



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 14 2016

Ms. Sherry Hill, Administrator
Moravian Union of King's Daughters & Sons of Bethlehem PA
61 West Market Street
Bethlehem, Pennsylvania 18018

RE: Moravian King's Daughters' Home
License #: 242140

Dear Ms. Bacon:

As a result of the Department of Human Services' annual licensing inspection on August 17, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MORAVIAN KING S DAUGHTERS HOME		License Number: 24214
Address: 61 WEST MARKET STREET, BETHLEHEM, PA 18018.		County: Northampton
Administrator: Sherry Hill		Region: NORTHEAST
Legal Entity Name: MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA .		
Legal Entity Address: 61 WEST MARKET STREET, BETHLEHEM, PA 18018		
Certificate(s) of Occupancy C-1 08/01/1967 Dept. of Labor and Industry		
Staffing Hours Resident Support: NM Total Daily Staff: 12 Waking Staff: 9		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 08/17/2016: Rushin, Julienne; 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: 16 Number of Residents Served: 10 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: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 24214 - 08/17/2016 - Rushin, Julienne
PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The Resident Privacy Coding Document was attached to the Licensing Inspection Summary (dated 9/01/15) that was hanging on the home's bulletin board which is accessible to the public.

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.

08/17/2016 -- The Resident Privacy Coding Document was immediately, on day of inspection, removed from the posted Licensing Inspection Summary.

08/17/2016 - Staff training was provided by the administrator during the monthly staff meeting regarding resident confidentiality. Please see attached training sheet.

Ongoing - Staff training regarding resident confidentiality will be provided to all new employees during their orientation. The administrator will remove the Resident Privacy Coding Documents from all future Licensing Inspection Summaries and Complaint Summaries prior to posting the summaries for public viewing. The current administrator is a DHS Approved Trainer and will include this information regarding resident confidentiality in her trainings with administrators.

The administrator shall monitor and assure ongoing compliance.

M
9/9/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sherry Hill

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

Sherry Hill

Date

9/8/16

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

The above plan of correction is approved as of

9/9/16
(Date)

Plan of correction implementation status as of

9/9/16
(Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

M
(Initials)

Violation Report: 24214 - 08/17/2016 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.28(f)(1) - Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home.

2a. DESCRIPTION OF VIOLATION

The following discharged residents' records did not have an itemized accounting completed within 30 days of discharge: Resident #1 was transferred to a skilled nursing home on [redacted] 15 and Resident # 2 passed away on [redacted] 16.

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.

08/24/16 - Attached are discharged resident forms for resident #1 and #2.

08/19/16 - The new administrator introduced the new resident refund form to the facility's record keeping procedures. The facility accountant and board president were trained on regulation §2600.28 regarding refunds.

*Ongoing - The administrator is responsible for filling out the form and giving it to the accountant for refunds if any are due. The administrator will be responsible for follow through and confirmation of refund receipt. If a new administrator or new accountant is hired, training will be done by current administrator on discharge policy and procedures and regulation §2600.28 regarding refunds.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Hill

Printed Name and Title of Legal Entity Representative
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Sherry Hill

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Violation Report: 24214 - 08/17/2016 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa. Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted] 15, does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

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.

08/17/2016 -- Direct Care Staff person A was contacted by the administrator and informed that she needed to provide a copy of her high school diploma or GED for her employee record to verify her qualifications for her position. Direct Care Staff person A reported that she would need to obtain a copy of her high school diploma from her high school and would provide it once received. Direct Care Staff person A was removed from the staffing schedule immediately.

08/23/2016 - Direct Care Staff person A provided the administrator with documentation, an e-mail, confirming that she had ordered a copy of her transcripts from her high school. Anticipated arrival of the transcripts was 7-10 days. Direct Care Staff person A was placed back on the staff scheduling with supervision until her transcripts arrived.

09/08/2016 -- Direct Care Staff person A has not provided her high school transcripts for her employee record. The administrator has contacted her. She has been informed that she will be removed from the staff scheduling as of 09/12/2016 if she has not provided her high school transcripts.

