



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 25 2018

Ms. Susan C. Drabic
President & CEO
Morningstar Senior Living Inc.
175 West North Street
Nazareth, Pennsylvania 18064

RE: Moravian Hall Square Personal Care Residences
License: 226280

Dear Ms. Drabic:

As a result of the Department of Human Services' (Department) annual licensing inspection on January 9, 2018 and January 10, 2018 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES		License Number: 22628
Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		County: Northampton
Administrator: Susan Mihalski		Region: NORTHEAST
Legal Entity Name: MORNINGSTAR SENIOR LIVING INC		
Legal Entity Address: 175 WEST NORTH STREET, NAZARETH, PA 18064		
Certificate(s) of Occupancy		
I-2 05/25/2004 Borough of Nazareth	I-2 05/24/2004 Borough of Nazareth	C-2 LP 02/23/2004 PA Dept of L&I
Staffing Hours		
Resident Support: 29	Total Daily Staff: 135	Waking Staff: 101
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
01/09/2018: Yellenic, Cindy; Foulkes, Kimberli		
01/10/2018: Yellenic, Cindy		
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: 104	Number of Residents who:	
Number of Residents Served: 77	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 77	
Area: 1 st floor	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable: 25	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, If applicable: 24	Have a Mobility Need: 29	
Number of Current Hospice Residents: 5	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 8		

Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
 The Licensing Inspection Summary, dated 1-12-17, was displayed in the SDCU with the privacy pages still attached to the LIS.

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.

Privacy pages removed by PCH Administrator upon discovery 9 Jan 2018. Furthermore, the privacy pages will be removed prior to posting future PCH Violation Reports. PCH Administrator and/or designee to monitor for compliance.

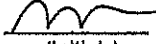
Repeat Violation: Yes Date(s) of Previous Violation(s) 01/12/2017

Signature of Legal Entity Representative
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Susan Mihalski 2-9-18

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The above plan of correction is approved as of 2/12/18
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 2/26/18
 (Date)

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

Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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 main laundry in the basement of the facility contained two commercial gas dryers. There was not a carbon monoxide detector located in the basement for the dryers.

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.

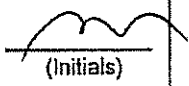
Carbon monoxide detectors installed 9 Jan 2018 by maintenance staff in the main laundry located in the basement. An audit was conducted and all carbon monoxide detectors are located in compliance with the Care Facility Carbon Monoxide Alarms Standard Act. PCH Administrator and/or designee to monitor for compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski	Date 2-9-18
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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 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

Resident #1's contract dated [redacted] 17 did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures. It was only signed by the resident's POA and the resident is not deemed legally incompetent and does not have a guardian.

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 did receive a copy of the Resident Rights and Complaint Procedures on the date of admission [redacted] 2017 but did not sign the acknowledgment. Resident #1 signed acknowledgment 17 Jan 2018. Furthermore, all residents will sign paperwork as specified on 2600.41(d) unless deemed incompetent. Staff will be educated on paperwork specified in 2600.41(d) by 15 Feb 2018. PCH Administrator and/or designee to monitor for compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Susan Mihalski Date 2-9-18

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 (Date)

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 (Date)

- Fully Implemented
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- Not Implemented

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 (Initials)

Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.54(a) - Direct care staff persons shall have the following qualifications:
 (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
 (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
 (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person A, date of hire 11-8-17, has a high school diploma from Ontario, Canada. A waiver is required for a non-U.S. secondary school education.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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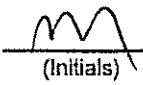
Direct care staff person A resigned from employment on 11 Jan 2018, therefore a waiver will not be required. Current employee files audited and no other non-U.S secondary school education was found. In the future a waiver will be submitted for any non-U.S. secondary school education employees. PCH Administrator and/or designee to monitor for ongoing compliance.

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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff Person B's, date of hire 8-10-16, 1st day orientation was held on 8-29-16.
 Staff Person C's, date of hire 5-10-17, 1st day orientation was held on 5-11-17.

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.

Recently revised orientation program "Journeys" will include required training as evidenced by the attached agenda. All direct care staff personal including ancillary staff, substitute personnel and volunteers will receive this training being implemented March 2018. All new hires will receive this training on their first paid day of orientation. PCH Administrator and/or designee to monitor for compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 01/12/2017	
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Susan Mihalski		2-9-18

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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Direct Care Staff Person B's, date of hire 8-10-16, 1st 40 hours orientation was held on 8-29-16. There was no documentation that staff Person B received this training within the first 40 scheduled working hours.

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 B was trained on the required 40 hour topics on 29 Aug 2016 as evidenced by the attached checklist. The date of hire 10 Aug 2016 reflects the day that the staff member completed their new hire paperwork with Human Resources. The actual 40 hour required training took place on 29 Aug 2016, the staff person's first day of work in the home. Moving forward all new hires will receive their 40 hour required training on their first day of employment in the home. PCH Administrator and/or designee and Human Resources will monitor for ongoing compliance.

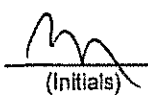
Recently revised orientation program, "Journeys" will include required 40 hour training as evidenced by the attached agenda. This new program is to start in March 2018.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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(s) B and D in training year 2017 did not include the following topic permitted by the regulation: Instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan.

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.

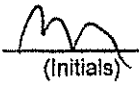
Annual training topic of instruction on meeting the needs of the residents as described in the pre-admission screening form, assessment tool, medical evaluation and support plan added to Relias program on 23 Jan 2018. PCH Administrator and /or designee and Staff Education Coordinator to monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):				
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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION
 The ice cream freezer located in the Lafayette kitchen contained 4 tubs of ice cream without lids on them.

