

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 October 31, 2013 until October 31, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 242140

Robert E. Robinson

ISSUING OFFICER

[Signature]

ACTING 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 - 10/13



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 31 2013

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

RE: 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 September 18, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) 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 License Inspection Summary. Your license is enclosed.

Sincerely,


Matthew Jones /SH
Acting Director

Enclosures
License
License Inspection Summary

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

| | | |
|--|---|-----------------------|
| PCH Name: MORAVIAN KING S DAUGHTERS HOME | | License Number: 24214 |
| Address: 61 WEST MARKET STREET, BETHLEHEM, PA 18018 | | County: Lehigh |
| Administrator: Mary Ann Hughes | | Region: NORTHEAST |
| Legal Entity Name: MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA | | |
| Legal Entity Address: 61 WEST MARKET STREET, BETHLEHEM, PA 18018 | | |
| Certificate(s) of Occupancy C-1 04/27/1927 Dept. of Labor & Industry | | |
| Staffing Hours | | |
| Resident Support: 0 | Total Daily Staff: 15 | Waking Staff: 11 |
| Type of Inspection: Full | BHA Docket Number: | Notice: Unannounced |
| Reason(s) for Inspection(s) Provisional | | |
| On-Site Inspections Dates and Department Representatives On-Site 09/18/2013: Rushin, Julienne; Dumas, Gerald | | |
| 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: 16 | Number of Residents who: | |
| Number of Residents Served: 13 | Receive Supplemental Security Income: 0 | |
| Secured Dementia Care Unit in Home: No | Are 60 Years of Age or Older: 13 | |
| Area: | Have Mental Illness: 1 | |
| Secured Dementia Unit Capacity, if Applicable: | Have an Intellectual Disability: 0 | |
| Number of Residents Served in Secured Dementia Care Unit, if applicable: | Have a Mobility Need: 2 | |
| Number of Current Hospice Residents: 0 | Have a Physical Disability: 0 | |
| Number of Hospice Residents in past year: 0 | | |

Violation Report: 24214 - 09/18/2013 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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.

2a. DESCRIPTION OF VIOLATION
 On 9/18/13 the home's current violation report (dated 3/20/13) was not posted in a conspicuous and public place in 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.

The current violation report (dated 3/20/13) had been posted on the wall by the entrance of the facility. Someone had removed it unknown to the management. The report has been replaced on the wall again. It has become the 12a-8a med tech's position to check the wall daily to be certain that the current licensing report is posted. The inspection was reviewed with all staff on Wed, Sept. 25, 2013. The staff were trained on regulation 3c and the requirement of the license posting. Staff were asked to report to the administrator if they ever see the report is missing from the wall. They were instructed that it has become the 12a-8a med-tech's position to check the license report on the wall + replace it if it is missing.

*The administrator shall monitor for ongoing compliance for 10/21/13

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|----------------------|-----------------------------------|----------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | 10/21/13 |
|----------------------|-----------------------------------|----------|

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) <i>Mary Ann Hughes</i> | Date: <i>10-4-13</i> |
|--|----------------------|

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

| | |
|--|---|
| The above plan of correction is approved as of <u>10/21/13</u> (Date) | Plan of correction implementation status as of <u>10/21/13</u> (Date) |
| The above plan of correction was approved by <u><i>M</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 - 09/18/2013 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home did not have a certificate from the home health agency to verify that the agency is in good standing to provide home health services for resident #2.

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 administrator has contacted the agency which comes to the facility and requested their certificate of operation (license). This includes the home health agency & hospice agency. Attached is a copy of their licenses. The administrator has trained all med techs on regulation 18 regarding the requirement of agency's licenses. It has become the 8a-4p med tech's responsibility to obtain any new agency's license when they begin providing services to the facility.

* The administrator shall monitor for ongoing compliance.

M
10/21/13

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| 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*

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|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Hughes</i> | Date <i>10-4-13</i> |
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Violation Report: 24214 - 09/18/2013 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The home did not have criminal background checks on hand for the home health agency providing physical therapy services for resident #2.

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 criminal background checks, for the staff of the home health agency, are attached. The Administrator and staff have been trained on the requirement of criminal background checks for any person who directly provides services to the residents in the facility. This includes any agency personnel and physicians who provide services in the home. Sa-4p med techs will be responsible for obtaining background checks on any new person providing services at the facility.

