



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 30 2017

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 inspection on April 6, 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.

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,

A handwritten signature in black ink, appearing to read 'J. Rowe', written over a printed name and title.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

| | | |
|---|--|-----------------------|
| PCH Name: MORAVIAN MANOR | | License Number: 32176 |
| Address: 300 W LEMON ST, LITITZ, PA 17543 | | County: Lancaster |
| Administrator: Leanne Kralfy | | Region: CENTRAL |
| Legal Entity Name: MORAVIAN MANORS INC | | |
| Legal Entity Address: 300 WEST LEMON STREET, LITITZ, PA 17543 | | |
| Certificate(s) of Occupancy C-1 01/09/1975 L&I | | |
| Staffing Hours Resident Support: 0 Total Daily Staff: 39 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 04/06/2017: Hoover, Douglas; McCloskey, Jason | | |
| Off-Site Inspection Dates and Inspectors, If Applicable | | |
| <p>RECEIVED</p> <p>MAY 19 2017</p> <p>CENTRAL REGIONAL OFFICE</p> <p>PA 17543</p> | | |
| Other Details Partial or Full Triggers: Random Indicators: | | |
| Resident Demographic Data as of Inspection Dates | | |
| Licensed Capacity: 65 Number of Residents Served: 39 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: 2 | Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 39 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0 | |

Violation Report: 32176 - 04/08/2017 - Hoover, Douglas
 PCH Name: MORAVIAN MANOR

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract, dated 1/5/17, for Resident #1 was not signed by the resident or the home.
 The contract, dated 9/27/17, for Resident #2 was not signed by the payer or 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 Page 2A of 5. -SE

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Loarne Kralik LPN PCHA*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Loarne Kralik LPN PCHA</i> | Date <i>5-18-17</i> |
|---|---------------------|

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

The above plan of correction is approved as of 6-27-17
 (Date)

Plan of correction Implementation status as of 6-27-17
 (Date)

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

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

Plan of Correction:

- REGULATION 55 pa.code 2600
- 2600.25(b) The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person, if any, if the resident agrees.

DESCRIPTION OF VIOLATION

The contract dated 1/5/2017 for resident #1 was not signed by the resident or the home.
The contract dated 9/27/17, for resident #2 was not signed by the payer or the home

• **PLAN OF CORRECTION (POC)**

1. Staff member responsible for completing / signing of contracts has resigned prior to survey, unable to re-educate staff member.
2. Personal Care Home Administrator will be the "New Designated Person" responsible for signing contracts.
3. In the absence of the Personal Care Home Administrator backup designated person will be educated on regulation of required signatures and of notations or refusals and ability to sign.
4. Notation will be clearly documented on contract indicating, refusal of resident to sign or resident ability to sign if unable. Facility will purchase a stamp to indicate this on the contract.

Stamps

- A) Refusal to sign
- B) Unable to sign

JE

Leanne Kiralty, LPN PCHA
Leanne Kiralty RN, PCHA 5/18/17

Violation Report: 32176 - 04/06/2017 - Hoover, Douglas
PCH Name: MORAVIAN MANOR

1. REGULATION 56 Pa. Code §2600

2600.41(e) - A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in § 2600.41(d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

2a. DESCRIPTION OF VIOLATION

The records for Resident #1, admitted [redacted] and Resident #2, admitted [redacted] did not contain statements signed by the residents acknowledging receipt of a copy of the resident rights and complaint procedures.

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 B.C.A. Page 3A of 5. 2e

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Leanne Kiralfy LPN, PCNA*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Leanne Kiralfy LPN, PCNA* Date *5-18-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 6-27-17
(Date)

Plan of correction implementation status as of 6-27-17
(Date)

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

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

B

Page 3 of 5

Plan of Correction:

• REGULATION 55 pa.code 2600

Regulation 2600.41 (e) A statement by the resident and , if applicable, the residents designated person acknowledging receipt of a copy of the information specified in 2600.42 (d) or documentation of efforts made to obtain signature, shall be kept in resident records.

gk

• DESCRIPTION OF VIOLATION

The records for Resident #1, admitted [redacted] and resident #2 admitted [redacted], did not contain statements signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedure.

