



July 26, 2019

Mr. David Swartley
President/CEO
Moravian Manor, Inc.
300 West Lemon Street
Lititz, Pennsylvania 17543

RE: Moravian Manor
Certificate #: 333090

Dear Mr. Swartley:

As a result of the Department's Bureau of Human Services Licensing annual inspection on April 3, 2019 of the above facility, the violations with 55 Pa.Code Ch. 2800 (relating to Assisted Living Residences) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa.Code Ch. 2800 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 that reads "Carolyn K. Ellison".

Carolyn K. Ellison,
Deputy Secretary, Office of Administration
Shared Services for Health and Human Services

Enclosure
Violation Report

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

PCH Name: MORAVIAN MANOR	License Number: 33309
Address: 300 WEST LEMON STREET, LITITZ, PENNSYLVANIA 17543	County: LANCASTER
Administrator: SUSAN BRENNAN	
Legal Entity Name: MORAVIAN MANOR, INC.	
Legal Entity Address: SAME	
Certificate(s) of Occupancy: R4 - LITITZ BOROUGH - 9/13/17, I-2 - 9/17/17	
Type of Inspection: FULL	
Reason(s) for Inspection(s): RENEWAL	
On-Site Inspections Dates and Department Representatives On-Site: 4/3/19, HOPE O'PAKE AND DOUG HOOVER	
Off-Site Inspection Dates and Inspectors, if Applicable: NONE	
Resident Demographic Data as of Inspection Dates	
Licensed Capacity: 40 Number of Residents Served: 34 Secured Dementia Care Unit in Home: NA Area: NA Secured Unit Capacity, if Applicable NA Number of Residents Served in Secured Dementia Care Unit, if applicable: NA Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0 <div style="text-align: right;"> Rec'd 5/25/19 GE </div>

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation
251 The resident-residence contract shall identify the assisted living services included in the core service package the individual is purchasing and the total price for those services.
Violation
The contract does not include verbiage including what is considered the core service package and the price for those services.
Plan of Correction
<p><i>Susan Brennan, PCHA, ALA corrected the verbiage in the Assisted Living Contract to reflect the core packages. The schedule of charges was corrected to reflect the prices for the core packages offered and to match the verbiage in the contract. See attached revision to the contract and the schedule of charges. The corrections were implemented on 4/10/19.</i></p>

Printed Name and Title of Legal Entity Representative (Required on all pages) *Susan Brennan PCHA, ALA*

Signature of Legal Entity Representative (Required on all pages) *Susan Brennan PCHA, ALA* Date *5/25/19*

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The above plan of correction is approved as of <u>7/17/19</u> (Date)	Plan of correction implementation status as of <u>7/17/19</u> : (Date)
The above plan of correction was approved by <u>GE</u> (Initials)	<input checked="" type="radio"/> Fully Implemented <input type="radio"/> Partially Implemented – Adequate Progress <input type="radio"/> Partially Implemented – Inadequate Progress <input type="radio"/> Not Implemented

Package as well as the following: Assistance with ADL's and unanticipated ADL's, transportation, assistance with self administration of medication or medication administration as indicated in the resident's assessment and support plan.

Moravian Manor does not permit "opting out" of services defined in the Independent and Enhanced Core Packages on the grounds these Core Packages are essential to the health and safety of the resident.

- 2.4 Moravian Manor will complete an Initial Assessment and Preliminary Support Plan in accordance with Department of Human Services regulation 2800.224. The Assessment will include information of Resident's health status and history. The Manor shall review and update Resident's Assessment quarterly following the initial Assessment, or more often as circumstances may warrant.
- 2.5 The Manor shall, develop and execute an Assessment Support Plan, indicating the care, treatment, and services the Manor is obligated to make available to Resident as described in the Resident's Assessment Support Plan (ASP)
- 2.6 The Manor shall review and update the Resident's Support Plan (ASP) quarterly, or more often as circumstances may warrant. Once completed, Resident's initial ASP and all other ASP are filed on the chart.
- 2.7 The Manor may offer Resident additional, or Ancillary Services, which are not required by Resident's Support Plan.
- 2.8 The Manor shall explain Durable Power of Attorney instruments and Advance Directives and offer Resident assistance in completing them. The Manor encourages Resident to execute a durable power of attorney instrument.

3. CHARGES AND FEES FOR SERVICES

- 3.1 A Schedule of Charges for Core Package levels and Assisted Living Services and Ancillary Services offered by the Manor, and the corresponding fees associated with said services, is attached to this Agreement, and incorporated herein by reference as **Attachment B**.

admission to the Manor.

