

Department of Human Services
Bureau of Human Service Licensing

December 11, 2020

SUSAN DRABIK, PRESIDENT
MORNINGSTAR SENIOR LIVING INC
175 WEST NORTH STREET
NAZARETH, PA 18064

RE: MORAVIAN HALL SQUARE
PERSONAL CARE RESIDENCES
175 WEST NORTH STREET
NAZARETH, PA, 18064
LICENSE/COC#: 22628

Dear Ms. Drabik,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/13/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: MORAVIAN HALL SQUARE PERSONAL CARE RESIDENCES License #: 22628 License Expiration Date: 03/22/2021
 Address: 175 WEST NORTH STREET, NAZARETH, PA 18064
 County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: Karen Geiger Phone: 6107461000 Email: kareng@moravian.com, lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: MORNINGSTAR SENIOR LIVING INC
 Address: 175 WEST NORTH STREET, NAZARETH, PA, 18064
 Phone: 6107461000 Email: DRABIC@MORAVIAN.COM

Certificate(s) of Occupancy

Type: I-2 Date: 05/25/2004 Issued By: Nazareth
 Type: C-2 LP Date: 02/23/2004 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 104 Waking Staff: 78

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Incident Exit Conference Date: 11/13/2020

Inspection Dates and Department Representative

11/13/2020 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 Residents Served: 76

Secured Dementia Care Unit

In Home: Yes Area: na Capacity: 25 Residents Served: 25

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 76
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 28 Have Physical Disability: 0

Inspections / Reviews

11/13/2020 - Partial

Lead Inspector: *Amy Deluca*Follow-Up Type: *POC Submission*Follow-Up Date: *12/03/2020*

12/4/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *12/11/2020*

12/11/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 11/10/20 staff person A was witnessed by staff person B to be on the floor of resident #1's bedroom with her pants down around her ankles while resident #1 was naked in bed. The home did not send a report of possible sexual harassment or abuse to the Area Agency on Aging until 11/12/20.

Plan of Correction**Accept**

It will be the responsibility of the PCH Administrator or designee to report suspected or allegations of abuse within 24 hours to the appropriate agencies including AAA.

Staff will be educated on the abuse policy including screening, training, prevention, identification, investigation, protection, and reporting/response.

PCH Administrator or designee will monitor compliance of timely abuse reporting and findings will be reviewed at QAPI.

Completion Date: 01/06/2021

Update - 12/04/2020

Please send/attach proof of staff training.

Document Submission**Implemented**

Staff education attached.

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/10/20 staff person A witnessed staff person B to be on the floor of resident #1's bedroom with her pants down around her ankles while resident #1 was naked in bed. An incident report was not sent to the department's regional office until 11/12/20.

Plan of Correction**Accept**

It will be the responsibility of the PCH Administrator or designee to report suspected or allegations of abuse within 24 hours to the Regional Department office.

Staff will be educated on the abuse policy including screening, training, prevention, identification, investigation, protection, and reporting/response.

PCH Administrator or designee will monitor compliance of timely abuse reporting and findings will be reviewed at QAPI.

Completion Date: 01/06/2021

Update - 12/04/2020

Please send/attach proof of staff training.

16c - Written Incident Report *(continued)***Document Submission****Implemented***Staff education attached.*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 11/10/20 staff person A was seen by staff person B to be lying on the floor next to resident #1's bed with her pants around her ankles while the resident was awake and naked in bed. Resident #1 resides in the home's memory care unit due to a diagnosis of dementia. Staff person A exhibited inappropriate behavior in the presence of resident #1.

Plan of Correction**Accept**

Upon discovery of the inappropriate behavior by the contracted companion the individual was immediately removed and escorted out of the Galilee House premises.

To insure future compliance Resident Rights education to be provided to the staff.

PCH Administrator or designee to perform randomized audit in memory care to observe the staff interactions with the residents. Compliance will be monitored through QAPI.

Completion Date: 01/06/2021

Update - 12/04/2020

Please send/attach proof of staff training.

Document Submission**Implemented***Staff education attached.*