



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 12 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 Human Services' licensing inspection on May 27, 2015 and July 21, 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.

Your regular license for the period August 3, 2015 to August 3, 2016 was issued on May 5, 2015. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 21569-05/27/2015- Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

REGULATION 55 Pa.Code §2600

2600.5(a)(1)- The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 5/27/15, at approximately 9:05am licensing representative requested access to a staff list. At 10:17 am there was still no access. At 10:47 am staff person A arrived with the staff list. At this point there was confusion regarding the list and staff person A took the list back. At 1:00 pm licensing representative was presented the staff list and selected records. At 1:46 pm the staff records were still not available.

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.

At the time of the inspection, the Administrator had been scheduled to work 3 – 11pm and was called to come in earlier when the surveyor arrived. Upon arrival, and seeing the office opened, there were many residents who had wanted to speak to the Administrator. Additionally, due to the holiday that week, payroll for 300 employees needed to be completed that day, and employee records are in the custody of the payroll manager.

PC Administrator and designee has an updated roster of PC staff, which will be available at all times, and PC staff records will be sectioned in the Human Resources office for easier access. PC Administrator/designee will audit roster and staff records for proper access weekly x 3months and quarterly thereafter.

The administrator shall monitor and assure ongoing compliance -

m
7/9/15

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* | Date *7/3/2015*

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

The above plan of correction is approved as of *7/9/15* (Date)

Plan of correction implementation status as of *7/9/15*

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

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

Violation Report: 21569-05/27/2015- Foulkes, Kimberl
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

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

Personal Care Homes are considered "public places" under the Clean Indoor Air Act. Smoking is not permitted in independent apartments that are intermingled with personal care home apartments, as the building is being used to provide food or health care related services and is subject to the smoking ban. Resident #1 smokes in the resident's room. According to the home this resident was an independent resident grandfathered in with the resident's contract and is the last resident who smokes in resident rooms. This resident transferred from independent living to Personal Care in March of 2015 and remained in the same room. The home's smoking policy indicates that the home is a smoke free campus with no designated smoking areas.

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!

PC Administrator notified resident that Department of Human Services has informed Moravian Village of Bethlehem that under the provisions of the Clean Indoor Air Act, he may no longer smoke in his apartment. Personal Care Administrator/Designee will monitor Resident #1's adherence to this policy weekly x 3 months and monthly thereafter.

The administrator is responsible for ongoing compliance

[Signature]
7/9/15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristel Seagreaves*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristel Seagreaves* Date *7/3/2015*

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

The above plan of correction is approved as of <u>7/9/15</u> (Date)	Plan of correction implementation status as of <u>7/21/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="radio"/> Fully Implemented <input checked="" type="radio"/> Partially Implemented - Adequate Progress <i>KF</i> <input type="radio"/> Partially Implemented -Inadequate Progress <input type="radio"/> Not Implemented

Violation Report: 21569-05/27/2015- Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 65 Pa.Code §2800

2600.25(b)- The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #2, dated 1/10/15, was not signed by the resident.

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.

Contract was signed by PC Administrator and resident's legal POA. At the time contract was signed, the resident had been undergoing medical treatment.

All residents who sign on to Personal Care services will sign their own contracts, with or without designated person co-signature, unless said resident refuses, which will be documented. Audits for resident signing their own contract will be completed monthly x3 months and quarterly thereafter.

Resident #2 will sign his contract by 7/10/15.

The administrator shall monitor and assume ongoing compliance.

7/9/15
[Signature]

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* | Date *7/3/2015*

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

The above plan of correction is approved as of 7/9/15 (Date)

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

Plan of correction implementation status as of 7/21/15 (Date)

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

Violation Report: 21569-05/27/2015- Fouikes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
2600.41(e)- A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION
Resident #2's record did not contain a statement signed by the resident acknowledging receipt of all copy of the resident rights and complaint procedures.

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.

At time of signing the Personal Care contract, completed paperwork also includes Resident Rights and complaint procedures which are attached to the contract and copy given to the resident. Since Resident #2 did not sign the Personal Care contract, there is no indication that Resident Rights and Complaint Procedures were received. Legal POA has the copy of contract, Resident Rights and Complaint Procedures.

