



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM P

LEGAL ENTITY

To operate MORAVIAN KING'S DAUGHTERS' HOME

NAME OF FACILITY OR AGENCY

Located at 61 WEST MARKET STREET, BETHLEHEM, PA 18018

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 16
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 7, 2017 until February 7, 2018,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **242141**

Robert E. Robinson

ISSUING OFFICER

Jay Bank

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 - 12/14



pennsylvania

DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE:

AUG 08 2017

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 #: 242141**

Dear Ms. Hill:

As a result of the Department of Human Services' (Department) licensing inspections on April 24, 2017, April 28, 2017, May 10, 2017, June 23, 2017 and July 3, 2017 of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), your current license #242140 dated October 31, 2016 to October 31, 2017 is **REVOKED**. A **FIRST PROVISIONAL** license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This first provisional license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated October 31, 2016 to October 31, 2017 is **NOT** reinstated upon expiration of this first provisional license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your first provisional license is enclosed.

All violations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

If you disagree with the decision to issue a provisional license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35. If you decide to appeal your provisional license, a written request for an appeal must be received within 10 days of the date of this letter by:

Kevin Brumbach, Enforcement Manager
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

Ms. Sherry Hill

2

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe". The signature is fluid and cursive, with the first letter of the first name being a large, stylized "J".

Jacqueline L. Rowe
Director

Enclosures
License
Licensing 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 Department of L&I		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 04/24/2017: Hummel, Jesse 04/24/2017: Hummel, Jesse; Novak, Ryan 04/28/2017: Hummel, Jesse; Novak, Ryan 05/10/2017: Hummel, Jesse; Rushin, Julienne		
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 who:	
Number of Residents Served: 11	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 11	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 5	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 4		

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The facility has a natural gas fired boiler located in the basement of the facility. The facility has installed a carbon monoxide detector in the basement, however the battery operated detector was not labeled with the date the battery was installed, which is required under the The Care Facility Carbon Monoxide Detector Standards Act.

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.

New batteries for all of the carbon monoxide detectors were purchased and installed on 4/25/17. The batteries have been dated and will be monitored by maintenance personnel on a monthly basis. The batteries will be replaced annually unless problems occur during monthly inspections. The administrator will be responsible for fire safety notebook which will contain the monthly carbon monoxide detector inspections sheets.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Zell, Admin

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

Administrator

Date *6-6-2017*

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

The above plan of correction is approved as of

B.B.
 (Date)

Plan of correction implementation status as of

6/23/17
 (Date)

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

The above plan of correction was approved by

6/7/17
 (Initials)

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
 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:

- (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 (35 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 on [redacted] 05, did not receive annual training in Fire Safety completed by a fire safety expert and also did not receive annual training in Residents Rights or the Older Adult Protective Services Act during the 2016 calendar year.

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.

Direct care staff person A received fire safety training on 4/27/17. All staff are receiving fire safety training on 6/27/17. Staff person A did receive annual training in 2016 on Resident Rights and Older Adult Protective Services Act on 6/23/16. See attached sign in sheet. A training notebook has been established and will be maintained up to date by the administrator to assure all staff are trained annually in the topics listed in §2600.65g.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/17/2016	
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Signature of Legal Entity Representative
 (Required on EVERY Page)

Sherry Hill

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Administrator</i>	<i>6-6-2017</i>

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

The above plan of correction is approved as of <u>0.6.</u> (Date)	Plan of correction implementation status as of <u>6/23/17</u> (Date)
The above plan of correction was approved by <u>6/17/17</u> (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: 24214 - 04/24/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.123(d) - If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

2a. DESCRIPTION OF VIOLATION

Department Representatives observed the second floor of the facility. The facility does not have an at grade exit from the second floor and also does not have fire safe areas on the second floor. Department Representatives observed resident #2, #3, #4, and #5 descend the stairs. The residents observed have a mobility need and are unable to descend the stairs without staff assistance. Each resident took greater than two minutes to descend the stairs with staff assistance. These residents have a mobility need and can no longer reside on the second floor due to their mobility need and the lack of fire safe areas or an at grade egress.

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.

There have been many meetings and much communication between the facility administrator, board president, fire inspectors, city code enforcer, and architect regarding fire safety in the building. It has been established that the stairs are fire safe. The facility is being remodeled to have a "refuge area" on the second floor to accommodate residents with mobility needs. Renovations are to be completed by July 31, 2017. Residents #2, #3, #4, and #5 are capable of descending the stairs with verbal encouragement. In addition, residents #2, #3, #4, and #5 have received physician orders for physical therapy for stairwell training to improve their mobility for fire evacuation if necessary. (See attached) Also, for fire safety purposes, an additional staff member has been added on midnight shift until the "refuge area" is completed.