• PLAN OF CORRECTION (POC)

- Prior too or upon admission, staff will give a copy of resident rights along with resident handbook, resident will sign as receiving copy. A signed receipt will be placed in the residents chart under admission tab.
- If resident is unable to sign or refuses, staff will sign and date indicating reason why resident did not sign.
- The identified residents and designated persons will receive a copy of the resident rights and complaint procedures. The residents and designated persons will sign statements indicating receipt of these items. - gk

Leanne Kralby, LPN, PCHA
 Leanne Kralby, JPN, PCHA 5-18-17

Violation Report: 32176 - 04/06/2017 - Hoover, Douglas
 PCH Name: MORAVIAN MANOR

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
 Two exit doors in the back rear hallway, outside of the "Herrnhut" personal care wing, were locked preventing egress unless a "swipe card" was used on the wall reader unit. Only staff had access to the swipe cards.

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 E.P Page 4 of 5 - 2e

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

Signature of Legal Entity Representative (Required on EVERY Page) *Leanne Kiralty*

| | |
|---|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leanne Kiralty LPN PCHA</i> | Date <i>5-18-17</i> |
|---|---------------------|

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

| | |
|---|---|
| The above plan of correction is approved as of <u>6-27-17</u> (Date) | Plan of correction implementation status as of <u>6-27-17</u> (Date) |
| The above plan of correction was approved by <u><i>LC</i></u> (Initials) | <input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |

E

Plan of Correction:

Page 4 of 5.

- **REGULATION 55 pa.code 2600**

2600.12(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Discussion: Any locking device that requires a key or other

- **DESCRIPTION OF VIOLATION**

Two exit doors in the back rear hallway, outside of the "Hernhut" personal care wing, were locked preventing egress unless a "swipe card" was used on the wall reader unit. Only staff had access to the swipe cards.

- **PLAN OF CORRECTION (POC)**

Maintenance department installed new system at back exit door "request for exit" of the HHPC unit. The new system will allow residents to exit the building safely, however, staff and residents must have a key fob to re-enter building for security purposes. New door system has been installed. Plan of correction complete,

JK

Leanne Kerahy LPN, PCHA
Leanne Kerahy LPN PCHA 5-18-17

Violation Report: 32176 - 04/08/2017 - Hoover, Douglas
 PCH Name: MORAVIAN MANOR

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

The initial assessment for Resident #2, admitted on [redacted] was dated 10/18/17.

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 G-17.
 Page 5A of 5 - Be*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Loanne Kirby; LPN PCHA*

| | |
|--|---------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Loanne Kirby LPN PCHA</i> | Date <i>5/18/17</i> |
|--|---------------------|

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

The above plan of correction is approved as of 6-27-17
 (Date)

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

Plan of correction implementation status as of 6-27-17
 (Date)

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

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Page 5 of 5

Plan of Correction:

- 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.

- DESCRIPTION OF VIOLATION

Initial assessment for Resident #2, admitted on [REDACTED] was dated 10/18/2017

- PLAN OF CORRECTION (POC)

- The home has created a "New Admission Setup Checklist" to be completed by staff with pertinent dates of required information. Attachment List will include the following items: Resident name, admission date, level of care, room number, PCP, POA, immunization history, Insurance / Medicare Information, LTC insurance (if applicable), pharmacy, Laundry services. Pre-screen date, DME completion date or due date, RASP due date. Once form has been completed, staff will file form on residents chart under the admission tab.
- In addition to form, staff will continue to monitor due dates of RASP per the dashboard section of electronic medical record and per the monthly RASP/ DME list that is posted.

JE

Leanne Kivalig LPM, PCHA
 Leanne Kivalig RN, PCHA 5/18/17