

Department of Human Services
Bureau of Human Service Licensing

August 12, 2021

██████████ ADMINISTRATOR
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/COCC#: 22628

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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:** 03/22/2022
Address: 175 WEST NORTH STREET, NAZARETH, PA 18064
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 6107461000 **Email:** [REDACTED]

Legal Entity

Name: MORNINGSTAR SENIOR LIVING INC
Address: 175 WEST NORTH STREET, NAZARETH, PA, 18064
Phone: 6107461000 **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 108 **Waking Staff:** 81

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 07/13/2021

Inspection Dates and Department Representative

07/13/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 **Residents Served:** 80

Secured Dementia Care Unit

In Home: Yes **Area:** na **Capacity:** 25 **Residents Served:** 24

Hospice

Current Resident: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 80
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 28 **Have Physical Disability:** 2

Inspections / Reviews

07/13/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *08/16/2021*

8/10/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/17/2021*

8/12/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

- 82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At approximately 11:15 a.m. a housekeeping cart was observed unattended with the following items accessible and not locked. It is the home's policy that all poisonous items be locked.

1 bottle of Radiance a cleaning agent. Bottle stated "Keep away from Children Poison"

1 bottle of Clorox Urine Removal "eye irritant, Call Poison control, if swallowed."

Plan of Correction

Accept

Upon discovery the housekeeping cart was locked and the poisonous materials were inaccessible.

Complete an audit of the residents in the affected area to review DME and the resident's ability to avoid poisonous materials.

Complete an education of the housekeeping staff on the proper storage of poisonous materials.

To ensure compliance PCH Administrator or designee to conduct monthly rounds of the housekeeping cart while in use.

PCH Administrator or designee will complete a quarterly audit. Findings and any corrective action will reported at the Quality Assurance Performance Improvement.

Completion Date: 08/31/2021

Update - 08/10/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please include a copy of the Audit Tool that is actually IN USE. For the training, please include a copy of the staff signature sheet documenting that training. Please also not in the Updated POC what Staff Position will be responsible for compliance moving forward.

Documentation should be sent in the Portal.

AG, 8-10-21

Document Submission

Implemented

PCH or designee will be responsible for compliance.

Audit tool included

Staff signature page included

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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

The Resident Assessment and Support Plan (R.A.S.P.), dated 6/3/2020, for resident # 1 did not include all the resident's formal supports on page 1. Physical therapy was prescribed after the first fall on 3/1/21; omitted was the name of the agency and how often prescribed. Additionally, after a recent hospitalization, psychiatry was prescribed for resident # 1. The formal support noting with whom and how often prescribed was omitted from the formal supports listed on page 1. Finally, the family had arranged for temporary additional support 24 – 7 after a recent hospitalization. There is no indication that resident # 1 is utilizing a private pay support agency.

Plan of Correction**Accept**

Resident #1 was not in the building at the time of discovery. Upon [REDACTED] return from the skilled nursing facility, page 1 of the Resident Assessment and Support Plan (RASP) updated to include Psychiatry and Home Care agency. Resident #1 is currently not receiving Moravian Hall Square Physical Therapy services. Staff education on updating the RASP will be completed.

To ensure compliance PCH Administrator or designee to audit random sample of RASPs monthly and review formal supports are identified on page 1. PCH Administrator or designee will report findings and/or corrective action at the Quarterly Quality Assurance Performance Improvement.

Completion Date: 08/31/2021

Update - 08/10/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit the updated portions of Resident # 1's RASP with the attachments. If there is a new admission, or a new Annual RASP that has been completed since the Renewal Inspection, please include that as well as evidence of compliance. Please include the date when staff training on RASP Updates will take place. Upon completion of the Staff Training for the RASP updating, please submit the staff sign in sheet as well as an outline or synopsis of the training to the Supervisor that signed this review at the Northeast Regional Office.

Documentation should be sent in the Portal.

AG, 8-10-21

Document Submission**Implemented**

Resident#1 RASP pages 1,2,3, 8, and 11 updated and included.
New move-in RASP included
RASP training completed 8/9/21; sign-in sheet and outline included