



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

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

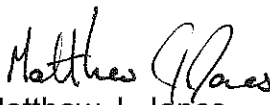
RE: Moravian Hall Square Personal Care Residences  
License #: 226280

Dear Ms. Drabic:

As a result of the Department of Human Services' annual licensing inspection on January 6, 2016 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,

  
Matthew J. Jones  
Director<sub>/s/</sub>

Enclosure  
License Inspection Summary

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

PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES		License Number: 22628
Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		County: Northampton
Administrator: Pat Chuckalovcak		Region: NORTHEAST
Legal Entity Name: MORNINGSTAR SENIOR LIVING INC		
Legal Entity Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		
<b>Certificate(s) of Occupancy</b>		
I-2 05/25/2004 Borough of Nazareth	C-1 11/24/1987 PA DOH	C-2 LP 02/24/2004 PA Dept of L&I
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 88	Waking Staff: 66
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
01/06/2016: Foulkes, Kimberli; Novak, Ryan		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 104 Number of Residents Served: 68 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: 20 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 13	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 68 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 20 Have a Physical Disability: 0	

Violation Report: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PGH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

**1. REGULATION 55 Pa.Code §2600**  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**  
 Direct care persons A and B did not receive training in Resident Rights and the Older Adult Protective Services Act during training year 2015.

**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. Staff persons A & B received training on Resident Rights and the Older Adult Protective Services Act. (Sign-in sheet attachment I)
2. Training amended to be specific to 55 Pa.Code 2600 for Personal Care residents. Training shall occur annually for all Personal Care staff. (Attachment II – Annual Staff Training Plan)
4. Staff training records shall be monitored for completion by PCH administrator.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackaloveak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackaloveak, PCH Admin.*      Date *2/19/2016*

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

The above plan of correction is approved as of 2/25/16  
 (Date)

Plan of correction implementation status as of 2/25/16  
 (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: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION  
 Wegmans Blue Mint Oral Antiseptic Rinse, with a manufacturer's label indicating "if swallowed contact poison control center or a physician", was unlocked and accessible to residents under the sink in resident #1's room in the home's Secure Care Dementia Unit. Residents of the home, including resident #1, have not been assessed capable of recognizing and using poisons safely.

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. Resident #1 vanity locked at time of discovery.
2. All staff counselled on importance that items identified as poisons be inaccessible to residents.
3. Staff advised to confirm vanities in bathrooms are locked each time prior to leaving resident rooms.
4. Random checks of vanities shall be performed by nursing supervisor each shift to monitor for compliance.

*The administrator shall monitor and assure ongoing compliance.*

*M*  
 2/25/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackaloveak*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackaloveak, PCH Admin.*      Date *2/19/2016*

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Violation Report: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 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

In the home's Secure Care Dementia Unit there is a door, that can be locked and unlocked with a latch, that leads to the courtyard. In the courtyard there is a gate that leads to the staff parking lot. The gate is on a mag lock system that disengage in the event of a fire. The gate to the courtyard is only used by maintenance. The courtyard is not a fire safe area and is not used as an egress route during fire drills. The door and the gate are not marked as exits, there are no signs on them. All doors leading to the courtyard from the home need to be clearly marked "not an exit" and the gate itself must be clearly disguised or marked "not an exit".

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. Sign stating "Not an Exit" applied to door leading out into courtyard. (Attachment III)
2. Sign stating "Not an Exit" applied to garden gate leading out of courtyard.
3. Nurse supervisors to monitor daily for proper placement of signs.
4. Nurse supervisors to report non-compliance to PCH Administrator for follow-up.

The administrator shall monitor for ongoing compliance.

M 2/25/16

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 Admin*      Date *2/19/2016*

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Violation Report: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION  
 Resident # 2 is self-administering ciclopirox 8% solution, the residents DME dated 12/14/15 notes the resident cannot 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.

2600.181(c)

1. Resident #2 educated to report any medications brought into PCH from outside to staff.
2. Order obtained from physician for ciclopirox 8% topical solution for administration of treatment to resident by staff.
3. Procedure for persons not capable of self-administration of medications will be reinforced with residents and responsible parties upon admission.
4. Nurse supervisors and PCH admin to conduct random checks of resident rooms for non-compliance.

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Violation Report: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #2 brought the medication Nystatin 100,000 u/gm, apply topically every 12 hours, with the resident upon admission to the PCH. The medication's label was not completely legible. This medication was kept in a plastic bag, known as the treatment bag, in the medication room. The resident did not have a physician's order for this medication.

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.

2600.183(d)

1. All medications received upon admission to PCH shall be reviewed by admitting nurse for corresponding physician orders.
2. A second check of orders and medications shall occur within 24 hours of admission by 11-7 nurse.
3. Medications without a physician's order shall be disposed of properly.
4. 11-7 staff to conduct weekly med cart/treatments audits for expired medications and medications without physician order for compliance.
5. Administrator/designee to receive compliance audit report to monitor compliance.

The administrator shall monitor and assure ongoing compliance.

*m*  
2/25/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Patricia A. Chackalovek*

Printed Name and Title of Legal Entity Representative  
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Violation Report: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

**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 has an order for levimilr 12 units twice daily. On 12/22/15 at 9pm and 12/23/15 at 9pm the medication was not initialed as administered on the medication administration record.