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)

Date 6-6-2017

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

The above plan of correction is approved as of	<u>B.S.</u> (Date)	Plan of correction implementation status as of	<u>7/31/17</u> (Date)
The above plan of correction was approved by	<u>6/7/17</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

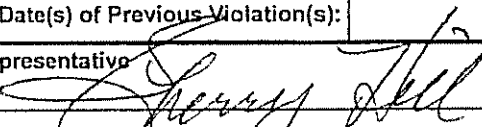
2a. DESCRIPTION OF VIOLATION

Administrator B presented Department Representatives with the facility's fire drill log. The fire drill log indicates the facility conducts monthly fire drills as required. It was determined through resident as well as staff interviews that the facility does not conduct monthly fire drills. Administrator B stated that a fire drill was held on 5/11/16, 7/8/16, and 12/9/16, and the other drills documented on the fire drill log did not occur.

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.

Unannounced fire drills are and will be held on a monthly basis including two midnight shift drills per year. Residents will be evacuated outside even in inclement weather and on midnight shift. The administrator will be responsible for the monthly fire drills.

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)			Date
 Cheryl Hill Administrator			6-6-2017

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

The above plan of correction is approved as of	<u>B.B.</u> (Date)	Plan of correction implementation status as of	<u>7/31/17</u> (Date)
The above plan of correction was approved by	<u>6/7/17</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
Administrator B presented Department Representatives with the facility's fire drill log. The fire drill log indicates the facility conducts monthly fire drills as required. It was determined through resident as well as staff interviews that the facility does not conduct monthly fire drills. Administrator B stated that a fire drill was held on 5/11/16, 7/8/16, and 12/9/16, and the other drills documented on the fire drill log did not occur.

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.

- Immediately: The home shall conduct monthly unannounced fire drills in accordance with Ch.2600.132a-j. Residents and staff persons responsible to evacuate residents will not be informed in advance of the drill.
- Immediately: The home will record all fire drills on the Department's model fire drill log to include all of the required information in Ch.2600.132c. The fire drill logs will be maintained by the home for a minimum of three years in compliance with Ch.2600.253d for review by the Department upon request.
- Immediately: The home will not create or use any record or document knowing it to be false with the intent to mislead the Department.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Sherry Hill, Acting Administrator* Date *7/30/17*

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

The above plan of correction is approved as of <u>8/1/17</u> (Date)	Plan of correction implementation status as of <u>8/1/17</u> (Date)
The above plan of correction was approved by <u>B.B.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

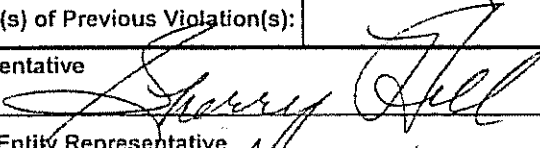
2a. DESCRIPTION OF VIOLATION

The facility most recently had a fire safety inspection as well as a supervised fire drill conducted by a fire safety expert on 11/17/15. The facility is required to a fire safety inspection and a supervised fire drill completed by a fire safety expert annually.

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 facility had a fire safety inspection and fire drill conducted by a fire safety expert on 4/27/17. See attached documentation and letter. The administrator will be responsible for the annual fire safety inspection and annual fire drill by a fire safety expert. The letter and fire drill log will be kept in the fire safety notebook.

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)		Date
 Harry Hill Administrator		6-6-2017

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

The above plan of correction is approved as of	<u>8.8.</u> (Date)	Plan of correction implementation status as of	<u>6/23/17</u> (Date)
The above plan of correction was approved by	<u>4/7/17</u> (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: 24214 - 04/24/2017 - Hummel, Jesse
PCH Name: MORAVIAN KING S DAUGHTERS HOME

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

Administrator B presented Department Representatives with the facility's fire drill log. The fire drill log indicates the facility conducts monthly fire drills as required. It was determined through resident as well as staff interviews that the facility does not conduct monthly fire drills. Administrator B stated that a fire drill was held on 5/11/16, 7/8/16, and 12/9/16, and the other drills documented on the fire drill log did not occur.