Ongoing -- All new employees will not be permitted to begin orientation or direct care training until a copy of their high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry has been provided to the administrator. The administrator or the designated management staff will audit the employee records monthly to ensure all required documentation is in compliance.

• The administrator shall monitor for ongoing compliance. m 9/9/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Hill

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

Sherry Hill

Date *9/8/16*

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 (Date)

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 (Initials)

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Violation Report: 24214 - 08/17/2016 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff persons B and C did not attend training for meeting the needs of residents as described in the preadmission screening form, the medical evaluation, and support plans for the 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.

8/17/16 – At staff meeting on this date, staff were retrained on required signatures at staff/training meetings. The administrator or designated management person will be responsible for filling in the top of the DHS record of training form which includes the date, source, content and length of course. A copy of training information which is provided will be attached to completed DHS record of training form. Under the new management, monthly staff/training meetings will occur. See attached schedule for the remaining 2016 year.

Ongoing – This citation is based on the lack of documentation cited in regulation §2600.65(i). The administrator will be responsible for using and completing the attached DHS record of training form for staff/training meetings. The topic listed in regulation §2600.65(f) will be on the training schedule annually and the administrator will be responsible for scheduling the annual training of the topics.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Hill

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

Sherry Hill

Date **9/9/16**

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 (Date)

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- Not Implemented

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M
 (Initials)

Violation Report: 24214 - 08/17/2016 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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

2a. DESCRIPTION OF VIOLATION
 Staff persons B and C did not attend Emergency Preparedness and Resident Rights trainings for the 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.

8/17/16 – At staff meeting on this date, a discussion regarding signatures on staff/training meetings is required. The administrator or designated management person will be responsible for filling in the top of the DHS record of training form which includes the date, source, content and length of course. A copy of training information which is provided will be attached to completed DHS record of training form. Under the new management, monthly staff training meetings will occur. See attached schedule for the remaining 2016 year.

Ongoing – This citation is based on the lack of documentation cited in regulation §2600.65(i). The administrator will be responsible for using and completing the attached DHS record of training form for staff/training meetings. The topic listed in regulation §2600.65(g) will be on the training schedule annually and the administrator will be responsible for scheduling the annual training of the topics.

The administrator is responsible for ongoing compliance - m 9/9/16

Repeat Violation: Yes	Date(s) of Previous Violation(s): 09/01/2015	
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Sherry Hill		9/8/16

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The above plan of correction is approved as of <u>9/9/16</u> (Date)	Plan of correction implementation status as of <u>9/9/16</u> (Date)
	<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
The above plan of correction was approved by <u>M</u> (Initials)	

Violation Report: 24214 - 08/17/2016 - Rushin, Julieanne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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 did not have a record of training that includes the date, sources, content and length of course and documentation for the training received in 2015 for staff persons A and B.

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.

8/17/16 – At staff meeting on this date, a discussion regarding signatures on staff/training meetings is required. The administrator or designated management person will be responsible for filling in the top of the DHS record of training form which includes the date, source, content and length of course. A copy of training information which is presented at a meeting will be attached to completed DHS record of training form. Under the new management, monthly staff/training meetings will occur. All training topics in §2600.65 will be covered in 2016. See attached schedule for the remaining 2016 year.

Staff person A was hired in 2016 and not available for training in 2015.

- ④ Ongoing – Staff will be reminded to sign in at each monthly staff/training session. Administrator or designated management person will be responsible for completion of DHS record of training form and maintaining staff training notebook to cover all topics listed in regulation §2600.65. All staff will be required to obtain 12 hours of continual training on an annual basis.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sherry Hill*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sherry Hill* Date *9/8/16*

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The above plan of correction is approved as of *9/9/16* (Date) Plan of correction implementation status as of *9/9/16* (Date)

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

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

Violation Report: 24214 - 08/17/2016 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.2(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.
 88

2a. DESCRIPTION OF VIOLATION

The second floor rear blue bathroom commode was dirty with brown stains and the base board near the commode was heavily rusted with sharp irregular edges creating a hazard to those who use this bathroom.

