

Department of Human Services
Bureau of Human Service Licensing

October 9, 2022

[REDACTED]
MORAVIAN VILLAGE OF BETHLEHEM
526 WOOD STREET
BETHLEHEM, PA, 18018

RE: MORAVIAN VILLAGE II OF
BETHLEHEM
526 WOOD STREET
BETHLEHEM, PA, 18018
LICENSE/COC#: 21569

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]
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 VILLAGE II OF BETHLEHEM License #: 21569 License Expiration: 08/03/2023
Address: 526 WOOD STREET, BETHLEHEM, PA 18018
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: MORAVIAN VILLAGE OF BETHLEHEM
Address: 526 WOOD STREET, BETHLEHEM, PA, 18018
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/13/2004 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 16 Waking Staff: 12

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/09/2022

Inspection Dates and Department Representative

08/09/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 250 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: 0 Are 60 Years of Age or Older: 12
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

08/09/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/04/2022*

09/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/05/2022*

10/09/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The vehicle first aid kit did not contain a CPR breathing shield.

Plan of Correction

Accept

A CPR breathing shield was placed in the first aid kit in vehicle on 8/9/2022

First aid kits will be audited for a complete inventory of required items weekly for 3 months and monthly thereafter.

Audits of first aid kits will be reviewed by PC administrator/designee.

PC Administrator will monitor and assure ongoing compliance.

Completion Date: 09/01/2022

Update: 09/28/2022

Please send proof of compliance (picture).

Document Submission

Implemented

A CPR breathing shield was placed in the first aid kit in vehicle on 8/9/2022

First aid kits will be audited for a complete inventory of required items weekly for 3 months and monthly thereafter.

Audits of first aid kits will be reviewed by PC administrator/designee.

PC Administrator will monitor and assure ongoing compliance.

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:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 has an order for [redacted]. The pharmacy label on the medication states the medication is to be [redacted].

Resident #1 has a [redacted]. Resident #1 also has a [redacted]. The pharmacy labels on both medication do not indicate that the dosage is [redacted].

Resident #2 has an order [redacted]. The pharmacy label on the medication does not include this dosage parameter [redacted].

Plan of Correction

Accept

Resident # 1 [redacted] was corrected on 8/9/22 and reviewed with physician for accuracy.

Resident # 1 [redacted] was corrected on 8/9/2022 and reviewed with physician for accuracy.

Resident # 1 [redacted] on 8/9/2022 and reviewed with physician for accuracy.

Resident # 2 [redacted] on 8/9/2022 and reviewed with physician for accuracy. Pharmacy labels and MAR will be monitored daily.

Audits of all medications and its labelling will be conducted weekly for 3 months and monthly thereafter.

Audits of all medications and its labelling will be reviewed by PC administrator/designee.

184a - Labeling OTC/CAM (continued)

PC Administrator will monitor and assure ongoing compliance.

Completion Date: 09/01/2022

Update: 09/28/2022

Document Submission

Implemented

Resident # 1 [redacted] on 8/9/22 and reviewed with physician for accuracy.

Resident # 1 [redacted] on 8/9/2022 and reviewed with physician for accuracy.

Resident # 1 [redacted] on 8/9/2022 and reviewed with physician for accuracy.

Resident # 2 [redacted] on 8/9/2022 and reviewed with physician for accuracy. Pharmacy labels and MAR will be monitored daily.

Audits of all medications and its labelling will be conducted weekly for 3 months and monthly thereafter.

Audits of all medications and its labelling will be reviewed by PC administrator/designee.

PC Administrator will monitor and assure ongoing compliance.

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 #3 has an order for [redacted]. On the following dates and times the [redacted] were incorrectly documented on the Medication Administration Record (MAR):

[redacted]

Plan of Correction

Accept

Mandatory in-service for accurate [redacted] and documentation will be held by 9/9/2022 for all Med Tech personal care staff.

[redacted] and matching record will be audited by PC administrator/designee weekly for 3 months and monthly thereafter.

PC Administrator will monitor and assure ongoing compliance.

Completion Date: 09/01/2022

Update: 09/28/2022

Please send proof of staff training.

Document Submission

Implemented

Mandatory in-service for accurate [redacted] and documentation will be held by 9/9/2022 for all Med Tech personal care staff.

[redacted] and matching record will be audited by PC administrator/designee weekly for 3 months and monthly thereafter.

PC Administrator will monitor and assure ongoing compliance.

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for [redacted]. On [redacted] and [redacted] the resident was administered [redacted] as documented on the MAR. The medication on hand for the resident was a blister pack of [redacted]

Resident #3 has an order for [redacted]. On the following dates and times the resident required [redacted] was documented as administered under the [redacted]:

[redacted]

Plan of Correction

Accept

Resident # 1 order of [redacted] was confirmed and received by physician on 8/9/2022. Pharmacy label and MAR were corrected to [redacted]. Pharmacy labels and MAR will be monitored daily.

Audits of medications and its labelling will be conducted weekly for 3 months and monthly thereafter by PC administrator/designee.

Resident # 3 Documentation for administered [redacted] was conducted by PC administrator and reviewed with all Med Tech staff on 8/9/2022 and 8/11/2022 with demonstration of where to accurately document in the MAR. PC administrator/designee will audit MAR for documentation of [redacted] weekly for 3 months and monthly thereafter.

PC Administrator will monitor and assure ongoing compliance.

Completion Date: 09/01/2022

Document Submission

Implemented

Resident # 1 order of [redacted] blets, was confirmed and received by physician on 8/9/2022. Pharmacy label and MAR were corrected to [redacted]. Pharmacy labels and MAR will be monitored daily.

Audits of medications and its labelling will be conducted weekly for 3 months and monthly thereafter by PC administrator/designee.

Resident # 3 Documentation for administered [redacted] was conducted by PC administrator and reviewed with all Med Tech staff on [redacted] with demonstration of where to accurately document in the MAR.

PC administrator/designee will audit MAR for documentation of insulin sliding scale weekly for 3 months and monthly thereafter.

PC Administrator will monitor and assure ongoing compliance.