~~It was also determined that the residents of the facility did not evacuate the facility during the fire drill held on 12/9/16 in which the fire drill log indicates all residents were evacuated. It was determined that the residents evacuated to the door and not to the designated meeting place outside of the facility.~~

The fire drill log indicates the facility conducted fire drills on 4/27/17 at 11:40 and 4:45, however the log does not indicate whether these drills were conducted in the AM/PM.

The facility is responsible to accurately document fire drills.

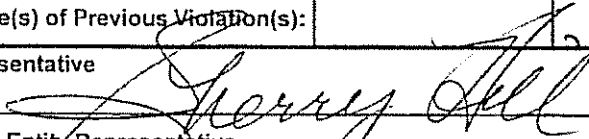
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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.

Unannounced fire drills are and will be held on a monthly basis including two midnight shift drills per year. Residents will be evacuated outside even in inclement weather and on midnight shift. The administrator will be responsible for the monthly fire drills. Fire drill logs will have am and pm designated by times listed on the log. All other information will be filled in correctly by the administrator.

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)	Date
Administrator	6-6-2017

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

The above plan of correction is approved as of 6.6.
(Date)

Plan of correction implementation status as of 6/23/17
(Date)

The above plan of correction was approved by 6/7/17
(Initials)

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

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
PCH Name: MORAVIAN KING S DAUGHTERS HOME

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
Administrator B presented Department Representatives with the facility's fire drill log. The fire drill log indicates the facility conducts monthly fire drills as required. It was determined through resident as well as staff interviews that the facility does not conduct monthly fire drills. Administrator B stated that a fire drill was held on 5/11/16, 7/8/16, and 12/9/16, and the other drills documented on the fire drill log did not occur.

It was also determined that the residents of the facility did not evacuate the facility during the fire drill held on 12/9/16 in which the fire drill log indicates all residents were evacuated. It was determined that the residents evacuated to the door and not to the designated meeting place outside of the facility.

The fire drill log indicates the facility conducted fire drills on 4/27/17 at 11:40 and 4:45, however the log does not indicate whether these drills were conducted in the AM/PM.

The facility is responsible to accurately document fire drills.

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.

- Immediately: The home shall conduct monthly unannounced fire drills in accordance with Ch.2600.132a-j. Residents and staff persons responsible to evacuate residents will not be informed in advance of the drill.
- Immediately: The home will record all fire drills on the Department's model fire drill log to include all of the required information in Ch.2600.132c. The fire drill logs will be maintained by the home for a minimum of three years in compliance with Ch.2600.253d for review by the Department upon request.
- Immediately: The home will not create or use any record or document knowing it to be false with the intent to mislead the Department.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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, Acting Administrator* Date *7/30/17*

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

The above plan of correction is approved as of <u>8/1/17</u> (Date)	Plan of correction implementation status as of <u>8/1/17</u> (Date)
The above plan of correction was approved by <u>B.S.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 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

Administrator B stated that the most recent fire drill occurred on 12/9/16, however that the residents were not evacuated outside, the residents were evacuated to the door. The facility does not have internal fire safe areas and is required to evacuate outside during fire drills as well as an emergency situation.

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 facility is being remodeled to include a "refuge area". See attached floor plan. Mobile residents will evacuate outside to designated area. Residents will be trained to evacuate outside to designated area in fire drill evacuations. Staff are trained in evacuation procedures upon hire as part of the orientation process in accordance to §2600.65a.

The Administrator will be responsible to ensure that all residents evacuate to the outside to the designated meeting area during all fire drills until such a time as the home has an internal designated fire safe area designated in writing by a fire safety expert. Bob B.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

[Handwritten Signature]

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

Administrator

Date

6-6-2017

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

The above plan of correction is approved as of

B.B.
 (Date)

Plan of correction implementation status as of

7/3/17
 (Date)

The above plan of correction was approved by

6/7/17
 (Initials)

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

Violation Report: 24214 - 04/24/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

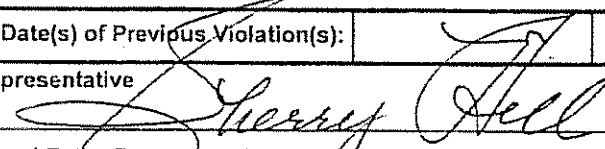
Resident #1 is prescribed Omeprazole 20mg - 1 tablet at bedtime. The prescription medication label incorrectly indicates to administer Omeprazole 20mg before breakfast. The prescription label is required to have accurate administration instructions.

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.