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.

08/17/2016 – Staff training regarding the use of Maintenance Work Orders was provided by the administrator during the monthly staff meeting. Staff were instructed to check the building for any repair needs or hazards during their daily rounds and complete the work orders as needed. Staff was instructed to place the work orders in the maintenance director's mailbox in the office. Please see attached staff meeting notes and training sheet.

08/18/2016 - The housekeeper attempted to clean the brown stains in the commode with the cleaning products on hand with no success. The housekeeper covered the rusted areas and sharp, irregular edges of the base board near the commode with a piece of cardboard for safety until the maintenance director returns from vacation on 09/09/2016. Please see attached photograph for the base board.

08/22/2016 – The housekeeper cleaned the commode with Iron Off, successfully removing the brown stains. Please see attached photograph of the commode.

09/23/2016 – The maintenance director will have completed the treatment of the rusted areas and sharp, irregular edges and the repainting of the base board near the commode by 09/23/2016. Photograph of the repaired base board will be submitted once completed.

Ongoing - Staff training regarding the use of Maintenance Work Orders will be provided during new employee orientation. The administrator will review the use of Maintenance Work Orders in monthly staff meetings. The maintenance director will complete any needed repairs upon receipt of the work orders.

The administrator shall monitor for ongoing compliance - M 9/9/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Hill

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

Sherry Hill

Date 9/8/16

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9/9/16
 (Date)

Plan of correction implementation status as of

9/9/16
 (Date)

- Fully Implemented
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- Not Implemented

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M
 (Initials)

Violation Report: 24214 - 08/17/2016 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The phone in the residents room located on the first floor in the front of the building, did not have the emergency phone number posted near or on the phone for the nearest hospital, police, local EMS, poison control and the personal care home complaint hotline.

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.

08/17/2016 – The Medication Technician posted a copy of the emergency phone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and the personal care home complaint hotline on the wall by the resident's chair on the day of inspection.

08/17/2016 – Staff training was provided by the administrator during the monthly staff meeting regarding the necessity of ensuring that emergency telephone numbers are posted in each of the resident's rooms and by each of the common area and office telephones. Please see attached training sheet.

Ongoing - Staff training regarding the posting of emergency telephone numbers will be provided to all new employees during their orientation. All staff will check for the posting of the emergency telephone numbers in the resident's room and by each common area telephone and office telephones during their daily rounds. The administrator or the maintenance person will review the policies and procedures for the panel during the debriefing of monthly fire drills and annual fire safety training.

The administrator shall monitor for ongoing compliance -

m
 9/9/16

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sherry Hill*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sherry Hill* Date *9/8/16*

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 (Date)

Plan of correction implementation status as of 9/9/16
 (Date)

- Fully Implemented
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- Not Implemented

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

Violation Report: 24214 - 08/17/2016 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The home's Simplex brand emergency fire alarm panel located in the basement was signaling "Trouble in the system". This has been an ongoing problem since the last annual inspection on 09-01-15.

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.

08/23/2016 – Simplex and RCN inspected the emergency fire alarm panel in the basement to determine the cause of the "Trouble in the system" signal. They determined that an additional telephone line was required for the panel. They installed the additional telephone line the same day.

08/17/2016 - Staff training regarding the policy and procedures for the emergency fire alarm panel was provided by the administrator during the monthly staff meeting. Staff were educated regarding the location of the panel, checking the panel for any problematic signals during daily rounds, reporting problematic signals, and the location of the phone numbers for Simplex and RCN to contact in the event of a problematic signal. Please see attached training sheet.

Ongoing - Staff training regarding the policy and procedures for the emergency fire alarm panel will be provided to all new employees during their orientation. The administrator or maintenance person will review the policies and procedures for the panel during the debriefing of monthly fire drills and annual fire safety training.