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.

Ice cream lids will remain on at all times except during continuous service during the lunch and dinner hours. Outside of these times lids will remain on. PCH Administrator and/or designee and Assistant Director of Dining Services to monitor for ongoing compliance.
 Staff will be trained on proper food storage at daily pre-service meetings, weekly huddles and monthly staff meeting by 15 Feb 2018.

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
Susan Mihalski			2-9-18

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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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
 The fire drill on 4-25-17 listed 78 residents in the home and 75 evacuated. The home did not list the correct number of residents in the home at the time of the drill.
 The fire drill on 2-28-17 listed 15 staff members present at 4:31am. The home believed it was a typographical error. The home does not keep a log of the staff participants 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.

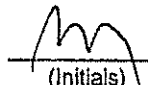
The fire drill record will be amended to include the date, time, amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the smoke alarms detector was operative. The fire drill log will be audited monthly for accuracy. Staff will be trained on the fire drill records and procedures by 15 Feb 2018. PCH Administrator and/or designee to monitor for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/12/2017

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) Susan Mihalski 2-9-18

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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The fire drill record described the same exits being used in all twelve months in 2017 during 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.

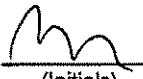
Alternate exit routes will be utilized for all fire drills moving forward. Alternate areas of refuge have been identified by a fire safety expert and will be used as an alternate route for drills starting in March 2018. These alternate exit routes will be rotated to ensure compliance. Staff will be trained on alternate exit routes by 23 Feb 2018. PCH Administrator and/or designee to monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION
 At 2:30pm, the Bethany med cart was unlocked with no staff members in sight of the cart. The cart was accessible to unauthorized persons.

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 cart was locked upon discovery. Daily checks will be conducted to ensure that the medication cart is locked and inaccessible to unauthorized persons. PCH Administrator and/or designee will monitor for ongoing compliance.

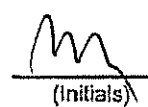
Staff will receive training that prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked and inaccessible to unauthorized person's by 15 Feb 2018. This is to include medications and syringes kept in resident's rooms.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski	Date 2-9-18
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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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

2a. DESCRIPTION OF VIOLATION

The first aid kit located at the 2nd floor nurses station contained a bottle of Bactine that expired 5/2017.

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.

Bactine was removed from first aid kit and disposed of as per facility protocol upon discovery. New antiseptic was ordered and placed in the first aid kit. First aid kit to be inspected on a monthly basis to ensure regulatory items are present and not expired. Staff to be trained as of 15 Feb 2018. PCH Administrator and/or designee to monitor for ongoing compliance.

Repeat Violation: Yes Date(s) of Previous Violation(s): 01/12/2017


Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative Susan Mihalski Date 2-9-18

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

Plan of correction implementation status as of 2/26/18
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 The medication cart audit revealed 10 loose pills in the bottom of the drawer of the Morningstar med cart in the PRN slot.

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.

Loose pills were destroyed as per facility protocol upon discovery. Medication carts will be audited on a monthly basis to ensure all medications are stored under proper conditions as per manufacturer's instructions. In addition a second medication cart was ordered and is being utilized for PRN medications to ensure proper storage.

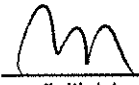
Staff to receive training on the storage of all prescription, OTC and CAM medications in an organized manner under proper condition of sanitation, temperature, moisture and light in accordance with the manufacturer's instructions by 15 Feb 2018. PCH Administrator and/or designee to monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Susan Mihalski	2-9-18

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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

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 MAPAP 325 to be administered as a PRN. The medication was not available at the time of inspection.
 Resident #2 has a physician's order for MAPAP 325 to be administered as a PRN. The medication was not available at the time of inspection.

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.

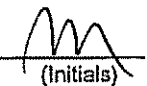
The PRN Tylenol for residents #1 and #2 was ordered immediately and arrived by noon that same day 9 Jan 2018. Medication carts will be audited on a biweekly basis for all PRN medications to ensure that all medications are available as per physician order. Any PRN medications not available will be ordered stat. Staff to receive training on the safe storage, access, security, distribution and use of medication by 15 Feb 2018. PCH Administrator and/or designee to monitor for ongoing compliance.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski Date 2-9-18

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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 educated on the right to question or refuse a medication if the resident believes there may be an medication error. Staff training on resident's medication rights to be completed by 15 Feb 2018. PCH Administrator and/or designee to monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Susan Mihalski	Date 2-9-18
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Violation Report: 22628 - 01/09/2018 - Yellenic, Cindy
 PCH Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physclan's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 The assessment for Resident #4, dated 1/4/17, indicates the resident had been given and order for hospice to evaluate and treat. The resident's support plan doesn't indicate the hospice provider, services provided or frequency of the hospice services. The resident had a significant decline necessitating hospice and requiring a two person assist with transferring in/out of bed, incontinence of bladder and bowel, two hour checks, assistance with feeding, often not able to feed self, and requires total care with bathing/grooming/dressing. The home has not updated the resident's support plan to document how these needs will be met.

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.

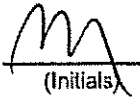
Resident #4's support plan was updated on 9 Jan 2018 to reflect the increased needs as well as the hospice provider, services provided and frequency of the hospice needs. Moving forward any significant changes will be reflected on the support plan as they occur. An audit of current support plans will be conducted to ensure that services and needs are being reflected accurately by 1 Mar 2018. Staff will be trained on support plans and documenting the medical, dental, vision, hearing, mental health or other behavioral health needs that are available to the resident by 15 Feb 2018. PCH Administrator and/or designee to monitor for ongoing compliance.

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