Resident #1 was admitted to the facility with the medication Omeprazole 20 mg from home where [redacted] had been taking it before breakfast. Upon admission the physician prescribed the medication at the same dosage to be taken at bedtime. The facility had the doctor's order and was giving it at the prescribed bed time. The medication was a mail order medication and a new bottle of pills. So not to waste the medication, the facility followed the doctor's orders and gave the medication as ordered. The staff have been retrained on how the pharmacy label must match the physicians orders. In a situation such as this so not to waste a full bottle of medication, the medication staff have been trained to us a sticker on the medication that states "see physicians order change in MAR". The administrator will be responsible for training and retraining medication staff to follow physician orders and checking pharmacy labels. The administrator will sporadically check medications.

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) <u>Administrator</u>	Date <u>6-6-2017</u>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>B.B.</u> (Date)	Plan of correction implementation status as of <u>6/23/17</u> (Date)
The above plan of correction was approved by <u>6/1/17</u> (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: 24214 - 04/24/2017 - Hummel, Jesse
 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

Resident #1 is prescribed Carbidopa Levodopa - 2 tablets 4 times daily. The residents Medication Administration Record (MAR) was not initiated by staff to indicate the medication was administered on 4/23/17 and 4/24/17 at 6:00am.

Resident #1 is prescribed Pramipexole .5mg - 1 tablet 3 times daily. The resident's (MAR) was not initiated by staff to indicate the medication was administered on 4/13/17 and 4/21/17 at 2:00pm.

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.

Medication staff have been retrained on 4/26/17 regarding the urgency and required signatures of signing the MAR at the time of giving medications. Medication staff admitted they had given the medication and the resident stated [redacted] had received the medication but it was explained that only signatures prove medications have been given. The administrator will be responsible for monitoring the MAR for signatures.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/17/2016

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Administrator Date 6-6-2017

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The above plan of correction is approved as of B.B. (Date)

The above plan of correction was approved by 6/17/17 (Initials)

Plan of correction implementation status as of 6/23/17 (Date)

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

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 04/27/1927 Department of L&I		
Staffing Hours		
Resident Support: NM	Total Daily Staff: 12	Waking Staff: 9
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Interim		
On-Site Inspections Dates and Department Representatives On-Site		
06/23/2017: Hummel, Jesse 07/03/2017: Hummel, Jesse; Novak, Ryan		
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: 8 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: 4	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 8 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 24214 - 06/23/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #1 and resident #2 who were receiving Hospice services, did not participate/evacuate in the fire drill conducted on 5/18/17 at 10:30am. The facility does not have written certification from a physician for either resident, that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

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 facility had written orders from physicians for residents #1 and #2 not to participate in fire drills. Following this citation, if a resident is in the active dying stage, all physicians will be required to use the phrase "The resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill". All medical staff will be trained on this requirement of specified wording on August 3, 2017. At this time, residents #1 and #2 are deceased and there are no hospice residents residing in the facility at this time. The administrator along with medical staff will be responsible for the specified terminology to be written on physician orders for actively dying residents on hospice.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sherry Hill, Acting Administrator</i>	Date <i>7/24/17</i>
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The above plan of correction is approved as of <u>7/24/17</u> (Date)	Plan of correction implementation status as of <u>7/24/17</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24214 - 06/23/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(2) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: The resident, the resident's power of attorney for health care, the resident's legal guardian or the resident's health care representative has provided written informed consent that the person is not to evacuate in a fire drill.

2a. DESCRIPTION OF VIOLATION
 Resident #1 and resident #2 who were receiving Hospice services, did not participate/evacuate in the fire drill conducted on 5/18/17 at 10:30am. The facility does not have written informed consent from either resident's power of attorney for health care, legal guardian or health care representative that the resident is not to evacuate in a fire drill.

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 facility had verbal consent but did not have written informed consent from resident #1 and resident #2 power of attorneys. In future situations concerning actively dying hospice residents, the administrator and medical staff will be responsible for obtaining written informed consents from either resident's power of attorney for healthcare, legal guardian, or healthcare representative that the resident is not to evacuate in a fire drill. As of this date there are no residents on hospice in the facility. Medical staff will be trained on August 3, 2017 regarding this portion of regulation §2600.29.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *[Handwritten Name]* Date *7/24/17*

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

The above plan of correction is approved as of 7/24/17
 (Date)

Plan of correction implementation status as of 7/24/17
 (Date)

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

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

Violation Report: 24214 - 06/23/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(4) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: During a fire drill, the one designated person at the home who has knowledge in advance of the fire drill is to immediately upon setting off the fire alarm to begin the fire drill, go to the room of the resident who meets the conditions of § 2600.29a(b)(1)-(3), and notify the affected resident and any staff person who attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

2a-DESCRIPTION OF VIOLATION
 Resident #1 and resident #2 who were receiving Hospice services, did not participate/evacuate in the fire drill conducted on 6/18/17 at 10:30am. It was determined through staff interviews that the designated person who had knowledge in advance of the drill, did not immediately go to the room of resident #1 and resident #2, and notify each resident and any staff person that attempts to evacuate the resident, that this is a fire drill and the resident is not to be evacuated.

