



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 27 2017

Ms. Tracy Patton,  
Executive Director  
Moravian Village of Bethlehem  
526 Wood Street  
Bethlehem, Pennsylvania 18018

RE: Moravian Village II of Bethlehem  
License #: 215690

Dear Ms. Patton:

As a result of the Department of Human Services' annual licensing inspection on May 31, 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.

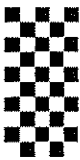
Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary





Violation Report: 21569 - 05/31/2017 - Hummel, Jesse  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home did not have a copy of the chapter 2600 regulations or the current Licensing Inspection Summary (LIS) posted in a public and conspicuous place in 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.

During the 5/31 Annual Licensing Inspection, it was observed that the most current Licensing Inspection Summary and 2600 Regulation Book were missing from the bulletin board where they are typically found.

The current Licensing Inspection Summary and copy of the 2600 Regulation book were posted on 5/31/2017.

All Personal Care staff will receive in-service education by 6/22/2017 to review the mandatory posting requirement.

Audits to ensure mandatory postings are being conducted weekly for three months, and these audits will continue monthly thereafter.

To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off on by the Compliance Officer.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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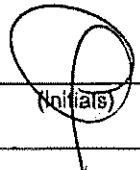
Signature of Legal Entity Representative (Required on EVERY Page) *Kristel Seagraves, PC Admin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kristel Seagraves, PC Admin* Date *6/16/17*

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

The above plan of correction is approved as of 7/28/17  
(Date)

Plan of correction implementation status as of 7/28/17  
(Date)

The above plan of correction was approved by   
(Initials)

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

Violation Report: 21569 - 05/31/2017 - Hummel, Jesse  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

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 home has not installed a Carbon Monoxide Detector near the natural gas fired water heaters as required by the Care Facility Carbon Monoxide Alarms 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.

During the 5/31 Annual Licensing Inspection, it was observed that there are no carbon monoxide detectors located near the natural gas fired hot water heaters.

The facility has contacted Simplex, the fire alarm company, in order to have the CO2 detectors hardwired and programmed. This is scheduled for completion by July 15, 2017. Additionally, the home placed local detectors in the area until such programming can be completed.

All Personal Care and Front Desk staff will receive in-service education by 6/22/2017 to review this requirement.

To ensure ongoing compliance, the Simplex system automatically alarms at the front desk when a detector either alarms or is not functioning properly. The PC Admin or designee will be notified of all Simplex alarms.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Kristel Seagraves, PC Admin*

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

*Kristel Seagraves, PC Admin*

Date

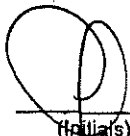
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Violation Report: 21589 - 05/31/2017 - Hummel, Jesse  
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 56 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 Department Representatives observed the thrd floor kitchenette. The garbage can containing various garbage items did not have a lid as required.

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.


During the 5/31 Annual Licensing Inspection, it was observed that the third floor kitchenette was missing the lid for the trash can.  
 The trash can lid was replaced on 5/31/2017.  
 All Personal Care staff will receive in-service education by 6/22/2017 to review the requirement for all kitchen and bathroom trash cans to have lids to prevent the penetration of rodents and insects.  
 Audits of the kitchenette areas are being conducted weekly for three months, and these audits will continue monthly thereafter.  
 To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off on by the Compliance Officer.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Kristel Seagraves, PC Admin*

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Violation Report: 21569 - 05/31/2017 - Hummel, Jesse  
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 The refrigerator located on the fourth floor common area as well as the refrigerator located in the first floor Hospitality area, both of which residents can store food items, do not have thermometers to ensure the food is being stored at the proper temperature.

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.

During the 5/31 Annual Licensing inspection, it was observed that two refrigerators in common areas did not have thermometers in them. There was no resident food stored in these refrigerators. Thermometers were placed in these refrigerators on 5/31/2017. All Personal Care staff will receive in-service education by 6/22/2017 to review the requirement that there be thermometers in all refrigerators accessible to personal care home residents. This is necessary to ensure proper temperature of food should residents choose to store food in them. Audits of the kitchenette areas are being conducted weekly for three months, and these audits will continue monthly thereafter. Audits will include the presence of the thermometer and temperature reading. To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off on by the Compliance Officer.

