



Sent via e-mail [susanb@moravianmanor.org]

MAILING DATE: February 19, 2020

Mr. David J. 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 Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living) review on October 28, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Gloria Emick*

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: MORAVIAN MANOR

License Number: 33309

Address: 300 WEST LEMON STREET,, LITITZ, PA 17543

County: LANCASTER

Region: CENTRAL

## Administrator

Name: Susan Brennan

Phone: 7176256134

Email: @MORAVIANMANOR.ORG

## Legal Entity

Name: MORAVIAN MANORS INC

Address: 300 WEST LEMON STREET, LITITZ, PA, 17543

## Certificate(s) of Occupancy

Type: R-4

Date: 09/13/2017

Issued By: Lititz Borough

Type: I-2

Date: 09/17/2017

Issued By: Lititz Borough

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 35

Waking Staff: 26

## Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

## Inspection Dates and Department Representative

10/28/2019 - On-Site: Kellie Cargile, Laura Heemer

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 40

Residents Served: 35

### Special 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: 35

Diagnosed with Mental Illness: 1

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 1

Rec'd  
11/7/19  
GE

20b8 Quarterly account

Requirements

2800.

20.b. If the residence provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The residence shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Residents #1 and #2 have not received a quarterly account of financial transactions.

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.)

Each quarter, residents will receive a copy of their itemized funds account statement. Residents will be asked to sign a copy, which will be kept in the Business Office. The Accounting Specialist will be responsible for ensuring this is completed each quarter. The next quarterly statement will be generated no later than January 15, 2020. The statements will be signed by the residents no later than the 15th of each quarter. The Accounting Specialist will send the ALA a list of completed statements each quarter.

Legal Entity Representative

Jusaa Brennan  
Signature

Susan Brennan PCHA, ALA 11/7/19  
Printed Name and Title Date

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

The above plan of correction is approved as of 12/18/19  
(Date)

Plan of correction implementation status as of 12/18/19  
(Date)

Implemented

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

Not Implemented

65j Annual training content

Requirements

2800.

65.j. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 5. Falls and accident prevention.

Description of Violation

Staff Members A, B, and C did not receive training in fire safety conducting by a fire safety expert during training year 2018.

Staff Members B and C did not receive training in falls and accident prevention during training year 2018.

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.)

ALA will keep a roster of current direct care staff and ancillary staff in AL. As staff members complete the annual fire safety training, ALA will note their attendance on the list and document on their training plans. For staff that did not attend the fire training, a separate training will be scheduled. Annual fire safety training scheduled for Feb 2020.

- See attached for falls and accident prevention training Page 3A of 6

Legal Entity Representative

*Susan Brennan*  
Signature

Susan Brennan PEHA, ALA  
Printed Name and Title

11/7/19  
Date

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The above plan of correction is approved as of 12/18/19  
(Date)

Plan of correction implementation status as of 2/19/20  
(Date)

Implemented

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

Not Implemented

## Falls and Accident Prevention training

In April 2019, ALA implemented annual training for ancillary staff members on the following topics, which are not assigned in Relias:

- Falls and Accident Prevention
- Older Adult Protective Services Act

ALA provided training to ancillary staff in July 2019 on the above topics and will continue to provide this training annually. ALA is documenting these trainings on the ancillary staff training plans.

Completion of required training topics will be reviewed at quarterly quality management meetings by ALA.

*Julia Brennan, PCHA, ALA*

*11/7/19*

## 107c Food/water – 3 day supply

## Requirements

2800.

107.c. The residence shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

## Description of Violation

On 10/28/19, the residence served 35 residents, requiring 105 gallons of emergency drinking water. The supply of emergency water expired in February 2019.

## 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 dining services manager will check the supply of emergency water every 6 months to ensure water is not expired (see attached).

The expired water was replaced 10/28/19.

## Legal Entity Representative

Susan Brennan  
Signature

Susan Brennan PCHA, ALA 11/7/19  
Printed Name and Title Date

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(Date) (Date)

Implemented

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

Not Implemented

141a Medical evaluation

**Requirements**

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

**Description of Violation**

The medical evaluation for Resident #3, dated 10/16/19, does not include the resident's mobility needs.

**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 above resident was admitted to AL from our skilled nursing area. The Director of Social Services will give the completed ADME to the ALA to verify all areas are completed. IF ADME is incomplete, ALA will have PCA complete.

This procedure was implemented 10/29/19.

**Legal Entity Representative**

Audra Brennan  
Signature

Susan Brennan PCHA, ALA      11/7/19  
Printed Name and Title      Date

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(Date)      (Date)

Implemented

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(Initials)

Not Implemented

141b1 Annual medical evaluation

Requirements

2800.

141.b. A resident shall have a medical evaluation:

- 1. At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on 7/22/19. The resident's previous medical evaluation was completed on 7/2/18.

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 Clinical Coordinator is responsible for the timely completion of all ADME's. The Clinical Coordinator maintains a tracking sheet of all <sup>MIE's</sup> ~~recent~~ resident ADME dates. The ALA will review the ADME's that are scheduled for the month, in conjunction with the Clinical Coordinator to ensure timely compliance. This process began 11/4/19.

Timely completion of ADME's will be reviewed with monthly quality management. Quality management review of ADME's will begin with November QA 12/2019.

Legal Entity Representative

Susan Brennan  
Signature

Susan Brennan PCHA, ALA 11/7/19  
Printed Name and Title Date

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