



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 08 2016

Ms. Tracy Patton, Executive VP  
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' annual licensing inspection on June 1, 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 "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 21569-06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

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 (36 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 staff person A hired [redacted] 12 did not receive training in emergency preparedness and fire safety for 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.

The Direct Care Staff person has attended annual education for 2016 which is inclusive of Fire Safety training. PC Administrator and Supervisor attended Fire Safety Training: Train the Trainer on 6/15/16, and will also conduct staff education on Fire Safety on 7/13/16.

Although the Direct Care Staff person had adequate amount of hours for staff training, she did not have Fire Safety training due to being on a leave during annual education training. PC Administrator/designee will audit roster for annual staff training attendance of PC staff every six months.

PC Administrator shall monitor and assure ongoing compliance.

*Direct Care Staff Person A must also make up the emergency preparedness and fire safety training for the missed events in 2015. Adm will send documentation of this training upon completion to the Northern Regional Office. Of. 7-23-16*

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 *7-7-16*

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

The above plan of correction is approved as of 7/23/16 (Date)

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

Plan of correction implementation status as of 7-23-16 (Date)

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

Violation Report: 21569- 06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

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

Room 419 bedside lamp did not have a light bulb or any other source of light that can be turned on at 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. 419 was missing and was replaced on 6/1/16. All resident bedside lights were verified to be functioning at that time.

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

PC Administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kristel Seagraves*

7-7-16

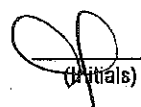
Printed name and title of Legal Entity Representative  
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Date

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Violation Report: 21569-06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

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

The written fire drill record for the fire drill held on 1/20/2016 did not indicate the exits used.

The written fire drill record for the fire drill held on 5/19/2016 did not indicate am or pm for the drill held at 6:40.

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 fire logs are completed by Facility Services staff during the fire safety drills. Facility Services staff attended the First Safety Training: Train the Trainer class on 6/15/16, during which the proper documentation of fire logs was discussed. All new Facility Services staff will receive training on proper documentation for fire logs, and audits of fire logs will be conducted monthly by PC Administrator/designee for accurate completion.

*PC Administrator shall monitor and assure ongoing compliance. - by reviewing the home's fire drill log on a monthly basis.  
Op. 7/23/16*

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  
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*Kristel Seagraves*

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*7-7-16*

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Violation Report: 21569-06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
2600.132(e) -A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home did not complete a fire drill during sleeping hours within the past 6 six months. The most recently completed sleeping-hours fire drill was conducted on 7/7/16 at 2:20am.

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.

An overnight drill was conducted at 12 am on 6/6/16.

Although fire drill during sleep hours was scheduled for 2016, it had not been scheduled within six months of the last drill. Audit of Fire Drill plan to ensure accuracy of overnight drills being conducted every six months will be completed every quarter by PC Administrator/designee.

PC Administrator shall monitor and assure ongoing compliance. The PC Admin will also review the home's fire drill log on a monthly basis in order to assist in the effort of on-going compliance. Q. 7-23-16

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

*Kristel Seagraves*

Printed Name and Title of Legal Entity Representative  
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Kristel Seagraves

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Violation Report: 21569-06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 65 Pa.Code §2600

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

It has been determined through interview with staff that during a fire drill the affected area will be evacuated and the floor above and below. If you are not in that area, the residents are accounted for by checking if the residents are in or out of their room. If the residents are in their rooms in the unaffected area they will remain in their room instead of coming out into the fire safe area.

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 PC residents will be evacuated from their apartment during fire safety drills. PC Administrator and Supervisor attended Fire Safety Training: Train the Trainer on 6/15/15, where evacuation procedures were discussed. PC Administrator will also conduct PC staff training on proper evacuation procedures on July 13, 2016, and ensure all new PC staff are trained on proper evacuation procedures. Evacuation procedures will be included as part of the annual fire safety training.

Audits of Fire Drill evacuations will be completed monthly for 3 months and quarterly thereafter by PC Administrator/designee.

PC Administrator shall monitor and assure ongoing compliance. - and continue to review the home's fire drill logs on a monthly basis. Q. 7-23-16

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Violation Report: 21569-06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION  
The first aid kit in the home's van did not contain a thermometer or a breathing shield.

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 thermometer was placed in the first aid kit 6/1/16 and the breathing shield in the van that was in a separate container was placed in the first aid kit.

First aid kits are routinely audited for a complete inventory of required items. The first aid kit in the newly purchased vehicle had not been placed on the monthly audits. This kit was added to the audits, and monthly audits of contents of first aid kits will be reviewed PC Administrator/designee.

PC Administrator shall monitor and assure ongoing compliance.

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Violation Report: 21569-06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

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 #1's Novolog flex-pen was opened on 4/18/16. The medication expires 28 days after opening.

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.*  
Novalog flex pen was properly disposed of 6/1/16.  
  
Weekly audits of medication expiration dates in the medication cart will be conducted weekly times 3 months and monthly thereafter by PC Administrator/designee.  
  
PC Administrator shall monitor and assure ongoing compliance.


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Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kristel Seagreaves* Date *7-7-16*

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Violation Report: 21569-06/01/2016- Harvey, Jason  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
2600.252- Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The record of resident #2, #3, and #4 did not indicate the resident's identifying marks, if any.

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 resident record section regarding identifying marks for resident #2 and #3 was completed with "none" in appropriate section on 6/1/16. The other resident, #4, is deceased.

Monthly audits will be conducted on the Emergency Records for accuracy of information listed, and the identifying marks section of the record will be completed with "none" should there be no identifying marks. Audits will be reviewed monthly by PC Administrator/designee.

PC Administrator shall monitor and assure ongoing compliance.

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Date(s) of Previous Violation(s):

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*Kristel Seagreaves*

Date

*7-7-16*

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*7/23/16*  
(Date)

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*7/23/16*  
(Date)

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