



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

**MAILING DATE: June 17, 2015**

Ms. Tracy Patton, Executive Vice President  
Moravian Village of Bethlehem  
526 Wood Street  
Bethlehem, Pennsylvania 18018

RE: Moravian Village II of Bethlehem  
License # 215690

Dear Ms. Patton:

As a result of the Department of Public Welfare's licensing inspection on April 16, 2015 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.

Sincerely,

*Anne Graziano*  
Anne Graziano  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 21569 - 04/16/2015 - Hummel, Jesse

PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.42(x) - A resident has the right to a system to safeguard a resident's money and property.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined the facility does not have a policy or a system in place to safeguard resident's money and or property.

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.

Response:

Waiver form was developed (Attachment A) that was signed by each current Personal Care resident. Waiver form gives resident an option to utilize a locked box with a key that only resident has, or a safe in the Administrative Office. Residents have an option to choose to have a locked box, utilize the safe, or decline this offer. The Waiver form will be utilized in the admission packet for any new residents. The waiver form was signed by all residents and a locked box was given to those residents who requested one.

5/29/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Kristel Seagraves

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

Kristel Seagraves, PC Admin

Date

5-29-2015

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

The above plan of correction is approved as of

6-10-15 (Date)

Plan of correction implementation status as of 6-10-15 (Date)

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

The above plan of correction was approved by

Op (Initials)