Resident #2 will sign his contract. Upon signing, Resident #2 will be given Resident Rights and Complaint Procedures. Completion of this will be done by 7/10/15.

The administrator shall monitor and assure ongoing compliance
7/9/15
[Signature]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kristal Seagraves*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristal Seagraves* | Date *7/3/2015*

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

The above plan of correction is approved as of 7/9/15
(Date)

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

Plan of correction implementation status as of 7/2/15
(Date)

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

Violation Report: 21569- 05/27/2015-Foulkes, Kimberli
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
 2600.65(e)- Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person B, date of hire 9/6/06, received only 10 hours of annual training in training year 2014.

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 did receive 14 hours of training in 2014. The insulin training course certification had not been in employee file at time of survey. Copy was obtained and faxed to Department of Human Services on 6/11/15. (see attached #1)

- PC Administrator/Designee will ensure that direct care workers' annual training documentation is updated with all annual training. Audits will be completed on a quarterly basis for compliance.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kristel Seagreaves*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kristel Seagreaves* Date *7/3/2015*

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

The above plan of correction is approved as of <u>7/9/15</u> (Date)	Plan of correction implementation status as of <u>7/21/15</u> (M-D-Y)
The above plan of correction was approved by _____ (Initials)	<input checked="" type="radio"/> Fully Implemented <i>KE</i> <input type="radio"/> Partially Implemented -Adequate Progress <input type="radio"/> Partially Implemented - Inadequate Progress <input type="radio"/> Not Implemented

Violation Report: 21569-05/27/2015- Foujkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 56 Pa.Code 52800

2600.101U)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

The bed in room 231 does not have a source of light that can be turned on/off from bedside.

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 light bulb in the bed room of Apt. 231 had burned out and was replaced 5/28/15. All resident room bedside lights were verified to be functioning.

Audits of working light sources at bedside will be conducted weekly by Personal Care Administrator/designee. Any bedside light sources not functioning will be replaced/repared when identified.

The administrator shall monitor and assure ongoing compliance.

ms
7/9/15

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* | Date *7/3/2015*

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

The above plan of correction is approved as of 7/9/15 (Date)

The above plan of correction was approved by m (Initials)

Plan of correction implementation status as of 7/24/15 (Date)

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

Violation Report: 21569-05/27/2015-Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 58 Pa.Code §2600

2600.107(d)- The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been submitted to the municipal emergency management agency since 2010.

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 homes emergency plan was submitted to the County of Northampton Division of Emergency Management Services in January 2015. Documentation in the form of the certified mailing receipt was provided, but this was not deemed sufficient to document the 2015 submission of this information.

~~Emergency plan was updated and submitted to Bethlehem Fire Department on 6/22/15. (see attached #2) error KS 7/21/15~~

~~The facility emergency plan will be submitted to the Bethlehem Fire Department on an annual basis by the PC Administrator/designee. Audit for compliance will be completed on a semi-annual basis by PC Administrator/designee.~~ em KS 7/21/15

Audit for compliance will be completed on a semi-annual basis by PC Administrator/designee and copy of certified mailing receipt will also be kept for acceptance of submission of Emergency Plan. KS 7/21/15

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* Date *7/3/2015*

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

The above plan of correction is approved as of 7/9/15 (Date)

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

Plan of correction implementation status as of 7/21/15 (Date)

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

Violation Report: 21589-05/27/2015- Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 65 Pa.Code §2600

2600.121(a)- Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 5/27/15, at 5:12pm, 5 large garbage bags full of paper/packing material and cardboard boxes blocked egress from the home's stairwell at the end of the hallway, across from room 234, on the 2nd floor.

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.

On 5/27/15, two Independent Living residents moved into Apt. 234 which is next to the exit door to the stairwell. The moving company had taken the paper/packing material and cardboard boxes out of the apartment and left those items in front of the stairwell door. These materials were blocking the fire exit. Immediately upon identifying the situation, the movers were made aware of the hazard they had created, and instructed to move the boxes and packing material immediately. Facility Service staff was notified and verified that the items were removed.