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.

Following this citation, the designated person who has knowledge in advance of fire drills will go immediately to the room of the hospice resident who is actively dying and notify the resident and staff person attempting to evacuate the person that it is a fire drill and the resident is not to be evacuated. The administrator and designated person who has knowledge in advance of the fire drill will be responsible for notifying the actively dying hospice resident(s) and responsible staff person(s) that it is a fire drill and not an actual fire. All staff will be trained on August 3, 2017 on this portion of §2600.29 and their specific responsibilities.

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, Acting Admin.* Date *7/24/17*

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The above plan of correction is approved as of 7/24/17
 (Date)

Plan of correction implementation status as of 7/24/17
 (Date)

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

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

Violation Report: 24214 - 06/23/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.29a(b)(10) - The resident's assessment and support plan are to be kept current and specify the requirements of this section as it relates to the specific resident.

2a. DESCRIPTION OF VIOLATION
 Resident #1 and resident #2 who were receiving Hospice services, did not participate/evacuate in the fire drill conducted on 5/18/17 at 10:30am. The assessment and support plan finalized on 11/20/16 for resident #1 and the assessment and support plan finalized on 5/7/17 for resident #2 are not current and do not specify the resident is not to be evacuated during a fire drill or the facility's plan to simulate evacuation or evacuate the resident in the event of an emergency evacuation.

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 assessments and support plans of resident #1 and resident #2 did state that each resident was on hospice. Unfortunately, they had not been updated to state that the residents were actively dying and should not be evacuated during fire drills. The resident's records had physician's orders which stated that residents were not to be evacuated during fire drills. Staff will be trained on August 3, 2017, that residents who are actively dying will have their RASP's updated to reflect that they are not to evacuate in a fire drill and staff will be required to simulate an evacuation. Also, through this simulation, staff will be trained to evacuate an actively dying resident on hospice during a true emergency evacuation event. The administrator and medical staff will be responsible for monitoring RASP's for the update of any actively dying resident who will not be evacuated during a fire drill.

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, Acting Admin.* Date *7/24/17*

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The above plan of correction is approved as of 7/24/17
 (Date)

Plan of correction implementation status as of 7/24/17
 (Date)

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

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

Violation Report: 24214 - 06/23/2017 - Hummel, Jesse
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

2600.29a(b)(11) - Documentation of compliance with this section is to be kept in the fire drill record, as well as in the resident's record. The documentation is to include the following:

- (i) A copy of the Department of Health license for the hospice agency.
- (ii) Written certification by the physician as specified in § 2600.29a(b)(1).
- (iii) Written informed consent as specified in § 2600.29a(b)(2).
- (iv) Written documentation of the home's consideration of relocation of the resident's bedroom as specified in § 2600.29a(b)(3).

2a. DESCRIPTION OF VIOLATION


Resident #1 and resident #2 who were receiving Hospice services, did not participate/evacuate in the fire drill conducted on 5/18/17 at 10:30am. The facility's fire drill record does not include a copy of the Department of Health license for the hospice agency, written certification by each resident's physician, or written informed consent by the resident's health care representative that the resident is not to evacuate during a fire drill.

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 facility has a copy of the Department of Health license for the hospice agency but it was not attached to the fire drill record or the resident's record. Following this citation, the facility will include a hospice agency's license, written certification by resident's physician, and written informed consent by the resident's healthcare representative that the resident is not to evacuate during a fire drill. This information will be attached to the fire drill log and the resident's record. Staff will be trained on August 3, 2017 regarding this requirement in §2600.29. The administrator and medical staff will be responsible for this information attached to the resident's record and fire drill log.

** copy of current h.h. license enclosed. 7-27-17*

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)			Date
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>7/24/17</u> (Date)		Plan of correction implementation status as of <u>7/24/17</u> (Date)	
The above plan of correction was approved by  (Initials)		<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	