The administrator shall monitor and assure ongoing compliance.

m
 9/9/16

Repeat Violation: Yes | Date(s) of Previous Violation(s): 09/01/2015

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sherry Hill*

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

Date 9/8/16

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 (Date)

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- Fully Implemented
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- Not Implemented

Violation Report: 24214 - 08/17/2016 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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

2a. DESCRIPTION OF VIOLATION
 Resident # 3's DME dated 07-10-16 was missing a list of the residents current 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.

08/17/2016 – The Medication Technician located Resident # 3's medication list within the resident's medical chart and attached it to the DME.

08/17/2016 – Staff training was provided by the administrator during the monthly staff meeting regarding reviewing admission documentation for completion, specifically the DME with medication list. Please see attached training sheet.

Ongoing - Staff training regarding the completion of the DME upon the admission of a new resident will be provided to all new employees during their orientation. The administrator or assigned medication staff will review all charts of new residents within 48 hours of admission to ensure that this form is completed in its entirety and accurately. Monthly audits of medical charts will be completed by the administrator or assigned medication staff to ensure continued compliance with documentation.

The administrator shall monitor and assure ongoing compliance.

[Signature]
 9/9/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sherry Hill*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sherry Hill* | Date *9/8/16*

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

Violation Report: 24214 - 08/17/2016 - Rushin, Julianne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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

The MAR for resident #4 was not initialed by staff on 8/16/16 at 7:00 am to indicate that Levothyroxine 25mcg was administered.

The MAR for resident #4 was not initialed by staff on 8/16/16 at 7:00 am to indicate that Omeprazole 40mg was administered.

The MAR for resident #5 was not initialed by staff on 8/14/16 at 2:00 pm to indicate that a nebulizer treatment was given at 2:00pm as ordered by the physician.

The MAR for resident #6 was not initialed by staff on 8/16/16 at 7:00 am to indicate that Levothyroxine 25mcg was administered.

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.

8/17/16 - Training for all staff members involved with medications occurred at staff meeting on this date. See attached sheet. The training included all documentation specifically MARS, RASPS, and resident records. In addition, the three staff members involved with lack of documentation have been disciplined in writing.

Ongoing - Medication staff will be retrained regarding regulation §2600.187(a) and importance of signing MARS at the time of administering medications. The required DHS annual medication training will continue to be provided to all medication technicians. Midnight medication technicians will be responsible for monitoring MARS on a daily basis. Administrator or designated management staff member will be responsible for monitoring MARS on a weekly basis.

The administrator shall monitor and be responsible for ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

09/01/2015

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Hill

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

Sherry Hill

Date

9/8/16

9/9/16

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The above plan of correction was approved by

M
 (Initials)

Violation Report: 24214 - 08/17/2016 - Rushin, Julienne
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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


2a. DESCRIPTION OF VIOLATION
 Resident # 3's resident record did not indicate if the resident had any identifiable marks. This area was left blank.

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.

08/17/2016 - The Medication Technician completed a physical assessment of the resident to determine if he had any identifiable marks. A mole was found on his upper right leg. The Medication Technician added this information to the resident's Transfer to Hospital/ Emergency Medical Plan. Please see attached document.

08/17/2016 - Staff training regarding the completion of the Transfer to Hospital/Emergency Medical Plan was provided by the administrator during the monthly staff meeting. Please see attached training sheet.

Ongoing - Staff training regarding the completion of the Transfer to Hospital/Emergency Medical Plan upon the admission of a new resident will be provided to all new employees during their orientation. The administrator or assigned medication staff will review all charts of new residents within 48 hours of admission to ensure that this form is completed in its entirety and accurately. Monthly audits of medical charts will be completed by the administrator or the designated staff member to ensure continued compliance with documentation.

The administrator shall monitor and assure ongoing compliance.

 9/9/16

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

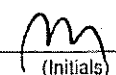
Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Sherry Hill | Date 9/8/16

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

The above plan of correction is approved as of 9/9/16 | Plan of correction implementation status as of 9/9/16
 (Date) | (Date)

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

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