



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 19 2016

Mr. David Swartley, President/CEO
Moravian Manors, Inc.
300 West Lemon Street
Lititz, Pennsylvania 17543

RE: Moravian Manor
License #: 321760

Dear Mr. Swartley:

As a result of the Department of Human Services' annual licensing inspections on March 30, 2016, March 31, 2016 and April 11, 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,

A handwritten signature in black ink, appearing to read "Jay Bausch".

Jay Bausch
Deputy Secretary

Enclosure
License Inspection Summary

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

PCH Name: MORAVIAN MANOR		License Number: 32178
Address: 300 WEST LEMON STREET, LITITZ, PA 17643		County: Lancaster
Administrator: Leann Kralfy		Region: CENTRAL
Legal Entity Name: MORAVIAN MANORS INC		
Legal Entity Address: 300 WEST LEMON STREET, LITITZ, PA 17643		
Certificate(s) of Occupancy		
C-1 01/09/1975 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 38	Waking Staff: 29
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
03/30/2016: Gensil, Lori; Heemer, Laura		
03/31/2016: Gensil, Lori; Heemer, Laura		
04/11/2016: Gensil, Lori; Heemer, Laura		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>MAY 20 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 65 Number of Residents Served: 38 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: 1	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 37 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 32176 - 03/30/2016 - Gensil, Lori
 PCH Name: MORAVIAN MANOR

1. REGULATION 85 Pa.Code §2600
 2600.20(b)(3) - The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

2a. DESCRIPTION OF VIOLATION

On 1/28/16 and 3/15/16, cash disbursements were made to Resident #1. The home did not obtain the resident signature for the receipt of the disbursements.

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.

Please See Attached ~~6~~, ~~18~~ Page 2A
 of 5.-8e

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Leanne Kiraly, LPN, PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leanne Kiraly LPN, PCHA</i>	Date <i>5/20/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-20-16
 (Date)

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

Plan of correction implementation status as of 6-20-16
 (Date)

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

Plan of Correction:

1. **REGULATION 55 pa.code 2600**
2600.20(b)(3) The Home Shall obtain a written receipt from the resident for cash disbursements at the time of the disbursement.

2. **DESCRIPTION OF VIOLATION**
On 1/25/2016 and 3/15/2016, cash disbursements were made to Resident #1. The did not obtain the resident signature for the receipt of the disbursement

3. **PLAN OF CORRECTION (POC)**
 - * 4/11/2016 Business office Staff member responsible for disbursement of Funds, educated the Activity /Volunteer Coordinator on practice of purchasing items for residents and reimbursement and disbursement of resident funds. It was explained to staff member when purchasing items for a resident, resident signature must be obtained on the receipt or funds from resident account will not be released. *Resident refusals or the inability to sign for disbursements will be noted. -je*

Leanne Kivalley LPN, PEHA
Leanne Kivalley LPN, PEHA 5/20/16

Violation Report: 32176 - 03/30/2016 - Gensil, Lori
 PCH Name: MORAVIAN MANOR

1. REGULATION 55 Pa.Code §2600

2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's record of Staff Member A's training does not include dates and lengths of each course for resident rights and falls prevention.

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.

*Please see attached ~~K, L + 1A~~ Page 3 A
 of 5. -SE*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Leanne Kivalo RN PCHA

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

Leanne Kivalo RN PCHA

Date *5/20/16*

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 (Date)

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- Not Implemented

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

K

Page 3A of 5
22

Plan of Correction:

1. REGULATION 55 pa.code 2600

2600.65 – A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2. DESCRIPTION OF VIOLATION

The home's record of staff member A's training does not include dates and length of each course for resident rights and falls prevention.

