



APR 28 2014

Ms. Susan C. Drabic, President & CEO
Morningstar Senior Living Inc.
175 West North Street
Nazareth, Pennsylvania 18064

RE: Moravian Hall Square Personal Care Residences
License #: 226280

Dear Ms. Drabic:

As a result of the Department of Public Welfare's licensing inspection on January 28, 2014, 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 must be maintained.

Your regular license for the period March 22, 2014 to March 22, 2015 was issued on January 2, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long, sweeping horizontal line extending to the right.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

**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: Patricia Chuckalovcak		Region: NORTHEAST
Legal Entity Name: MORNINGSTAR SENIOR LIVING INC		
Legal Entity Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		
Certificate(s) of Occupancy		
I-2 05/25/2004 Borough Nazareth	C-2 LP 02/23/2004 L&I	C-1 11/24/1987 DOH
Staffing Hours		
Resident Support: 0	Total Daily Staff: 85	Waking Staff: 64
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 01/28/2014: Novak, Ryan; Rushin, Jullienne		
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: 60 Secured Dementia Care Unit in Home: Yes Area: n/a Secured Dementia Unit Capacity, if Applicable: 25 Number of Residents Served in Secured Dementia Care Unit, if applicable: 24 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 12		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 25 Have a Physical Disability: 0

Violation Report: 22628 - 01/28/2014 - Novak, Ryan
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 The black GE refrigerator and freezer located in the 2nd floor activity area did not contain a thermometer.

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. Thermometers placed in country kitchen refrigerators and freezers of Morningstar Hall on 2/14/14.
2. Temperature logs placed in each of the kitchens to record daily temps.
3. Temperatures will be recorded daily by direct care staff in the morning. Direct care staff oriented to process for recording temperatures and making adjustments to thermostats, if required, for out of range temperatures to refrigerators and freezers.
4. Personal Care Coordinator to monitor temperature logs monthly for accurate completion.
5. Temperature logs will be kept in PCH administrator's office for one year. (Temperature log - Attachment !)

* The administrator shall monitor and assure ongoing compliance. *m*
 2/26/14

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, PCH Administrator* Date *2/20/2014*

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

The above plan of correction is approved as of <u>2/26/14</u> (Date)	Plan of correction implementation status as of <u>2/26/14</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 22628 - 01/28/2014 - Novak, Ryan
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa. Code §2600

2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:

- (1) Identify the correct resident.
- (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
- (3) Remove the medication from the original container.
- (4) Crush or split the medication as ordered by the prescriber.
- (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
- (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
- (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION

LPN A did not place Resident #1's medication in the residents hand, mouth or other route as ordered by the prescriber. Resident #1's 9am medications were in a labeled medication cup located on the residents nightstand at 2:20pm on 1/28/14. This resident is unable to self-administer own 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.

1. LPN A counseled on Moravian Hall Square policy and procedures of medication administration to a resident that is unable to self-administer medications by PCH administrator.
2. PCH administrator reviewed and counseled LPN A on DPW Regulation 2600.182(c) – placing medication in resident's hand or mouth and observe resident taking medication(s) before leaving resident, emphasizing that medications cannot be left with resident.
3. Annual training and review of regulations, policy and procedures pertaining to medication administration scheduled for all personal care staff persons administering medications.
4. Training will include live training by staff educator and PCH administrator and Silverchair (web-based) during training year. (2014 Staff Training plan attached).
- * 5. PCH administrator to monitor compliance with annual training for all personal care staff administering medications.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Patricia A. Chukalovrak

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Patricia A. Chukalovrak, PCH Admin.

Date
2/20/2014

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Violation Report: 22628 - 01/28/2014 - Novak, Ryan
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
 LPN A removed Resident #1's 9am medications from the original containers at 9:30am. The medications were locked in the medication cart until 2:10pm when the medication was given to Resident #1. The medication was removed from its original container more than 2 hours prior to the medication being administered on 1/28/14.

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. LPN A counseled on Moravian Hall Square policy and procedures of medication administration to a resident that does not self-administer medications by PCH administrator.
2. PCH administrator reviewed and counseled LPN A on DPW Regulation 2600.183(a)(1) - removal time of medications from containers prior to scheduled administration time to resident.
3. Annual training and review of regulations, policy and procedures pertaining to medication administration scheduled for all personal care staff persons administering medications.
4. Training will include live training by staff educator and PCH administrator and Silverchair (web-based) during training year. (2014 Staff Training plan attached).
- * 5. PCH administrator to monitor compliance with annual training for all personal care staff administering medications.

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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, Admin.* PCH Date *2/20/2014*

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Violation Report: 22628 - 01/28/2014 - Novak, Ryan
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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 Hydrocodone 5-325mg prescribed for Resident #2 is packaged by the pharmacy in a Doc-U-Dose package along with the resident's other medications and is not double locked in the medication cart with the other narcotics as noted in the homes medication storage policy.

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. Hydrocodone 5-325 mg. ordered from pharmacy and received in unit dose packaging for Resident #2 for next cycle beginning 1/31/14.
2. Regularly scheduled controlled substances for all residents of personal care are no longer included in the multi-dose medication packets as of February 14, 2014.
3. All future orders for controlled substances shall be packaged by pharmacy in blister packs or unit dose packs and stored under double-lock in the medication cart.
4. All controlled substances will be counted at each change of shift according to facility protocol.
5. Personal Care Coordinators to monitor ordering and storing of controlled substances for compliance.

* The administrator shall assure ongoing compliance.
 M 2/26/14

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1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 LPN A reported to Department Representatives the medication administration record for Resident #1's 9am medications were initialed as given at 9:30am on 1/28/14. The medications were located in Resident #1's room at 2:20pm on 1/28/14 in a medication cup.

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. LPN A counseled on Moravian Hall Square policy and procedures of medication administration to a resident that is unable to self-administer medications by PCH administrator.
2. PCH administrator reviewed and counseled LPN A on DPW Regulation 2600.187(b) – documenting that a resident has taken medications administered as prescribed at time of administration.
3. Annual training and review of regulations, policy and procedures pertaining to medication administration scheduled for all personal care staff persons administering medications.
4. Training will include live training by staff educator and PCH administrator and Silverchair (web-based) during training year. (2014 Staff Training plan attached).
- * 5. PCH administrator to monitor compliance with annual training for all personal care staff administering medications.


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Printed Name and Title of Legal Entity Representative
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1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions for operating the home's locking mechanism next to Room #4 notes the month and year. The directions for the keypad are not congruent with the actual code that unlocks the door.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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1. Code for rear SDCU door changed on January 28, 2014 to match code of other three doors exiting SDCU.
2. Code to exit SDCU shall be posted at all four doors with coded panels.
3. Code to the four doors exiting SDCU will be changed on the first day of each month.
4. Coordinator of SDCU or designee to monitor and document monthly that the code to the four doors exiting SDCU have been changed and match the code posted at each door. (Log attached)

* The administrator shall monitor and assure ongoing compliance.

M
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 (Required on EVERY Page) *Patricia A. Chudaloveak*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Patricia A. Chudaloveak, PCH Admin Date 2/20/2014

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