



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 14 2018

Ms. Mary Jane MacKenzie
Board President
Moravian Union of King's Daughters & Sons of Bethlehem PA
61 West Market Street
Bethlehem, Pennsylvania 18018

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

Dear Ms. MacKenzie:

As a result of the Department of Human Services' (Department) annual licensing inspection on December 13, 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".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24214 - 12/13/2017 - Yellenic, Cindy
 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 home did not have a current Certificate of Boiler or Pressure Vessel Operation. The certificate expired 7-15-17.

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.

Attached is information concerning the required repairs to the boiler having been completed and is in the Department of Labor and Industry compliance. To date, the facility has not received the official certificate for the boiler. The administrator will be responsible for monitoring adherence to regulation 2600.18.

Repeat Violation: Yes Date(s) of Previous Violation(s): 04/24/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Jane Mackenzie, Bd. President*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Mary Jane Mackenzie, Bd. President* Date *1/11/18*

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

The above plan of correction is approved as of <u>2/8/18</u> (Date)	Plan of correction implementation status as of <u>2/8/18</u> (Date)
The above plan of correction was approved by <u><i>MJ</i></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 - 12/13/2017 - Yellenic, Cindy
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600

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

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

2a. DESCRIPTION OF VIOLATION

The annual training provided to Direct Care Staff Person B in training year 2016 did not include the mandated topic of Medication Self-Administration.

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.

It is a facility policy for residents to not self-administer their own medications. Staff member B is not a medication technician and the administrator had not included her in any of the medication trainings throughout the year. After reviewing regulation 2600.65(f), all staff will be trained on resident self-administration on January 18, 2018. The medication self-administration training has been included in the staff training plan for 2018 and will be included in all staff training plans in the future. The administrator will be responsible for all required annual staff training for staff.

The administrator shall also train Staff person "B" in the mandated topic of Medication Self-Administration for training year 2016. Documentation of the training shall be maintained by the home -

2/8/18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Mary Jane Mackenzie, Bd President*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Mary Jane Mackenzie* Date *1/11/18*

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The above plan of correction is approved as of 2/8/18
 (Date)

Plan of correction implementation status as of 2/8/18
 (Date)

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

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

Violation Report: 24214 - 12/13/2017 - Yellenic, Cindy
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
 (1) The name, position and duties of each direct care staff person.
 (2) The required training courses for each staff person.
 (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION
 The home's staff training plan for 2017 does not include Medication Self-Administration.

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.

After reviewing regulation 2600.66(b), all staff will be trained on resident self-administration on January 18, 2018. The medication self-administration training has been included in the staff training plan for 2018 and will be included in all staff training plans in the future. The administrator will be responsible for all required annual staff training for staff.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Mary Jane Mackenzie, Bd President*

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Violation Report: 24214 - 12/13/2017 - Yellenic, Cindy
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION
 Resident room #6's phone did not have the following required emergency phone numbers posted on or near the phone in the room: local hospital; police; ambulance; fire department; poison control center; local EMS; and, the Personal Care Home Hotline.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The resident in Room #6 told the inspector that [redacted] (the resident) had removed the sticker containing all the required information because [redacted] did not want it. The required information from regulation 2600.91 was replaced on resident #6 phone on the day of inspection. All other residents phones were checked on that date and all phones/rooms have the required information posted. Staff will be trained on January 18, 2018, to monitor the phones/rooms on a weekly basis for required posted information. The administrator will be responsible for phones/rooms being monitored for required information.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 24214 - 12/13/2017 - Yellenic, Cindy
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION
 The home's dry good pantry had a case of Kellogg brand assorted cereals stored directly on the floor.

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 case of cereal had been delivered by the vendor on the previous day and was being returned due to the wrong amount of cereal. The case to be returned was immediately placed on a shelf on the day of inspection and returned to the vendor. Staff were disciplined about the cereal being on the floor and staff will be retrained on January 18, 2018 about all food must be stored a minimum of 6 inches off the floor at all times. The administrator will be responsible for monitoring adherence to regulation 2600.103(d).

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Violation Report: 24214 - 12/13/2017 - Yellenic, Cindy
 PCH Name: MORAVIAN KING S DAUGHTERS HOME

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

Resident #1 has a physician's order for a blood glucose (BG) test to be administered daily at 8:00am. On 12/3/17 the BG#129 was recorded in the Medication Administration Record (MAR) as 125.

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.

Staff have been trained on making sure blood glucose numbers documented in the MAR match the readings on the glucometers. The employee responsible for this error was disciplined and her response was that she made an error documenting the last numeral. All medication technicians will be retrained on accuracy of documentation on the MAR on January 18, 2018. Included in the training will be the discussion regarding the readings on the glucometer corresponding with the MAR. The administrator will be responsible for monitoring adherence to regulation 2600.185(a).

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Violation Report: 24214 - 12/13/2017 - Yellenic, Cindy
 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 #2 has a physician's order for Levothyroxine 50mg to be administered at 8:00am. On 12-8-17 the MAR was not initialed after the medication was administered.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff have been trained on initialing the MAR when medications are administered. The staff member responsible for not initialing the MAR after medication was administered was disciplined following the observation at inspection. All medication technicians will be retrained on initialing the MAR at the time of medication administration on January 18, 2018. The administrator will be responsible for monitoring adherence to regulation 2600.187(a).

Repeat Violation: Yes	Date(s) of Previous Violation(s)	04/24/2017
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Violation Report: 24214 - 12/13/2017 - Yellenic, Cindy
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1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The home did not have a copy of an incident report in Resident #3's record, reporting his/her death in the home on [redacted] 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.

The administrator had reported other deaths around that time and believed that she had reported the death of resident #3. The form is not in [redacted] file and cannot be located. The death certificate for resident #3 was observed by inspectors at the time of inspection. Attached please find a reportable incident form stating the death of resident #3 along with the death certificate. The administrator will be responsible for monitoring adherence to regulation 2600.252

Repeat Violation: No	Date(s) of Previous Violation(s):		
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 (Required on EVERY Page) Mary Jane Mackenzie, Bd President

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

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