PC Administrator instructed marketing director to advise new residents moving in on proper disposal of packing materials, which will include notification to contracted movers.

- During resident move-ins, PC Administrator/designee will monitor through the course of the move for adherence to safe and appropriate storage and disposal of packing material.

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* Date *7/3/2015*

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

The above plan of correction is approved as of 7/9/15
(Date)

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

Plan of correction implementation status as of 7/21/15
(=0, 1, 2, 3, 4, 5, 6, 7, 8, 9)

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

Violation Report: 21569-05/27/2015- Foulkes, Kimberli
FCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2)- The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #1, dated 2/18/15, does not include immunization history and body positioning.

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.

All medical evaluation forms from physicians will be reviewed by the PC Administrator/designee for completion. Audits will be completed upon enrollment to Personal Care Services and annually, monthly x 3 months and quarterly thereafter.

"The administrator shall monitor and assure ongoing compliance"

M
7/9/15

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

Date *7/3/2015*

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

The above plan of correction is approved as of

7/9/15
(Date)

Plan of correction implementation status as of

7/28/15
(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: 21569- 05/27/2015- Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
2600.144(b)- The home rules shall specify whether the home is designated as smoking or nonsmoking.

2a. DESCRIPTION OF VIOLATION

The home's smoking policy, effective 11/17/11, states that the home is on a smoke-free campus and that smoking and/or discarding of tobacco products is not permitted by anyone while on campus property. It goes on to state that smoking is prohibited anywhere on the facility campus, there are no designated smoking areas for employees on campus, employees are not permitted to leave the facility property during their break periods. The side walks that delineate the boundaries of the Apartment building, Healthcare center, and Assisted Living/Memory Care building are city-owned property. Employees are not permitted to smoke on the sidewalks during their break periods. Employees are permitted to leave Moravian Village of Bethlehem property during their lunch periods. Employees must clock out and clock in should they leave campus. At 12:30 pm two employees of the home were on the sidewalks to the left and right of the home's entrance at smoking urns located on the home's property smoking.

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.

Reference attached policy (attachment #3).

Under "Procedure" section, second paragraph, employees are permitted to leave the campus on their lunch break period. Sidewalks are city owned, and as such, not part of the Moravian Village campus. The time noted was 12:30, which is consistent with our lunch time policy, when employees may clock out, leave campus, and smoke. Urns were placed in location adjacent to sidewalk to reduce/prevent littering of cigarette butts on Moravian Village Campus and on city property.

The existing policy has been modified to clarify any misunderstanding on appropriate discarding of tobacco products.

The administrator shall monitor and assure ongoing compliance.

ms
7/9/15

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

Date

7/3/2015

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

The above plan of correction is approved as of

7/9/15
(Date)

Plan of correction implementation status as of

7/28/15

Fully Implemented

Partially Implemented-Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

ms
(Initials)

Violation Report: 21569-05/27/2015- Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 66 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

Resident #3's blood glucose reading in the glucometer on 5/23/15 at 8:00 pm is 172. It was recorded incorrectly on the medication administration record (MAR) as 174. Same for 5/25/15 at 11:00 am, glucometer=93, MAR=92.

There was no blood glucose reading in Resident #3's glucometer on 5/24/15 at 4:00 pm and 8:00 pm. It was recorded on the medication administration record as 4:00 pm=209 and 8:00 pm=156.

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.

Glucometer readings and matching record will be audited by the PC Administrator/designee weekly x 3 months and quarterly thereafter.

In-service for proper glucose reading and documentation will be held on 7/15/15, mandatory training for all Personal Care staff.

The administrator shall monitor and assure ongoing compliance:
M 7/9/15

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* | Date *7/3/2015*

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

The above plan of correction is approved as of 7/9/15 (Date)

The above plan of correction was approved by m (Initials)

Plan of correction implementation status as of 7/28/15 (Date)

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

Violation Report: 21569-05/27/2015- Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
2600.187(d)- The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

There was no blood glucose reading in Resident #3's glucometer on 5/24/15 at 4:00 pm and 8:00 pm. It was recorded on the medication administration record as 4:00 pm=209 and 8:00 pm=156.

