



July 26, 2019

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's Bureau of Human Services Licensing annual inspection on June 10, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) 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. 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 that reads "Carolyn K. Ellison". The signature is written in a cursive style.

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

Enclosure
Violation Report

Violation Report

Facility Information

Name: MORAVIAN VILLAGE II OF BETHLEHEM License Number: 215690
 Address: 526 WOOD STREET, BETHLEHEM, PA 18018
 County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: Kristel Seagreaves Phone: 6106254885 Email: TPATTON@MORAVIANVILLAGE.COM

Legal Entity

Name: MORAVIAN VILLAGE OF BETHLEHEM
 Address: 526 WOOD STREET, BETHLEHEM, PA, 18018

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/13/2004 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection

Type: Full BHA Docket #: Notice: Unannounced
 Reason: Renewal

Inspection Dates and Department Representative

06/10/2019 - On-Site: Kristin DeVries, Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 250 Residents Served: 16

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 16
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

17 - Record Confidentiality

Regulations

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.

Description of Violation

The licensing inspection summary from the on-site visit conducted 10/28/2018, posted and accessible to the public, still had the Resident Privacy Coding document attached to it.

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 information was removed immediately on 6/10/19 at time of inspection.
 Audits of information posted in public area will be completed weekly to ensure no resident confidential records are accessible.
 PC Administrator shall monitor and assure ongoing compliance.

Legal Entity Representative

Kristel Seagraves
 Signature

Kristel Seagraves, PC Admin 7/3/19
 Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
 (Date)

Plan of correction implementation status as of 7-12-19
 (Date)

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

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

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Upon inspection, the glucometers belonging to Resident #1 and Resident #2 had a dried red substance on them that appeared to be blood.

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.)

At time of inspection, Administrator wiped pen tipped sized mark off glucometers label strip. Subsequently, Administrator repeated a similar pen tipped sized mark with a red ball point pen. This mark wiped off in the same manner. Facility will continue to inspect glucometers daily to ensure no unidentifiable marks remain on the devices. PC Admin shall monitor and assure ongoing compliance.

Legal Entity Representative

Kristel Seagraves

Signature

Kristel Seagraves, PC Admin 7/3/19

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

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

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

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - 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.

Description of Violation

The telephone numbers required by this regulation were not posted by the phone located in resident room #242.

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.)

Emergency telephone numbers for resident room # 242 was replaced in the living room phone on 6/10/19. Telephone numbers were under phones in both bedrooms.

Weekly audits of emergency telephone numbers in resident apartments will be conducted for ongoing compliance.

PC Admin shall monitor and assure for ongoing compliance.

Legal Entity Representative

Kristel Seagraves
Signature

Kristel Seagraves, PC Admin 7/3/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

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

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

124 - Notice to Fire Department

Regulations

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notice to the fire department, dated 5/8/2019, does not include the home's total capacity.

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.)

A letter to Local and County Fire Department was sent updating the facility's total bed capacity.
PC Admin will audit annual letter sent to Local and County Fire Department contains the facility's bed capacity.

Legal Entity Representative

Kristel Seagreaves
Signature

Kristel Seagreaves, PC Admin 7/3/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

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

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

171b5 - First Aid Kit

Regulations

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the Subaru station wagon used to transport residents did not contain a thermometer at time of inspection.

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.)

*A thermometer was placed in the first aid kit on 6/10/19.
 First aid kits are routinely audited for complete inventory of required items. Monthly audits of contents of first aid kits will be reviewed by PC Admin/Designee.
 PC Admin shall monitor and assure ongoing compliance.*

Legal Entity Representative

Kristel Seagreaves
 Signature

Kristel Seagreaves, PC Admin 7/3/19
 Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
 (Date)

Plan of correction implementation status as of 7-12-19
 (Date)

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

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

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #3's Latanoprost .005% eye drops container was opened and dated on 4/4/19. This medication is to be disposed 60 days after opening; therefore, this medication was expired at time of inspection.

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.)

Lantanoprost eye drops ~~was~~ properly disposed of on 6/10/19.
 Audits of medication expiration dates in medication cart will be conducted weekly.
 PC Admin shall monitor and assure ongoing compliance.

Legal Entity Representative

Kristel Seagraves
 Signature

Kristel Seagraves, PC Admin 7/13/19
 Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
 (Date)

Plan of correction implementation status as of 7-12-19
 (Date)

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

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

186c - Change in Medications

Regulations

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

Resident #3 Lidocaine patch states on the prescription label, "Apply 1 patch topically once daily as needed for back pain." The resident's medication record (MAR) states, "1 patch 2 times daily, Pain Patch on at 9am and off at 2100." It was determined through staff interviews that this medication changed from a PRN to a standing order and that the prescription label had not been updated.

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.)

Prescription label indicating change in doctor's order was updated on 6/10/19.
Order sheets will be initialed & dated when entered into the computer.
Audits of residents' MAR to residents' medications will be conducted weekly.
PC Admin shall monitor to ensure ongoing compliance.

Legal Entity Representative

Kristel Seagraves
Signature

Kristel Seagraves, PC Admin 7/3/19
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
(Date)

Plan of correction implementation status as of 7-12-19
(Date)

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

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

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed Glimperide 2mg. However, the resident's medication administration record does not indicate that this medication must be taken with supper, as indicated on the medication's prescription label.

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's MAR was updated to indicate perscribed Glimperide 2mg to be taken with supper.
 Audits of residents' MAR to residents' medications will be conducted weekly.
 PC Admin shall monitor to ensure ongoing compliance.

Legal Entity Representative

Kristel Seagreaves
 Signature

Kristel Seagreaves, PC Admin 7/3/19
 Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-12-19
 (Date)

Plan of correction implementation status as of 7-12-19
 (Date)

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

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