

Department of Human Services
Bureau of Human Service Licensing

March 31, 2021

██████████ ADMINISTRATOR
MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA
61 WEST MARKET STREET
BETHLEHEM, PA 18018

RE: MORAVIAN KING'S DAUGHTERS
AND SONS HOME
61 WEST MARKET STREET
BETHLEHEM, PA, 18018
LICENSE/COC#: 24214

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/24/2020, 12/10/2020 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 KING'S DAUGHTERS AND SONS HOME **Licen e #:** 24214 **Licen e Expiration Date:** 02/14/2021
Addr e : 61 WEST MARKET STREET, BETHLEHEM, PA 18018
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6108675382 **Email:**
[REDACTED]

Legal Entity

Name: MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA
Address: 61 WEST MARKET STREET, BETHLEHEM, PA, 18018
Phone: 6108675382 **Email:** [REDACTED]

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: Partial **Notice:** Unannounced **BHA Docket #:**
Rea on: Incident **Exit Conference Date:** 12/10/2020

Inspection Dates and Department Representative

11/24/2020 - Off-Site: [REDACTED]
12/10/2020 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 16 **Residents Served:** 16

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Re ident 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: 1 **Have Physical Disability:** 0

Inspections / Reviews

11/24/2020 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *01/18/2021*

1/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/05/2021*

3/31/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The resident had a tendency to express both a desire and intention to walk home to her previous residence after [REDACTED] was admitted to the home. On 11/17/20 the resident eloped from the home and was found shortly after by staff at [REDACTED] previous residence. The home did not update the support plan dated 10/21/20 after the elopement incident occurred on 11/17/20 with a plan to provide supervision to the resident and to prevent future elopements. The support plan also was not previously updated to indicate the resident had a desire to walk home and that staff frequently had to provide supervision and redirection to [REDACTED]

Plan of Correction

Accept

RASP for Resident #1 has been updated to include the resident's desire to return to [REDACTED] original home. Resident #1 must be redirected frequently due to [REDACTED] cognitive decline. Attached please find an addendum to resident #1's RASP and notes.

Completion Date: 12/12/2020

Update - 01/21/2021

Within 15 days of receipt of this plan of correction:

The administrator shall AUDIT residents RASP to ensure that all information is current and accurate. Documentation of the Audit shall be maintained by the home.

Document Submission

Implemented

Attached please find RASP Addendum for resident #1 which indicates that the Administrator performed and audit of the RASP for resident #1.