Resident #3 is prescribed Acetaminophen Oral Tablet 325mg as needed every 4 hours. There was none available 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.

Resident #3 Acetaminophen Oral tablet 325mg was re-ordered and available for resident. Medication cart audits, including review of PRN medication will be completed weekly x 3 months and monthly thereafter for accuracy by PC Administrator/designee.

In-service for following directions of prescriber, and ensuring that all medications ordered, PRN and otherwise, are available for all residents will be conducted on 7/15/15.

• Glucometer readings and matching record will be audited by the PC Administrator/designee weekly x 3 months and quarterly thereafter for accuracy.
In-service for proper glucose reading and documentation held on 7/15/15, mandatory training for all Personal Care staff.
KS 7/21/15

Repeat Violation: Yes _____ Date(s) of Previous Violation(s): 06/04/2014

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* Date *7/3/2015*

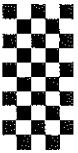
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7/21/15 (Date)

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

Plan of correction implementation status as of 7/21/15 (Date)

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



Violation Report: 21589- 05/27/2015-Foulkes, Kimberli
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.191 -The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #2 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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.

All resident who sign on to Personal Care Services are given a copy of Resident Rights which is attached to their contract. Resident #2 did not sign the contract, but legal POA did. There is not sufficient documentation that Resident Rights were received by Resident #2.

Resident #2 will sign his contract, and upon signing, Resident #2 will be given Resident Rights, which includes the right to refuse medication by 7/10/15.

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* | Date *7/3/2015*

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

The above plan of correction is approved as of 7/2/15 (Date)

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

Plan of correction implementation status as of 7/2/15 (Date)
 Fully Implemented *KF*
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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

PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM		License Number: 21569
Address: 526 WOOD STREET, BETHLEHEM, PA 18018		County: Northampton
Administrator: Kristel Seagreaves		Region: NORTHEAST
Legal Entity Name: MORAVIAN VILLAGE OF BETHLEHEM		
Legal Entity Address: 526 WOOD STREET, BETHLEHEM, PA 18018		
Certificate(s) of Occupancy		
C-2 LP	A2-2B	
10/15/2004	07/08/2015	
PA Dept of L&I	City of Bethlehem	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Interim - POC	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
07/21/2015: Foulkes, Kimberli; OHaire, Anne		
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: 250 Number of Residents Served: 22 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

Violation Report: 21569 - 07/21/2015 - Foulkes, Kimbert
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The medical evaluation for resident #1, dated 5/27/15, does not include the resident's ability to self administer 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.

Resident #1 was admitted on 5/29/15 to PC services, and was not on any medications. Physician corrected the evaluation form on 7/22/15.
• Audits of medical evaluation form will be completed upon enrollment to Personal Care Services, monthly x 3 months and quarterly thereafter.

Repeat Violation: Yes Date(s) of Previous Violation(s) 05/27/2015

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 7/28/15

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

The above plan of correction is approved as of <u>7/28/15</u> (Date)	Plan of correction implementation status as of <u>7/28/15</u> (Date)
The above plan of correction was approved by <u>m</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: 21569 - 07/21/2015 - Foulkes, Kimberli
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

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
 Resident #2's blood glucose reading in the glucometer on 7/19/15 at 11am is 168. It was recorded incorrectly on the medication administration record (MAR) as 165.

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.

Reviewed proper glucometer reading with staff on 7/22/15. Glucometer readings and matching record will be ~~re~~ audited by PC Admin/designee weekly x 3 months and quarterly thereafter.

The administrator shall monitor and assure ongoing compliance -

M
7/28/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/27/2015
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Kristel Seagraves PC Admin		7/28/15
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	Plan of correction implementation status as of	
7/28/15 (Date)	7/28/15 (Date)	
The above plan of correction was approved by	<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	
<i>M</i> (Initials)		