



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 07 2014

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  
License #: 242140

Dear Ms. Hughes:

As a result of the Department of Public Welfare's licensing inspection on September 8, 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 October 31, 2014 to October 31, 2015 was issued on July 21, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

*sd*

Enclosure  
License Inspection Summary



Violation Report: 24214 - 09/08/2014 - OHaire, Anne  
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600  
 2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION  
 An audio monitor was located in Room #11. Direct Care staff member "A" reports staff will turn the monitor on when Resident #1 goes to sleep.  
 The home utilizes video cameras in the dining room and the 1st and 2nd floor hallways. The home does not have signs indicating that images are being recorded and the residents have not been informed at admission that these areas are subject to video recording.

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 audio monitor was placed in Rm 11 by hospice the resident is on hospice and moves thru the night. It was being used for movement so staff would be aware and resident not fall out of bed. Video cameras were placed in the home within the past 2 months (9/8/14 Audio removed). Residents and family members had been notified and had signed this notification of the video cameras.  
 No new admissions have occurred since cameras were installed. All new admissions will sign acknowledgment of the videos. Signs have been posted in all entrance doors and common area bulletin board. The administrator shall monitor and assure ongoing compliance. M 9/24/14

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 9-17-14

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

The above plan of correction is approved as of 9/24/14 (Date)      Plan of correction implementation status as of 9/24/14 (Date)

The above plan of correction was approved by [Signature] (Initials)

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

Violation Report: 24214 - 09/08/2014 - O'Haire, Anne  
 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**

The record for Direct care staff person "B" (DOH 04-07-14), did not contain their educational requirements. Staff person "B" does not have proof of a high school diploma, GED or active registration status on the Pennsylvania nurse aide 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 "B" had moved and stated she would find and bring it in. She had not brought it in and when she was approached she stated she "could not find it"

Administrators contacted staff member "B" high school & requested the diploma. Attached is the material submitted to the administrator by the high school.

The diploma/GED requirement is on the check off list for records. The administrator has added to the record procedure that records cannot be filed in cabinet until all items on the check list check off list have been obtained and are in the record folder. The administrator will be responsible for checking all records before they are filed in locked cabinet

Repeat Violation: Yes      Date(s) of Previous Violation(s): 09/18/2013

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 *9-18-14*

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

The above plan of correction is approved as of 9/24/14 (Date)

Plan of correction implementation status as of 9/24/14 (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 - 09/08/2014 - O'Haire, Anne  
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600  
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The bathroom located next to Room #12 did not have a light source that was operable. The light above the sink and above the shower was not in good working order.

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 sink light in bathroom located next to Rm 12 worked on the day of violation but tends to not work at times, shower light was not working. An appt with our electrician (Valley Electric) has been made to check both light fixtures and do whatever repairs needed; they will call with appt or have someone stop in.

When repair done will send to DFW the final repair & results. It is the housekeepers duty to check all light fixtures and lamps for any burned out bulbs.

Administrators met with staff regarding citations and all staff were to check all residents rooms & common areas incl. bathrooms. A list of bulletin board in office is for staff to alert me (adm) when things need repair. Staff was not writing on this sheet in reporting. Adm. will continue to check on staff.

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 *9-18-14*

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

The above plan of correction is approved as of 9/26/14 (Date)      Plan of correction implementation status as of 9/26/14 (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 - 09/08/2014 - O'Haire, Anne  
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

Administrator, staff person "C" reported that when timing the monthly fire drills the time is rounded to the nearest minute and seconds. The home is not recording the amount of time it takes to evacuate during fire drills.

**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.

Fire drills are occurring more frequently than is required. The administrator rounded up the evacuation time on some drills and list the exact time on others.

The administrator will use a watch or clock with second hand or stop watch to write the exact evacuation time. The administrator does not assist in the evacuation of the residents and will monitor the evacuation time to the second.

- The administrator shall be responsible for ongoing compliance. M-9/24/14

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 *9-18-14*

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

The above plan of correction is approved as of 9/24/14  
 (Date)

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

Plan of correction implementation status as of 9/24/14  
 (Date)

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

Violation Report: 24214 - 09/08/2014 - O'Haire, Anne  
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

**1. REGULATION 55 Pa.Code §2600**  
 2800.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**  
 3 extinguished cigarette butts were located on the back porch on top of the super quiet rotary fan. The homes designated smoking area is located behind the home at the park bench.

**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.

A staff member whom placed the butts on the rotary fan outside is aware of smoking policy. Her response was she left the butts outside 1/2 smoked so she could smoke the remaining 1/2 the next time as cigarettes are so expensive. She also stated she smoked her cigarettes in the smoking area but put the butts on the porch so not to bring the cigarette odor indoors

The staff member has been disciplined and all staff have been reeducated on smoking policy and consequences. This staff person is only smoking staff currently. Will remind staff again of smoking policy at all staff mtgs and will monitor areas of facility for non-compliance of smoking facility

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 *9-20-14*

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

The above plan of correction is approved as of <u>9/24/14</u> (Date)	Plan of correction implementation status as of <u>9/24/14</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