Department of Human Services
Bureau of Human Service Licensing

July 11, 2022

[redacted], ADMINISTRATOR
[redacted]

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

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2022, 03/16/2022, 03/17/2022, 03/18/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

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**: *03/22/2023*

Address: *175 WEST NORTH STREET, NAZARETH, PA 18064*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *05/25/2004* **Issued By**: *Borough of Nazareth*

Staffing Hours

Resident Support Staff: *29* **Total Daily Staff**: *138* **Waking Staff**: *104*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *03/18/2022*

Inspection Dates and Department Representative

03/15/2022 - On-Site: [redacted]
03/16/2022 - On-Site: [redacted]
03/17/2022 - On-Site: [redacted]
03/18/2022 - Off-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**: *Galilee* **Capacity**: *25* **Residents Served**: *25*

Hospice

Current Residents: *7*

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: *29* **Have Physical Disability**: *0*

Inspections / Reviews

03/15/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/18/2022*

05/09/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/16/2022*

05/27/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/03/2022*

07/11/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At time of inspection the home did not have a carbon monoxide detector located in close proximity of, but not less than 15 feet, from the gas stove in the secured dementia care unit's kitchen, as required by the Care Facility Carbon Monoxide Alarms Standards Act.

Plan of Correction ***Accept***

Upon discovery the carbon monoxide detector was installed in the kitchen within 15 feet of the gas stove. To ensure compliance the maintenance supervisor or designee will be responsible to conduct monthly rounds of all carbon monoxide detectors. PCH Administrator or designee will conduct quarterly audit. Findings and any corrective action will be reported at the QAPI.

Update: *05/09/2022*

For Step 2, please note that documentation was submitted, reviewed and approved in Step 1 by AG.

AG, 5-9-22

Document Submission ***Implemented***

Upon discovery the carbon monoxide detector was installed in the kitchen within 15 feet of the gas stove. To ensure compliance the maintenance supervisor or designee will be responsible to conduct monthly rounds of all carbon monoxide detectors. PCH Administrator or designee will conduct quarterly audit. Findings and any corrective action will be reported at the QAPI.

25b - Contract Signatures

1. Requirements

2600.
25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for Resident #1 was not signed by the resident's Responsible Party.

Plan of Correction ***Accept***

Upon discovery the resident-home contract was signed by the Resident Representative. PCH Administrator reviewed all current resident-home contracts to ensure that all were signed by the Resident Representative where applicable. To remain in compliance the PCH Administrator or designee will review all new contracts within 24 hours and assure the signatures are obtained. Education completed with the compliance team.

Update: *05/09/2022*

For Step 2, please submit a copy of the audit to demonstrate compliance.

Please send in a copy of a signature sheet of a contract for a newly admitted resident since the renewal inspection.

[redacted], 5-9-22

Document Submission ***Implemented***

Upon discovery the resident-home contract was signed by the Resident Representative. PCH Administrator

25b - Contract Signatures (continued)

reviewed all current resident-home contracts to ensure that all were signed by the Resident Representative where applicable. To remain in compliance the PCH Administrator or designee will review all new contracts within 24 hours and assure the signatures are obtained. Education completed with the compliance team.

81b - Resident Personal Equipment

1. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

The assist bar attached to the bed of Resident #1 was uncovered at time of inspection, posing a possible limb entrapment risk.

Plan of Correction ***Accept***

Upon discovery a covered assist rail was applied. PCH Administrator performed rounds to audit all assist rails and covers. Education provided to staff. To assure compliance PCH Administrator or designee will conduct monthly rounds of the assist rails and report findings and/or corrective action at QAPI.

Update: *05/09/2022*

Please send in a photo of the equipment in question as evidence in question, as well as any training and or audit documents if appropriate.

AG, 5-9-21

Document Submission ***Implemented***

Upon discovery a covered assist rail was applied. PCH Administrator performed rounds to audit all assist rails and covers. Education provided to staff. To assure compliance PCH Administrator or designee will conduct monthly rounds of the assist rails and report findings and/or corrective action at QAPI.

95 - Furniture and Equipment

1. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The fabric of the rightmost corner of the blue couch located in the secured dementia care unit's common area was ripped at time of entrapment, exposing a nail posing a possible hazard. This area was covered by a piece of duct tape at time of inspection, which was deemed unable to protect residents from possible harm.

