



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 17 2017

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 12, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



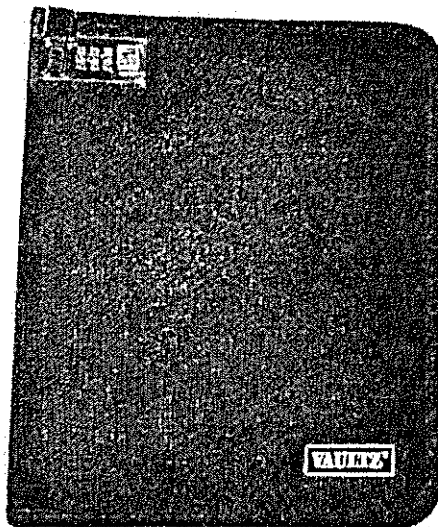
Violation Report: 22628 - 01/12/2017 - Harvey, Jason  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

**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 Narcotic book for the Secured Dementia Care Unit, containing each of the resident's narcotic count sheets, was left on top of the medication cart in the Secured Dementia Care Unit unlocked and available to unauthorized personnel.

**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.*

- Narcotic notebooks are now kept in a locked journal notebook to which only nurses have the code.
- Nurse supervisors to monitor for ongoing compliance & PCH Administrator will perform random checks.
- Date for compliance is March 1st, 2017.



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

Signature of Legal Entity Representative (Required on EVERY Page) *Susan Mihalski*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski      Date 2-8-17

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

The above plan of correction is approved as of <u>3-1-17</u> (Date)	Plan of correction implementation status as of <u>3-1-17</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (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: 22828 - 01/12/2017 - Harvey, Jason  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 and Resident #2 date of admission [redacted] 15, did not have separate contracts completed upon admission to 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.

1. Resident #2 signed a separate contract.
2. Staff/designee responsible for review of contracts educated on the requirements for separate contracts.
3. PCH Administrator/designee to monitor for compliance by March 1st, 2017.

→ and ongoing to ensure continued compliance.  
 P. 3-1-17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan Mihalski*

Printed Name and Title of Legal Entity Representative Susan Mihalski (Required on EVERY Page)	Date 2-8-17
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Violation Report: 22628 - 01/12/2017 - Harvey, Jason  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:  
 (1) Evacuation procedures.  
 (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.  
 (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.  
 (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.  
 (5) The location and use of fire extinguishers.  
 (6) Smoke detectors and fire alarms.  
 (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION  
 Staff person A (hired [redacted] 15) did not receive the training required to be completed on or before the first day of work.

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 member responsible has been educated to the regulation.
2. Checklist for training listed in 2600.65a to be completed prior to or during first work day by PCH Administrator or designee.
3. PCH Administrator or designee to monitor for ongoing compliance.
4. Checklist to be signed off by PCH Administrator or designee.
5. Date of compliance March 1st, 2017.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski	Date 2-8-17
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Violation Report: 22628 - 01/12/2017 - Harvey, Jason  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
 The home has a pool with a water fountain feature on the grounds behind the home. The pool is approximately 15' in diameter with a depth of 2'. The path to the water feature is a short distance (approximately 25') from the activity room on the first floor and the path leads directly to and is flush with the top of the pool. There is no fence around the pool to prevent a resident from walking directly into or falling into the pool.

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. The water fountain feature on the grounds has no water in it and is turned off due to the season. Water is turned on during the month of May.
2. Chief Healthcare Officer has met with an architect to discuss safety issue. Various options were discussed and a hard plastic or aluminum grid will be installed underneath the surface of the water at the base of the fountain to prevent anyone from falling in. At this time, we are pursuing the idea of installing this feature. Architect is researching the best material available for the grid.
3. Pictures will be provided once they are obtained. This deficiency will be corrected by May 1, 2017 and water will not be turned on until the project is completed and tested.
4. PCH Administrator will assure compliance by May 1, 2017.

*Photos to be sent to the Northwestern Regional Office by 05-01-17 to demonstrate compliance. CP 3-1-17*

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative (Required on EVERY Page) *Susan Mihalski*

Printed Name and Title of Legal Entity Representative Susan Mihalski Date *2-8-17*

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Violation Report: 22628 - 01/12/2017 - Harvey, Jason  
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

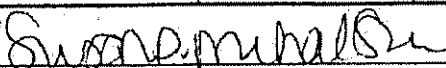
1. REGULATION 55 Pa.Code §2600  
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION  
 Located behind the home's GE brand dryer was a white towel lying against the dryers heat source.

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.