Staff person C administered resident #4's medications on 1/3/16 at 2pm but did initial the medication administration record.

Resident #5 receives accuchecks twice a day and at bedtime. on 12/30/15 at 8am the blood sugar reading in the glucometer was 139, 136 was recorded on the medication administration record. On 12/31/15 at bedtime the blood sugar reading in the glucometer was 87, 89 was recorded on the medication administration record.

Resident #3's medication administration record had the same medication listed twice: Milk of Magnesium Susp. Oral 30cc by mouth daily as needed for constipation and Milk of Magnesium Susp glve 30ml orally every 12 hours as needed for constipation. Looking at the medication administration record there is no way to determine which medication to administer.

2 pages

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

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- (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.

2600.187(a)

1. Staff person failing to document Levimlr given at 9 pm on 12/22/16 and 12/23/16 for resident #2 counselled on required documentation on eMAR for medications administered. Also counselled to review the eMAR at end of shift to identify medications "flagged" by the system as not administered or missed documentation. Documentation for resident #2 was completed.
2. Staff person C counselled for failing to document medications given on 1/3/16 @ 2:00 pm for resident #4. Counselled to review eMAR at end of shift to identify medications "flagged" as not given or missed documentation. Documentation for resident #4 was completed within 24 hours of discovery by staff person C.
3. Staff person responsible for inaccurate recording of blood glucose counselled to review documentation against the glucometer reading at end of shift when performing "missed medication" eMAR review for the shift.

4. All staff persons administering medications are required to perform an eMAR review for medications "flagged" as not administered on their shift prior to leaving for the day.
5. 11-7 staff will conduct an eMAR "missed medication/documentation" audit each night for prior 24 hours and print report for review and monitoring by PCH administrator/designee. Staff persons missing documentation will be required to return to PCH within 24 hours of discovery to complete documentation.

*The administrator shall monitor and assure ongoing compliance.*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackalovsk*      *ms*      *2/25/16*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackalovsk, PCH Admin.*      Date *2/19/2016*

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- (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.

2600.187(a) →

Cont

1. Resident #3 order and medication record corrected to one PRN order for Milk of Magnesium Susp. Oral 30 cc by mouth daily as needed for constipation.
2. All orders for residents returning from another level of care or returning from the hospital will be reviewed by admitting nurse for accuracy.
3. 11-7 nurse to review all new admission/re-admission orders within 24 hours of admission as a back-up check.
4. Orders in question will be reviewed by nurse with resident's physician for clarification.

The administrator shall monitor and assure ongoing compliance. m  
2/25/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Patricia A. Chukolover

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

Patricia A. Chukolover, PCH Admin.

Date

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Violation Report: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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

2a. DESCRIPTION OF VIOLATION  
 Resident #8 is prescribed Hemorrhoidal pads/witch hazel pads, apply to rectum every 1 hour as needed for hemorrhoidal discomfort and Preparation H ointment apply topically to rectum every 1 hour as needed for hemorrhoidal discomfort. Both medications were not 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.

2600.187(d)

1. Medication orders for resident #8 for Hemorrhoidal pads and Preparation H cream discontinued.
2. Med cart and treatment audits conducted 1-6-16 and 1-7-16 for medications without PCP orders.
2. Monthly med cart/treatment audit will be conducted by 11-7 staff for expired medications and medications without physician orders.
3. Medications found to be discontinued or medications without a physician's order shall be disposed of properly.
4. Audit report to PCH admin/designee to monitor compliance.

*The administrator shall monitor and assure ongoing compliance. M 2/25/16*

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Signature of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackaloveak*

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 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 was admitted to the home on [redacted] 15. The home did not complete the assessment portion of the RASP until 12/21/15.

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.

- 2600.225(a)
1. Staff person responsible for completion of RASPs for resident #2 counselled on requirement that the initial assessment portion of the RASP must be completed within 15 days of resident admission. This staff person is responsible for the coordination and completion of RASPs for the home.
  2. Schedule for personal care residents developed to facilitate timely completion of required forms.
  3. Audit of new admission RASPs to be performed by PCH administrator/designee for timely and accurate completion of documents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Patricia A. Chackaloveck*

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Violation Report: 22628 - 01/06/2016 - Foulkes, Kimberli  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION  
 Resident #7's DME dated 12/30/15 does not indicate the need for a secure dementia care unit.

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.

2600.231(b)

1. Resident #7 DME amended by physician on 1/6/16 to indicate resident's need for a secured dementia care unit (SDCU), (Attachment IV)
2. Resident DMEs to be reviewed by nurse upon admission for accurate documentation of dementia diagnosis and need for a SDCU.
3. Incomplete or inaccurate DME will be faxed to physician for completion or amendment of document by nurse.
4. PCH administrator/designee to monitor for compliance.

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1. REGULATION 55 Pa.Code §2600  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Resident #8's DME dated 11/25/15 contained white out in the height section of the document.

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.

26.00251(b)

1. Staff person responsible for using whiteout on document counselled on prohibition of use of whiteout on any document contained in a resident record.
2. In-service on appropriate documentation will be added to annual Staff Training Plan for all personal care staff. (Attachment II)
- 3. Administrator/designee to monitor training records for compliance.

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