3. PLAN OF CORRECTION (POC)

- 4/28/2016: Meeting held with Safety/Education coordinator regarding on-line training course (Relias) and discussed training outline. All required regulatory courses were assigned to Fulltime and Part time employees. Additional trainings are offered throughout the calendar year, as outlined in the annual staff training plan.
- Pool staff will be scheduled for an 8 hour day of training. An additional 4 hours of training will be assigned throughout the calendar year to meet required obligations.
- All education logs will be managed by the Personal Care Home Administrator or designee. Each employee will have their own education log, each log will contain employee name, date, source of training, content, length of each course and any copies of certificates received. (See attached record)

Violation Report: 32176 - 03/30/2016 - Gensil, Lon
 PCH Name: MORAVIAN MANOR

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 home's procedures for medication administration include that pro re nata (PRN) medications will be available at all times. Resident #2 has a PRN order for hydrocort cream 1%, but it was 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.

Please see attached ~~A, E, F, G, H, I, J + K~~
 page 4A of 5. -*EE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Leanne Kivaly, LPN PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leanne Kivaly, LPN PCHA</i>	Date <i>5/20/14</i>
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 (Date)

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

Plan of correction implementation status as of 6-20-16
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

JZ

Plan of Correction:

1. **REGULATION 55 pa.code 2600**
2600.185(b) 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.
2. **DESCRIPTION OF VIOLATION**
The home's procedures for medication administration include that pro re nata (PRN) medications will be available at all times. Resident #2 has a PRN order for hydrocort cream 1%, but it was not available in the home.
3. **PLAN OF CORRECTION (POC)**
 - 5/19/2016 medication policy and procedure was revised to address management of PRN medications:

PRN Medications

PRN medications will be administered as prescribed and documented on the EMAR. All PRN medications will be available in facility for use. Staff completes monthly medication room inspection to monitor for expiration dates and medications for non-use. Staff to review PRN medications non-use when submitting quarterly medication review to Primary Care Physician. Staff will request from Primary Care Physician a discontinuation order for PRN medications that are not being used.

- Medication room inspections are completed monthly. Staff continue to monitor that all medications expiration dates, medication available in facility as ordered and first aid kit supplies.
- Effective date: 5/1/2016 and on-going
(See attached monthly inspection)

*Ivonne Kwally LPN, PCNA
Kerene Kwally RN, PCNA 5/20/16*

Violation Report: 32176 - 03/30/2016 - Gensil, Lori
 PCH Name: MORAVIAN MANOR

1. REGULATION 55 Pa. Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 7/26/15, does not address the resident needs for hearing aides, mental health services and weekly blood sugar checks.

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.

Please see Attached A+B-1A
 Page 5A of 5. - 22

Repeat Violation: No.	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *LEONNE KIRBY, LPN, PCHA*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LEONNE KIRBY, LPN, PCHA* Date *5/26/16.*

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

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Plan of Correction:

1. **REGULATION 55 pa.code 2600**
2600.227(d) Each home shall document in the resident support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician assistant, or certified registered nurse practitioner, determine the necessity of these services.

2. **DESCRIPTION OF VIOLATION**
Resident #1's support plan, dated 7/25/2016, does not address the resident needs for hearing aides, mental health services and weekly accucheck.

3. **PLAN OF CORRECTION (POC)**
 - Mandatory Training Held: 5/18/2016 from 12:30 – 2:30 PM for all staff members responsible for completing and updating the RASP. Each section of the RASP was reviewed and illustrated how to complete form with accuracy. During training session staff reviewed Pre-screen documentation, resident chart and DME. Staff expressed understanding of using these forms when completing RASP. Annual RASP questionnaire, an internal house form was reviewed. The questionnaire form is completed by all shifts prior to completion of RASP to gather additional information to accurately meet resident needs.
 - Personal Care Home Administration or designee will Audit scheduled RASP X 3 months for accuracy. Audit focus will include resident mental health, Medical and Sensory needs. (please see attached audit form) Any discrepancies noted will be immediately corrected. Personal Care Home Administrator or designee will Audit all RASP completed in May, June and July 2016

Leanne Kirby LPN PCHA
 Leanne Kirby LPN PCHA 5/20/14