** The administrator shall monitor for ongoing compliance.*

M
 10/21/13

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

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 *10-5-13*

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The above plan of correction is approved as of 10/21/13
 (Date)

Plan of correction implementation status as of 10/21/13
 (Date)

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

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

Violation Report: 24214 - 09/18/2013 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff person "A" (hired 4/22/10) does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse registry.

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.

Direct Care Staff person A had worked for the facility in 2002, 2006, and was last hired in April, 2010. Unfortunately when she was hired in 2010, her diploma was not added to her file. Staff person A has submitted a copy of her diploma & it is attached. New employees have been hired & all of their required paperwork has been completed. A new employee check off list is in place. See attached. The Administrator will continue to obtain all required paperwork for new employees.

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| 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 Adm.*

| | |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Mary Ann Hughes</i> | Date <i>10-4-13</i> |
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Violation Report: 24214 - 09/18/2013 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
 - (i) Safe management techniques.
 - (ii) ADLs and IADLs.
 - (iii) Personal hygiene.
 - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
 - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - (vi) Implementation of the initial assessment, annual assessment and support plan.
 - (vii) Nutrition, food handling and sanitation.
 - (viii) Recreation, socialization, community resources, social services and activities in the community.
 - (ix) Gerontology.
 - (x) Staff person supervision, if applicable.
 - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
 - (xii) Safety management and hazard prevention.
 - (xiii) Universal precautions.
 - (xiv) The requirements of this chapter.
 - (xv) Infection control.
 - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person "A" (hired 4/22/2010) has not completed the Department- approved web-based initial direct care training and competency test.

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.

Direct Care Person "A" has completed the Department approved web-based direct care training + competency test. See attached. See pg 5 for this staff's history of employment. All new staff who have been hired had completed the test + management steps. Will always be certain that new direct care employees take the test before doing care. See attached New Employee Check off list.

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

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 *10-4-13*

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 24214 - 09/18/2013 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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.

2a. DESCRIPTION OF VIOLATION

The last annual furnace inspection was conducted on 8/27/2012; more than 1 year ago.

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.

UGI, facility furnace vendor, was contacted in August to do the annual furnace inspection + would not do it until Oct. 8, 2013 due to their schedule. The vendor has been contacted for a letter stating their delay in their inspection. In the future, the administrator will contact the furnace vendor in June for the annual inspection.

* The administrator shall be responsible for monitoring and ongoing compliance

M
10/21/13

* Receipt 10/8/13

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| Repeat Violation: No | Date(s) of Previous Violation(s): 08/21/2012 |
|----------------------|--|

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 *10-4-13*

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Violation Report: 24214 - 09/18/2013 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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.

2a. DESCRIPTION OF VIOLATION
 The last annual furnace cleaning was completed on 8/27/2012; more than 1 year ago.

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.

UGI, Facility furnace vendor, was contacted in August to do the annual furnace cleaning and they would not do it until Oct. 8, 2013 due to their schedule. They have been contacted for a letter stating their delay in the inspection. In the future, the administrator will contact the furnace vendor in June for the annual inspection. See attached.

** The administrator shall be responsible for monitoring and ongoing compliance.*

M
 10/21/13
 * Receipt 10/8/13

| | | |
|----------------------|-----------------------------------|------------|
| Repeat Violation: No | Date(s) of Previous Violation(s): | 08/21/2012 |
|----------------------|-----------------------------------|------------|

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

| | |
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Violation Report: 24214 - 09/18/2013 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #1 does not include a diagnosis for Warfarin Sodium 4mg. one tablet daily.

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 diagnoses for Warfarin Sodium was added to the MAR on the day of inspection and has continued to be on the MAR. All med techs have been trained again on regulation 187 and the requirement of the diagnosis on the MAR. It has become the responsibility of 4p-12p med tech to double check all new MARs for the requirement of regulation 187. For new orders by physicians during the month, it is the responsibility of the med-tech add the med change to include the required information. *The Administrator shall monitor and be responsible for ongoing compliance.*

Repeat Violation: No

Date(s) of Previous Violation(s):

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 *10.4.13*

MW
10/21/13

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The above plan of correction is approved as of

10/21/13
 (Date)

Plan of correction implementation status as of

10/21/13
 (Date)

The above plan of correction was approved by

M
 (Initials)

- Fully Implemented
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