



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: [shill@peppunlimited.com](mailto:shill@peppunlimited.com)  
MAILING DATE: May 19, 2020**

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 and Sons Home  
License #: 242140

Dear Ms. MacKenzie:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on January 23, 2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name: MORAVIAN KING'S DAUGHTERS AND SONS HOME  
Address: 61 WEST MARKET STREET,, BETHLEHEM, PA 18018  
County: NORTHAMPTON                      Region: NORTHEAST

License Number: 24214

## Administrator

Name: Sherry Hill                      Phone: 6108675382                      Email: SHILL@PEPPUNLIMITED.COM

## Legal Entity

Name: MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA  
Address: 61 WEST MARKET STREET, BETHLEHEM, PA, 18018

## Certificate(s) of Occupancy

Type: I-1                      Date: 11/14/2017                      Issued By: City of Bethlehem

## Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 17                      Waking Staff: 13

## Inspection

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

## Inspection Dates and Department Representative

01/23/2020 - On-Site: Gerald Dumas, Anne O'Haire

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 16                      Residents Served: 16

### Secured Dementia Care Unit

In Home: No                      Area:                      Capacity:                      Residents Served:

### Hospice

Current Residents: None

### 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: 1                      Have Physical Disability: 0

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries in the homes CO2 detector had expired. The batteries were dated 4/8/18. The CO2 batteries need to be checked and or replace annually.

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.)

Expired batteries were dated and replaced in CO2 detector on 1/24/20. (See attachement #1) Administrator shall be responsible to monitor the monthly CO2 detector checklist document.

Legal Entity Representative

*Sherry Hill*  
Signature

*Sherry Hill, Administrator 05/07/20*  
Printed Name and Title Date

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The above plan of correction is approved as of 5-18-2020  
(Date)

Plan of correction implementation status as of 5-18-2020  
(Date)

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

Implemented  
 Not Implemented

28f - Resident's Funds and 30-day Refund

Regulations

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident # 1 passed away at the home in 2019 and the resident's estate did not receive a refund of \$1765.00 until 05/06/19.

Repeat Violation 12/11/18

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.)

Administrator is aware of regulation 2600.28f and has trained the new treasurer on the refund process and the requirement of refunds being made within 30 days of discharge. Administrator shall be responsible to ensure that all refunds are made within 30 days of discharge.

Legal Entity Representative

*Sherry Hill*  
Signature

*Sherry Hill, Administrator* 5/7/20  
Printed Name and Title Date

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29 Hospice Care

Regulations

2600.

29. Hospice Care and Services - Hospice care and services that are licensed by the Department of Health as a hospice may be provided in a personal care home.

Description of Violation

Resident # 2 is a hospice resident who had a medical order from his physician stating that he no longer should be evacuated from the facility during fire drills as it would hasten his death. The home did not have a statement from the resident or family indicating they agreed with this medical plan.

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.)

Please see the attached document where Resident #2's family agreed with the medical plan stating that Resident #2 will not longer be evacuated from the facility during fire drills. (See attachment #2)

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65e - 12 Hours Annual Training

Regulations

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

The home did not have documentation available that the following staff received 12 hours of annual training in 2019:

Staff person A, B,C, and D.

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.)

2019 Staff Training Plan with required 12 hours of annual training was implemented however, several staff training sign in sheets cannot be found. A new notebook and 2020 Staff Training Plan with the required training as outlined in 2600.65e has been created. (See Attachement #3) Administrator will be responsible to ensure that 2020 Staff Training Plan is implemented and all records are maintained.

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65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff A, B ,C and D did not receive annual training in the following training topics: 1. Medication self-medication, 2. Instruction on meeting the needs ( D.M.E. & R.A.S.P.). 3. Care for residents with dementia & cognitive impairment. 4. Personal care service needs of the resident. 6. Safe management techniques 7. Care for residents with MH or ID, if served.

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 Training records for 2019 have missing staff training sign in sheets and are unable to be located. Staff A, B, C, and D did received training for Medication self-medication, Instructions on meeting the needs (DME & RASP), Care for residents with dementia & cognitive impairment, Personal Care service needs of the resident, Safe management techniques, and Care for residents with Intellectual Disabilities. The Administrator shall be responsible to ensure that all training topics required in 65e shall be completed and all records are maintained.

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Signature

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65g - Annual Training Content

Regulations

2600.

65.g. 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.

Description of Violation

Staff persons A ,B, C and D did not receive training in the following areas in 2019: 1. Fire Safety Training, 2. Resident's Rights, 3. Older Adult Protective Services Ac, 4.Falls and Accident Prevention. 5. New population groups ( if applicable).

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 Training records for 2019 have missing staff training sign in sheets and are unable to be located. Staff A, B, C, and D did received training for Fire Safety Training, Resident Rights, Older Adult Protective Services Act, Falls & Accident Prevention, and New population groups. The Administrator shall be responsible to ensure that all training topics required in 65e shall be completed and all records are maintained.

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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

The Medication Administration Record ( M.A.R.) for resident # 2 was not initialed at the time of administration on 1/14/19 at 4:00 p.m. and 10:00 p.m. Morphine Sult. 100 mg. take by mouth every hour for pain or shortness of breath.

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 retrained on 2600.187b regarding recording and initialing the MAR with date and time when medications are administered. Administrator shall be responsible for monitoring the accuracy and completion of Medication Administration Records.

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Signature

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187d - Follow Prescriber's Orders

Regulations

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

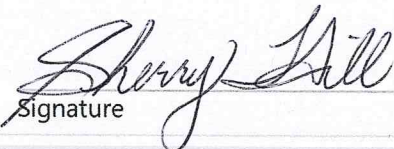
Triflurdine 1% 1 drop in left eye was discontinued on 1/19/20 for resident # 3. The eye drops were still being administered on 1/20/20 and 1/21/20.

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 Technicians were retrained on the procedure that when a physician's order is received, the medication technician receiving the order must immediately update the Medication Administration Record. The Administrator shall be responsible for monitoring the accuracy and completion of Medication Administration Records.**

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