Plan of Correction ***Accept***

Upon discovery the sofa section was removed from the common area. A safety notice has been posted in the staff office to alert staff to remove hazardous furniture. Education provided to staff. To assure compliance PCH Administrator or designee will conduct monthly rounds of the common area. Findings will be reported at Safety Committee.

Update: *05/09/2022*

For Step 2, please note that documentation was submitted, reviewed and approved in Step 1 by [redacted]

AG, 5-9-22

95 - Furniture and Equipment *(continued)*

Document Submission ***Implemented***

Upon discovery the sofa section was removed from the common area. A safety notice has been posted in the staff office to alert staff to remove hazardous furniture. Education provided to staff. To assure compliance PCH Administrator or designee will conduct monthly rounds of the common area. Findings will be reported at Safety Committee.

183f - Discontinued Medications

1. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident #2 was prescribed [redacted] to apply topically to [redacted] every day and evening until healed on 12/27/21. This order was filled 12/28/21 and discontinued 1/10/22 due to the resident being hospitalized. This discontinued order was still in the medication cart at time of inspection.

Plan of Correction ***Accept***

Upon discovery the medicated powder was removed and returned to the pharmacy. The pharmacy consultant will conduct quarterly med cart reviews for expired medication. Education posted on the Point Click Care electronic message board for all licensed nurses and Medication Technicians. Education provided to staff. To assure compliance the PCH Administrator or designee will conduct monthly med cart /MAR audit. Findings and/or corrective action will be reported at QAPI.

Update: *05/09/2022*

For Step 2, please note that documentation was submitted, reviewed and approved in Step 1 by [redacted]

AG, 5-9-22

Document Submission ***Implemented***

Upon discovery the medicated powder was removed and returned to the pharmacy. The pharmacy consultant will conduct quarterly med cart reviews for expired medication. Education posted on the Point Click Care electronic message board for all licensed nurses and Medication Technicians. Education provided to staff. To assure compliance the PCH Administrator or designee will conduct monthly med cart /MAR audit. Findings and/or corrective action will be reported at QAPI.

184a - Labeling OTC/CAM

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 has 2 orders for Polyethylene Glycol 3350 powder, one order to administer to resident daily and a separate order to administer to resident for constipation as needed (PRN). The medication contained a pharmacy label with the PRN order, but did not contain a label to include the daily order.

184a - Labeling OTC/CAM *(continued)*

Plan of Correction ***Do Not Accept***

Upon discovery the pharmacy label was corrected to include the daily order. The pharmacy consultant will conduct quarterly med cart reviews for correct labeling. To assure compliance the PCH Administrator or designee will conduct monthly med cart/MAR audit. Findings and/or corrective action will be reported at QAPI.

Update: *05/09/2022*

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Plan of Correction ***Accept***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Document Submission ***Implemented***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

184b - Resident's Meds Labeled

1. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #4's over-the-counter [redacted] *PRN medicated lotion was not labeled with the resident's name.*

Plan of Correction ***Do Not Accept***

Upon discovery the mentholated lotion was labeled with the resident's name. The pharmacy consultant will conduct quarterly med cart reviews for correct labeling. Education provided to staff. To assure compliance the PCH Administrator or designee will conduct monthly med cart/MAR audit. Findings and/or corrective action will be reported at QAPI.

Update: *05/09/2022*

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Plan of Correction ***Accept***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Document Submission ***Implemented***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

185a - Implement Storage Procedures

1. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #4 is prescribed [redacted] *to be applied to resident's scalp as needed (PRN). This prescribed treatment was not located in the home at time of inspection.*

Resident #5 has a sliding scale insulin order, to inject 12 units subcutaneously one time a day, give 6 units if blood sugar is equal to or less than 150, and hold if blood sugar is equal to or less than 90. The resident's electronic medication administration record (eMAR) does not allow for staff to enter the amount of insulin that was administered according to

185a - Implement Storage Procedures (continued)

this sliding scale.

Plan of Correction ***Do Not Accept***

Upon discovery the [redacted] for Resident #4 was discontinued due resident refusal and the electronic record for Resident #5 was updated to allow for the correct amount of insulin to be documented.
To assure compliance the PCH Administrator or designee will conduct monthly med cart/MAR audit for discontinued medications. All current resident records where sliding scale insulin is documented were reviewed. The Pharmacy Consultant will conduct quarterly med cart reviews. Findings and/or corrective action will be reported at QAPI.

