new copy of the residents rights which includes regulation §2600.191. All other unsigned copies of resident rights were destroyed. Residents (including numbers three and four) were given the new copy of the resident's rights, had a discussion of their rights, and signed new copies of their rights. The new copy was signed by all residents on April 3, 2013. In the future, the person doing admissions will utilize the copy of resident's rights including regulation §2600.191 and have it signed by all new admissions.

The adm or designee will audit all existing resident records in order to determine current compliance. Documentation of this audit will be retained by the home for review by the department. ll. 5-17-13

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/21/2012
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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 *4/8/13*

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

The above plan of correction is approved as of <u>5-17-13</u> (Date)	Plan of correction implementation status as of <u>5-17-13</u> (Date)
The above plan of correction was approved by <u><i>ll</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

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING'S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION
 The initial assessment and support plan (RASP) for resident #3 did not include the dates they were completed. It could not be determined if the assessment/support plan were completed within the required time frames. Resident #3 was admitted to the home on 2/12/13.
 The initial assessment and support plan (RASP) for resident #4 did not include the dates they were completed. It could not be determined if the assessment/support plan were completed within the required time frames. Resident #4 was admitted to the home on 2/25/13.
 The initial assessment and support plan (RASP) for resident #5 did not include the dates they were completed. It could not be determined if the assessment/support plan were completed within the required time frames. Resident #5 was admitted to the home on 12/12/12.

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.

The medication technicians who are responsible for the assessments and support plans were retrained on the time frames required for the documents completion: assessments within fifteen days of admission and support plans within thirty days of admission. Also, they were retrained on completing all boxes. The medication technicians stated they knew the time frames and the RASP's had been done within the appropriate time frames. In the future, the administrator or her designee will review all RASP's for the purpose of ensuring they are complete and completed within the correct time frames.

The Adm or designee will audit all existing resident records to insure all assessments and support plans have been completed w/in the required time frames, are complete and correct.
OR 5-6-13

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 *4/8/13*

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

The above plan of correction is approved as of <u>5-6-13</u> (Date) The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	Plan of correction implementation status as of <u>5-6-13</u> (Date) <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
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Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

It was determined through interviews with the Administrator and residents that resident #s 1 and 2 have mobility needs and require full physical assistance to evacuate the home in the event of an emergency. The most current assessments for resident #s 1 and 2 indicate the residents are (minimal) mobile. The assessments do not accurately reflect the residents' current mobility needs. The assessments were dated 2/6/13 and 7/26/12, respectively.

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 #1 and #2 have been reassessed as having mobility needs on March 22, 2013, and April 7, 2013 respectfully. Residents #1 and #2 will evacuate the facility in all future emergency drills including fire drills. Another staff member has been added to midnight shift to accommodate the health and safety of all residents. The Medication Technician on duty has been assigned to assist both residents in evacuation. Staff has been trained on Regulation §2600.225 and taught that all residents must be reassessed by their physicians at any time their mobility changes.

The adm or designee will audit all existing resident records - specifically med orders & RASPS in order to determine a complete and correct determination of resident needs, with special attention paid to mobility needs. The adm acknowledged that additional staffing has not been fully implemented as of 5-8-13. The home will update the NE Regional office regarding progress w/ adequate staffing needs.

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>4/8/13</i>
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The above plan of correction is approved as of 5-6-13
 (Date)

The above plan of correction was approved by *OO*
 (Initials)

Plan of correction implementation status as of 5-6-13
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *ERROR*
- Partially Implemented - Inadequate Progress *5-17-13*
- Not Implemented

Violation Report: 24214 - 03/20/2013 - Bloch, Betty
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The record of resident #4 did not include if the resident had any identifying marks.

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 #4 has a C-section scar on her stomach. This information has been added to her record as of April 3, s013. Medication technicians who are responsible for the assessments and RASP's were trained on regulation §2600.252 which includes the description of a residents record. The term "identifying marks" has been added to the admission papers. The term "identifying marks" has also been added to the audit sheet for new admissions. Any person doing admissions will be trained on the admission papers and the audit sheet for admissions.

The adm or designee will audit all ~~ext~~ existing resident records to insure all required information is contained in the resident record(s).

eg 5-6-13

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>4/8/13</i>
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The above plan of correction is approved as of 5-6-13
 (Date)

The above plan of correction was approved by *OO*
 (Initials)

Plan of correction implementation status as of 5-6-13
 (Date)

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