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

MAILING DATE: May 6, 2020

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

RE: Moravian Manor
Certificate #: 321760

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 February 25, 2020, 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**: *32176*
Address: *300 WEST LEMON STREET,, LITITZ, PA 17543*
County: *LANCASTER* **Region**: *CENTRAL*

Administrator

Name: *Kelly Langley* **Phone**: *7176260214* **Email**: *DAVIDS@MORAVIANMANOR.ORG*

Legal Entity

Name: *MORAVIAN MANORS INC*
Address: *300 WEST LEMON STREET, LITITZ, PA, 17543*

Certificate(s) of Occupancy

Type: *C-1* **Date**: *01/09/1975* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *12* **Waking Staff**: *9*

Inspection

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

Inspection Dates and Department Representative

02/25/2020 - On-Site: Kellie Cargile, Michael Showers

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *25* **Residents Served**: *12*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *12*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *0* **Have Physical Disability**: *0*

103i - Outdated Food

Regulations

2600.
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Three 4-ounce containers of Magic Cup Wild Berry Ice Cream, that expired on September 13, 2019, were located in the freezer compartment of the resident refrigerator in the main resident dining room.

Two gallon-sized bags of leftover pepperoni slices, located in the small kitchen refrigerator, were not labeled or dated.

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.)

On 2/26/2020, Susan Brennan PCHA, ALA, educated the night shift staff on checking the refrigerator and freezer nightly for expired food items and to ensure all food is dated and labeled. A refrigerator/freezer log has been created. Staff will check each item and initial. A binder was created to keep the logs. The PCHA will check the log daily to ensure completion. The nightly checks and log were started 2/26/20. (see attached)

On 2/26/2020, Dawn Oltean, Dining Services Manager, trained the dining staff on proper labeling of food and dating of food. Beginning 2/26/2020, the Manager on Duty and assigned dining staff, check all refrigerators 3x/daily to ensure all food is properly dated and labeled. (see attached)

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Legal Entity Representative

Susan Brennan PCHA, ALA
Signature

Susan Brennan LPN, PCHA, ALA
Printed Name and Title

3/18/20
Date

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

The above plan of correction is approved as of 5/5/20 (Date)

Plan of correction implementation status as of 5/5/20 (Date)

XX ☒ Implemented
☐ Not Implemented

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

Supplement to the original POC

103(i)- The Dining General Manager checked all food in the main kitchen refrigerators on 2/26/20 to ensure everything was dated and labeled.

All food items in the refrigerator/freezer in HHPC were audited for expired dates on 2/26/20. This is a daily on going audit. Please see attached audits beginning 2/26/20.

183(d)- All medications were audited by Kelly Langley, Clinical Coordinator on 2/26/20. Please see attached medication audits beginning in March 2020. Monthly QA attached.

227(g)- Please see attached RASP signature audit. We had a new admission 3/16/20. This was the only RASP due since inspection. Monthly QA attached.

*April QA not completed as of this date.

Susan Brennan LPN, PCHA, ALA

5/5/20

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

On 2/25/2020, Donepezil 10mg prescribed for Resident #1, was in the home's medication cabinets. This medication was discontinued on 11/1/19.

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.)

On 2/26/20, staff was educated on regulation 2600.183(d) by Susan Brennan PCHA, ALA. The night shift med Tech completes a monthly med room inspection and the completed inspection is given to the PCHA. The Clinical Coordinator will do a second monthly inspection to ensure compliance. This will begin with the March 2020 inspection. (see attached)

Continued compliance with the med room inspections, will be reviewed with the monthly quality management beginning March 2020.

Continued on Page 2A of 4

Legal Entity Representative

Susan Brennan PCHA, ALA — Signature

Susan Brennan PCHA, ALA — Printed Name and Title

3/18/20 — Date

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The above plan of correction is approved as of 5/5/20 (Date)

Plan of correction implementation status as of 5/5/20 (Date)

XX Implemented

☐ Not Implemented

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

227g -Support Plan Signatures

Regulations

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2 participated in the development of his/her support plan on 3/20/19. However, the resident did not sign the support 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.)

On 2/26/20, a "RASP Chart Review" document was created. The Clinical Coordinator will document when a RASP is completed and signed on the "RASP Chart Review." The Clinical Coordinator will email this document to the PCHA each time a RASP is completed & signed. Completion of signed RASPS by the residents will be reviewed with monthly quality management. This will begin with the March 2020 QA.

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Legal Entity Representative

Susan Brennan PCHA, ALA	Susan Brennan PCHA, ALA	3/18/20
Signature	Printed Name and Title	Date

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