Update: *05/09/2022*

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Plan of Correction ***Accept***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Document Submission ***Implemented***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

187a - Medication Record

1. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #2 has an order for 3x daily administration of [redacted]. Staff person A stated that they administered the powder at 8:00am on 3/17/22 as ordered. Staff person A did not initialed the resident's MAR by time of inspection at approximately 10:00am on 3/17/22.

Resident #6 has a PRN order for [redacted], and states that 2 grams shall be administered. The resident's MAR, however, does not list the tablet strength of 500mg per tablet, and that 4 tablets must be administered to total a 2 gram dose.

Plan of Correction ***Do Not Accept***

Upon discovery Resident #6 order was updated to include the number of tablets. Education provided to the staff person for Resident #2. PCH Administrator reviewed all current records with antibiotic orders. To assure compliance the PCH Administrator or designee will conduct monthly med cart/MAR audit for complete antibiotic orders including the number of tablets. The Pharmacy Consultant will conduct quarterly med order reviews. Findings and/or corrective action will be reported at QAPI.

Update: *05/09/2022*

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Plan of Correction ***Accept***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Document Submission ***Implemented***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

190a - Completion Medication Course

1. Requirements

190a - Completion Medication Course *(continued)*

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Per staff interviews, certain prescribed treatments are administered to residents by direct care staff who have not received the Department-approved medications administration course. On the following dates and times, for example, the specified staff persons who have not completed the medications administration course administered the following medications:

- Staff Person A administered Resident #4's [redacted] treatment on 3/14/22 3/15/22, 3/16/22, 3/18/22 at 8:00am.

- Staff Person B administered Resident #3's [redacted] on 3/11/22 and 3/17/22 at 8:00am.

Plan of Correction ***Do Not Accept***

Education regarding 2600.190a provided to staff and message posted on electronic message board through Point Click Care. Medicated creams and powders to be applied only by licensed nurse or certified med tech. Documentation of all medicated creams and powders has been moved from the TAR to the MAR. To assure compliance to PCH Administrator or designee will monitor by conducting randomized TAR reviews. Findings will be reported at QAPI.

Update: *05/09/2022*

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Plan of Correction ***Accept***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

Document Submission ***Implemented***

Please send in an audit form in Step 2 that is actually IN USE, not a blank form.

226a - Mobility Assessment

1. Requirements

2600.
226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #1 has been identified as Immobile due to the resident's need for oral and physical assistance to evacuate. Resident #1's assessment, dated 11/19/21, indicates that the resident is "Mobile."

Plan of Correction ***Accept***

Upon discovery the resident assessment was corrected to reflect the resident's immobility status and need for oral assistance to evacuate. To assure compliance the PCH Administrator/designee will review three resident records every month for accuracy. Findings or corrective action will be reported at QAPI.

Update: *05/09/2022*

For Step 2, please not reviewed, accepted by AG in Step 1.

Document Submission ***Implemented***

Upon discovery the resident assessment was corrected to reflect the resident's immobility status and need for oral

226a - Mobility Assessment (continued)

assistance to evacuate. To assure compliance the PCH Administrator/designee will review three resident records every month for accuracy. Findings or corrective action will be reported at QAPI.

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

The assessment for Resident #7, dated [redacted], indicates the resident requires Some Physical Assistance with eating, drinking, and ambulating and Total Physical Assistance with transferring in/out of bed/chair, toileting, and bladder management. The resident's support plan, dated 2/16/22, is currently generalized and does not address the resident's specific service needs, or the home's plans to meet the specified service needs.

Resident #7 is also identified as being Immobile, requiring total physical or oral assistance to evacuate. The RASP currently states for Description of Mobility Needs that the resident "Needs assistance to evacuate." The Plan to Meet Mobility Needs states that "DCS to assist w evacuation." The resident's RASP does not include a specific description of the resident's mobility needs or the home's plans to meet these specified needs.

Plan of Correction ***Do Not Accept***

The RASP for Resident #7 was corrected to include specific description and plan to address the resident's eating, drinking, ambulation, transfers, toileting, bladder management, and evacuation assistance. Education provided to the compliance team. To assure compliance PCH Administrator or designee will review all newly completed RASPs.