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Violation Report: 21569 - 05/31/2017 - Hummel, Jesse  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Coumadin 4mg - 1 tablet daily at 5:00pm. Department Representatives observed a blister package of medication containing Coumadin 5mg tablets prescribed to resident #1. It was determined that this was a previous physician order and the blister package was not removed from the medication cart.

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.

During the 5/31 Annual Licensing Inspection, it was observed that the medication cart contained a prescription medication with dosage that was different than the most current prescription. The medication was removed from the medication cart on 5/31/2017. The actual medication given to the resident was the correct dose. All Personal Care staff will receive in-service education by 6/22/2017 to review the requirement that all non-current medications be removed from the medication cart. This is necessary to reduce the possibility of medication errors. Audits of the medication cart areas are being conducted weekly for three months, and these audits will continue monthly thereafter. To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off on by the Compliance Officer.

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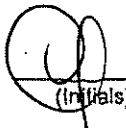
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Violation Report: 21569 - 05/31/2017 - Hummel, Jesse  
PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa. Code §2600  
2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed the following over the counter medication: Refresh Ophthalmic Solution. This medication located in the medication cart is not labeled with resident #1's name.

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.

During the 5/31 Annual Licensing Inspection, it was observed Resident #1 is prescribed the following over the counter medication: Refresh Ophthalmic Solution. This medication located in the medication care is not labeled with Resident #1's name.

The Refresh Ophthalmic Solution was labeled with Resident #1's name and dated on 5/31/17.

All Personal Care staff will receive in-service education by 6/22/17 to review the requirement that all OTC medications and CAM belonging to a resident shall be identified with the resident's name.

Audits of the medication cart for proper labeling will be conducted for three months, and these audits will continue monthly thereafter.

To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off by the Compliance Officer.

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Violation Report: 21569 - 05/31/2017 - Hummel, Jesse  
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 The glucometer belonging to resident #2 is not calibrated with the correct date and time.  
 Resident #3 is prescribed Motrin 600mg - 4 times daily as needed for pain. This medication is not on hand at the facility in the event the resident requested the medication.

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.

During the 5/31 Annual Licensing Inspection, it was observed that the glucometer belonging to resident #2 is not calibrated with the correct date and time. The glucometer belonging to Resident #2 was properly calibrated on 5/31/17.  
 All Personal Care staff will receive in-service education by 6/22/17 to review the requirements for proper calibration of a glucometer.  
 Audits for proper glucometer calibration will be conducted weekly for three months, and these audits will continue monthly thereafter. To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off by the Compliance Officer.

During the 5/31 Annual Licensing Inspection, it was observed that Resident #3 is prescribed Motrin 600mg - 4 times daily as needed for pain. This medication is not on hand at the facility in the event the resident requested the medication.  
 The Motrin prescribed for Resident #3 was received on 5/31/17.  
 All Personal Care staff will receive in-service education by 6/22/17 to review requirements of safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.  
 Audits of medication cart for expired medications and re-ordering medications will be conducted for three months, and these audits will continue monthly thereafter.  
 To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off by the Compliance Officer.

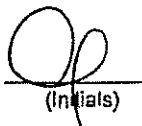
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Violation Report: 21569 - 05/31/2017 - Hummel, Jesse  
 PCH Name: MORAVIAN VILLAGE II OF BETHLEHEM

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed to have the resident's blood glucose tested daily at 9:00pm. Resident #2's Medication Administration Record (MAR) indicates that on 5/29/2017 at 9pm the resident's blood glucose reading was 164. This reading was not found in the resident's glucometer testing history and therefore the staff did not actually test the residents sugar as prescribed.

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.

During the 5/31 Annual Licensing Inspection, it was observed that Resident #2 is prescribed to have the resident's blood glucose tested daily at 9:00pm. Resident #2's Medication Administration Record (MAR) indicates that on 5/29/2017 at 9pm the resident's blood glucose reading was 164. This reading was not found in the resident's glucometer testing history and therefore the staff did not actually test the resident's sugar as prescribed.

All Personal Care staff will receive in-service education by 6/22/17 to review the procedure for following the directions of the prescriber.

Audits for prescriber directions to be followed properly by reviewing residents' MARS will be conducted weekly for three months, and these audits will continue monthly thereafter.

To ensure ongoing compliance, audits will be conducted by the PC Administrator or designee and reviewed/signed off by the Compliance Officer.

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