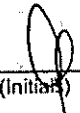
1. Towel removed from behind dryer on 1-12-17.
2. All staff counseled on importance of flammable & combustible materials not being located near heat sources or hot water heaters.
3. Housekeeping staff to perform checks of laundry area each shift to monitor for potential hazards.
4. PCH Administrator or designee to complete random checks to monitor for compliance.
5. Date of compliance March 1st, 2017.

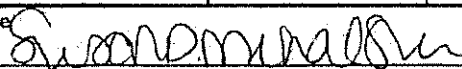

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski Date 2-8-17

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Violation Report: 22628 - 01/12/2017 - Harvey, Jason PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES	
<b>1. REGULATION 55 Pa.Code §2600</b> 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.	
<b>2a. DESCRIPTION OF VIOLATION</b> The home's fire drill record dated 8/22/2016 does not indicate an amount of time to evacuate in minutes and seconds.  The home's fire drill record dated 11/2/2016 indicated that 80 residents were in the home and only 73 residents evacuated. Based on interviews it was determine that the home used their census instead of the actual 73 residents that were in the home at the time the fire drill was held.  The home's fire drill record dated 11/15/2016 indicated that 79 residents were in the home and only 77 residents evacuated. Based on interviews it was determine that the home used their census instead of the actual 77 residents that were in the home at the time the fire drill was held.	
<b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> <ol style="list-style-type: none"> <li>1. Staff counseled on requirement of documenting evacuation time.</li> <li>2. Person responsible for fire safety was counseled on accuracy of actual residents vs. census number in the home.</li> <li>3. PCH Administrator to do random checks of fire logs to monitor for compliance.</li> <li>4. Date for compliance March 1st, 2017.</li> </ol>	
Repeat Violation: No	Date(s) of Previous Violation(s):
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski	Date 2-8-17
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Violation Report: 22628 - 01/12/2017 - Harvey, Jason  
 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

The medication cart in the Secured Dementia Care Unit, had a tube of Triple Antibiotic Ointment in the top drawer and available for use. The prescription label was partially removed however the name on it was legible. The medication belonged to Resident #3, and Staff Person B stated it had been discontinued and was no longer on the MAR.

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. Tube of antibiotic ointment was removed from the med cart upon discovery & disposed of properly.
2. Weekly med cart/treatment cart audits will be conducted by 11-7 staff for discontinued medications.
3. Medications found to be discontinued will be disposed of properly.
4. Audits to be completed by nurse supervisor and monitored by PCH Administrator/designee to ensure compliance.
5. Date for compliance March 1st, 2017.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/06/2016

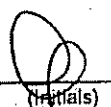
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski      Date 2-8-17

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The above plan of correction is approved as of 3-1-17  
 (Date)

Plan of correction implementation status as of 3-1-17  
 (Date)

The above plan of correction was approved by   
 (Initials)

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

Violation Report: 22628 - 01/12/2017 - Harvey, Jason  
 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 #4 has a physician's order to have a blood glucose test administered 3 x daily. On 1/6/17 at 9:52pm, the resident's blood glucose was 217 and it was recorded in the EMAR system as 219.  
 Resident #5 has a physician's order to have a blood glucose test administered 3 x daily. On 1/9/17 at 11:30pm, the resident's blood glucose was 157 and it was recorded in the EMAR system as 151 and on 1/11/2017 at 11:30pm, the resident's blood glucose was 181 and it was recorded in the EMAR system as 188.

**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 performing accu-checks counseled on importance of accuracy.
2. Clinical supervisors to monitor weekly.
3. PCH Administrator/designee to perform random audits. - audits to include findings and any corrective taken. ep.
4. Date for compliance February 15th, 2017. 3-1-17

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/06/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Susan D. Mihalski*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski      Date 2-8-17

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Violation Report: 22628 - 01/12/2017 - Harvey, Jason  
PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa. Code §2600  
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

Resident #6, date of admission [redacted] 16, did not have a support plan completed and signed until 10-28-16.

Resident #6, date of admission [redacted] 16, did not have a support plan completed and signed until 11-8-16.

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.

1. Staff person responsible for completion of support plans counseled on requirement that they are to be developed and implemented within 30 days of admission to the home.
2. Audits of support plans to be completed by PCH Administrator/designee to ensure for timely completion.

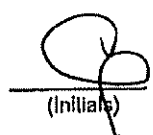
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski	Date
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The above plan of correction is approved as of 3-3-17  
(Date)

The above plan of correction was approved by   
(Initials)

Plan of correction implementation status as of 3-3-16  
(Date)

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