Update: *05/09/2022*

Please describe in Step 2 how staff communicate up and down the chain of command changes, improvements and declines in resident condition, so all staff providing care to a resident . How are direct are staff informed of and aware of care needs as they change?

Plan of Correction ***Accept***

Direct care staff verbally communicate directly and immediately to the clinical supervisor any observed decline in a resident's physical or overall condition for further assessment by the supervisor. The clinical supervisor communicates directly to the direct care staff changes in clinical condition or overall status. Both clinical staff and direct care staff will verbally discuss at each shift report changes or improvements in a resident's condition. Clinical staff will document on the 24 hour shift report form and update the RASP addendum accordingly. Clinical staff will proceed to notify the resident's PCP when appropriate through a direct call or through a secured message.

Document Submission ***Implemented***

Direct care staff verbally communicate directly and immediately to the clinical supervisor any observed decline in a resident's physical or overall condition for further assessment by the supervisor. The clinical supervisor communicates directly to the direct care staff changes in clinical condition or overall status. Both clinical staff and direct care staff will verbally discuss at each shift report changes or improvements in a resident's condition. Clinical staff will document on the 24 hour shift report form and update the RASP addendum accordingly. Clinical staff will proceed

227d - Support Plan Medical/Dental (continued)

to notify the resident's PCP when appropriate through a direct call or through a secured message.

231c - Preadmission Screening

1. Requirements

2600.
231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #1's Cognitive Preadmission Screening, dated [redacted], states that Resident #1 is diagnosed with [redacted] and that the resident requires the services of a secured dementia care unit due to a diagnosis of [redacted] or other [redacted] diagnosis. Resident #1 was not diagnosed with [redacted].

Plan of Correction ***Accept***

Resident #1 was assessed by the PCP and a diagnosis of [redacted] was added to his record. Education on Preadmission Screening provided to the compliance team. All current resident records in secured memory care reviewed by the PCH Administrator. To assure compliance the PCH Administrator or designee will review the Preadmission Screening form for all new potential move-ins to the secured memory care area.

Document Submission ***Implemented***

Resident #1 was assessed by the PCP and a diagnosis of [redacted] was added to [redacted] record. Education on Preadmission Screening provided to the compliance team. All current resident records in secured memory care reviewed by the PCH Administrator. To assure compliance the PCH Administrator or designee will review the Preadmission Screening form for all new potential move-ins to the secured memory care area.

231e - No Objection Statement

1. Requirements

2600.
231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1's Responsible Party did not sign the "Consent for Admission to Secured Dementia Unit."

Plan of Correction ***Accept***

Upon discovery the consent for Admission to a secured unit was signed by the Resident Representative. PCH Administrator reviewed all current resident records for signed consents. Education on consent for admission to secured area completed with the compliance team. To remain in compliance the PCH Administrator or designee will review all new admissions within 24 hours and assure the signatures are obtained.

Document Submission ***Implemented***

Upon discovery the consent for Admission to a secured unit was signed by the Resident Representative. PCH Administrator reviewed all current resident records for signed consents. Education on consent for admission to secured area completed with the compliance team. To remain in compliance the PCH Administrator or designee will review all new admissions within 24 hours and assure the signatures are obtained.

231g - Non-Dementia Admission

1. Requirements

2600.
231.g. An individual who does not have a primary diagnosis of Alzheimer's disease or other dementia may reside in the secured dementia care unit if desired by the resident.

Description of Violation

Resident #1, who did not have a primary diagnosis of [redacted] or other [redacted] at time of inspection, resides in the Secure Dementia Care Unit. After interviewing the resident, the resident is not able to operate the key pads to exit the secured dementia care unit.

Plan of Correction ***Accept***

Resident #1 was assessed by the PCP and a diagnosis of [redacted] was added to [redacted] record. Education on Preadmission Screening provided to the compliance team. All current resident records in secured memory care reviewed by the PCH Administrator. To assure compliance the PCH Administrator or designee will review the Preadmission Screening form for all new potential move-ins to the secured memory care area.

Document Submission ***Implemented***

Resident #1 was assessed by the PCP and a diagnosis of [redacted] was added to [redacted] record. Education on Preadmission Screening provided to the compliance team. All current resident records in secured memory care reviewed by the PCH Administrator. To assure compliance the PCH Administrator or designee will review the Preadmission Screening form for all new potential move-ins to the secured memory care area.