- 1.4 If the Manor determines that on the basis of Resident's Medical Evaluation (See Paragraph 2.4) or Support Plan (See Paragraph 2.5) Resident requires treatment, care, or services beyond those services the Manor is capable of offering, Resident shall be transferred or discharged in accordance with the terms hereinafter stated in this Agreement.

2. DESCRIPTION OF THE MANOR'S SERVICES

- 2.1 The Manor shall make available Room # _____ at 300 West Lemon Street, Lititz, PA as the Resident's place of domicile, commencing on the ____ day of _____, 20___. The Manor shall provide a furnished room, bed and bath linens, housekeeping services, therapeutic recreation, and three meals daily.

- 2.2 The Manor shall provide the following Assisted living services:

- 1) Nutritious meals and snacks.
- 2) Laundry services
- 3) A daily program of social and recreational activities.
- 4) Assistance with performing IADL's and ADL's
- 5) Assistance with self-administration of medication or medication administration as indicated in the resident's assessment and support plan.
- 6) Housekeeping services essential for the health, safety and comfort of the resident based upon the resident's needs and preferences.
- 7) Transportation services.
- 8) Financial management.
- 9) 24 hour supervision, monitoring and emergency response.
- 10) Basic cognitive support services.

- 2.3 The Manor will, at a minimum, provide the following core service packages:

1. **Independent Core Package.** This core package shall be provided to residents who do not require assistance with ADL's. The services will include the following: 24 hour supervision and emergency response, nutritious meals and snacks, weekly housekeeping services, laundry services for bed linens, towels and personal clothing, a daily program of social and leisure activities and basic cognitive support.
2. **Enhanced Core Package.** The Enhanced Core Package defines four levels of care. (See **attachment B**) This core package will be available to residents who require assistance with ADL's. The services will include the services outlined in the Independent Core

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation
65e Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation training that includes a specific list of topics.
Violation
Staff Member A, hired on 11/1/2018, did not receive initial training in reportable incidents and conditions.
Plan of Correction
<p>The orientation checklist was revised 4/10/19 to capture the required initial and 40 hour training topics (see attached document). Susan Brennan PCHA, ALA revised the checklist. Human Resources staff was trained on the required topics for new employees and the time frame for completion by Susan Brennan PCHA, ALA on 4/10/19. The revised checklist was implemented 4/10/19 and will be used for all new employees. The Human Resources staff is responsible for utilizing this form moving forward.</p> <p style="text-align: center; margin-top: 20px;">Staff training needs will be addressed at the home's periodic quality management reviews. - GE, 7/17/19</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) Susan Brennan PCHA, ALA

Signature of Legal Entity Representative (Required on all pages) Susan Brennan PCHA, ALA Date 5/25/19

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LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation

69 Administrative staff, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall receive at least 4 hours of dementia-specific training within 30 days of hire.

Violation

Staff Member A did not receive the initial 4 hours of dementia-specific training.

Plan of Correction

The dining management staff was educated on the required 4 hour dementia training for all new hires within 30 days on 4/8/19 by Susan Brennan PCHA, AUA. The dining management staff will notify the staff Development Coordinator of a new hire on day one of hire. The Staff Development Coordinator will assign the new employee the 4 hour dementia course in Relias. The dining management staff will inform the new employee and track completion. This process was implemented 4/8/19.

Staff training needs will be addressed at the home's periodic quality management reviews. - GE, 7/17/19

Printed Name and Title of Legal Entity Representative (Required on all pages) Susan Brennan PCHA, AUA

Signature of Legal Entity Representative (Required on all pages) Susan Brennan PCHA, AUA Date 5/25/19

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(Date)

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(Initials)

Plan of correction implementation status as of 1/17/19 :
(Date)

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

LICENSING INSPECTION SUMMARY
Assisted Living Residences – 55 Pa.Code § 2800

Regulation 133a1 Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
Violation There was no exit sign over door "A2" which leads to an outside egress from the building.
Plan of Correction <p style="font-family: cursive; font-size: 1.2em;">The exit sign for door "A2" was ordered 4/4/19 and installed at door "A2" on 4/23/19. A maintenance employee ordered and installed the required Exit sign. See attached photo.</p>

Printed Name and Title of Legal Entity Representative (Required on all pages) Susan Brennan PCHA, AIA

Signature of Legal Entity Representative (Required on all pages) Susan Brennan PCHA, AIA Date 5/25/19

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