



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

MAILING DATE: August 7, 2013
Sent Via email to: [REDACTED]

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 July 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.

Sincerely,

A handwritten signature in black ink that reads "Michele Moskalczyk". The signature is written in a cursive style.

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Violation Report

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

PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES		License Number: 22628
Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		County: Northampton
Administrator: PATRICIA CHUXKALOVCAK (Correction: Chuxkalovcak)		Region: NORTHEAST
Legal Entity Name: MORNINGSTAR SENIOR LIVING INC		
Legal Entity Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		
Certificate(s) of Occupancy		
C-2 LP	I-2	
02/23/2004	05/25/2004	
COMM OF PA L&I	BOROUGH OF NORTHAMPTON	
Staffing Hours		
Resident Support: NM	Total Daily Staff: 102	Waking Staff: 77
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
Off-Site Inspection Dates and Inspectors, if Applicable		
07/15/2013: Bloch, Betty		
07/16/2013: Bloch, Betty		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 104 Number of Residents Served: 78 Secured Dementia Care Unit in Home: Yes Area: GALILEE Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 23 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 78 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 24 Have a Physical Disability: 1

Patricia A. Chuxkalovcak, Sr Sr. Director of Personal Care Services 8/1/2013

Violation Report: 22628 - 07/15/2013 - Bloch, Betty
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 7/4/13 at 8:55 pm, resident #1 fell in his/her bedroom while not utilizing his/her walker. 911 was called and resident #1 was transported to St. Luke's Hospital - Anderson Campus. On 7/4/13 at 11:30 pm, resident #1 was admitted to the hospital due to an acute fracture of the right humeral head. The home did not submit an incident report to the Department until 7/8/13 at 7:06 am.

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.

Reportable incidents and conditions will be reported within the designated time frame as indicated in §2600.16c.

1. Upon investigation of an incident a report shall be submitted to the DPW Regional Office within 24 hours by PCH administrator or designee. If the report is an initial report a follow up report will be submitted upon completion of the investigation.
2. Person submitting report will confirm that the report has gone through to DPW by checking the fax confirmation sheet immediately. If fax confirmation sheet indicates that fax has not gone through report will be re-faxed until successful, using another fax machine if necessary.
3. Fax confirmation sheet will be attached to original report and submitted to PCH administrator for review, if person submitting report is other than administrator.
4. Original report and fax confirmation shall be kept in the Reportable Incidents and Conditions notebook in the PCH administrator's office.
5. If report is submitted via email as an attachment, a copy of email sent to the DPW Regional Office will be attached to the original report. Follow procedure as above in #3 and #4.
6. Persons responsible for submitting Reportable Incidents and Conditions reports in the absence of the PCH administrator shall be trained in above procedure. (Training signature sheet attached.)
7. PCH administrator will be responsible for reviewing reportable incidents reports for timely and accurate submission.

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

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, Sr. Director of Personal Care Svcs.* Date *8/1/2013*

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

The above plan of correction is approved as of 8/6/13
 (Date)

Plan of correction implementation status as of 8/6/13
 (Date)

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

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