

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

March 29, 2023

[REDACTED], 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 [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MORAVIAN KING'S DAUGHTERS AND SONS HOME **License #:** 24214 **License Expiration:** 02/14/2024
Address: 61 WEST MARKET STREET, BETHLEHEM, PA 18018
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: C 1 **Date:** 08/01/1967 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 13 **Waking Staff:** 10

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/07/2023

Inspection Dates and Department Representative

02/07/2023 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 16	Residents Served: 12		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 1			
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: 1	Have Physical Disability: 0		

Inspections / Reviews

02/07/2023 - Full
Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 03/17/2023

Inspections / Reviews (*continued*)

03/13/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/20/2023

03/21/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/27/2023

03/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home's Administrator stated that a quality management meeting was conducted on 1/11/2023. The home did not have documentation to verify that the meeting occurred and the content of the meeting.

Plan of Correction

Accept [REDACTED] - 03/21/2023)

The Quality Management report has been completed in January in prior years. Quality Management meeting was conducted on January 11, 2023, and the Quality Management report was completed on February 19, 2023. The Administrator and Co-Administrator are responsible to ensure that the annual Quality Management meeting and report are completed by the end of each January. Administrator and Co-Administrator have scheduled a Quality Management Review meeting on Tuesday, January 9, 2024, with a target date of Tuesday, January 23, 2024, for the completion of the written report. An attendance sheet shall be signed by Quality Management Committee members on the day of the review. Quality Management Meeting and report is scheduled on the home's annual tickler system list to be completed every January.

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented [REDACTED] - 03/29/2023)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

The home did not have documentation that direct care staff person A, hire date [REDACTED], completed a supervised demonstration of their job duties before providing unsupervised care to residents.

Plan of Correction

Accept [REDACTED] - 03/21/2023)

New hired staff receive orientation and are not permitted to give unsupervised direct care until all aspects of orientation including demonstration of job duties are completed. However, the home's "Orientation Checklist" did not reflect the completion dates for supervised training. The "Orientation Checklist" was updated on 02/28/23 to document supervised training. Staff Person A's supervised training was completed 03/05/23, 03/06/23, and 03/07/23, and the "Orientation Checklist" was updated to reflect these dates on 03/07/23. Current staff training documentation of supervised training was audited on 03/07/23 by Co-Administrator. Trainers who provide new hired staff with supervised training are responsible to sign and enter the dates of completed supervised training on the trainee's "Orientation Checklist". Trainers are responsible to submit completed "Orientation Checklist" to the Co-Administrator within one week following completion of training for new hired staff. Co-Administrator shall be responsible to finalize and retain documentation in each new hired employee's record during the new employee file auditing process which includes orientation, supervised training, and that demonstration of job duties has been completed. Co-Administrator is responsible to complete quarterly audits of current employee files by the 15th of every January, April, July, and October. These quarterly audits are listed on the home's Annual Tickler System under the subsection "Due Monthly and Other Time Spans".

Licensee's Proposed Overall Completion Date: 03/17/2023

65d Initial Direct Care Training (continued)

Implemented () - 03/29/2023)

81b Resident Personal Equipment

3. 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 bed rail attached to Resident #1's bed was uncovered at time of inspection. The top opening of the bedrail measured 5.5inches height x 14inches length, which exceeds the FDA guidelines of 4.75inches opening to be safely uncovered.

Plan of Correction

Accept () - 03/21/2023)

Resident #1's bed enabler has been covered and safely secured on 02/08/23. Administrator and Co-Administrator shall be responsible for ensuring that all enablers meet FDA guidelines for safety. Audit of bed rails and bed canes was completed on 03/10/23 by Co-Administrator. Inspections of durable medical equipment in the home, which includes bed enablers, bed canes, and bed rails are performed by Housekeeping/Maintenance staff by the 10th of every month and is documented on the "Durable Medical Equipment Inspection Checklist". Co-Administrator shall be responsible to ensure that Housekeeping/Maintenance staff have completed monthly inspections and checklist.

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented () - 03/29/2023)

86b Bathroom

4. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom located in Resident #1's bedroom does not have an operable window or ventilation fan. The ventilation fan was inoperable at time of inspection.

Plan of Correction

Accept () - 03/13/2023)

On February 8, 2023, Resident #1's bathroom fan was disassembled, cleaned, painted and reinstalled. Fan is now in proper working order. Maintenance staff person is responsible for completing inspections and maintenance inspection checklist of the home on a monthly basis. Administrator and Co-Administrator are responsible to ensure Maintenance staff person is completing monthly inspections of the home.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented () - 03/29/2023)

132e Fire Drill Sleeping Hours

5. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

132e - Fire Drill Sleeping Hours (*continued*)**Description of Violation**

The last fire drill conducted during sleeping hours was on 10/6/22 at 6:27am. The home has not conducted another fire drill during sleeping hours back to December 2021, when the fire drill suspension was lifted.

Plan of Correction

Accepted [REDACTED] - 03/13/2023)

On 02/23/23 a fire drill was completed during sleeping hours. Fire drills during sleeping hours shall be conducted in April 2023 and October 2023. Administrator and Co-Administrator are responsible to ensure that fire drills during sleeping hours are completed every 6 months.

Licensee's Proposed Overall Completion Date: 03/10/2023

Implemented [REDACTED] - 03/29/2023)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form was completed on [REDACTED] and was completed by a separate facility.

Plan of Correction

Accepted [REDACTED] - 03/21/2023)

Resident #2 did have a preadmission screen form completed by the home at the time of resident #2's admission but was not in the medical chart. The preadmission form was found on [REDACTED], and placed in resident #2's medical chart. Administrator and/or Co-Administrator are responsible to place the preadmission screening in the medical chart for all new admissions. The 7am to 3pm Licensed Practical Nurse completed an audit of all resident medical charts on 03/09/23. Upon admission date of each new resident, Administrator or Co-Administrator are responsible to complete the "Medical Chart Checklist" which includes the Preadmission Screening form. This checklist is signed, dated by the Administrator or Co-Administrator, and retained in the resident's chart. 7am to 3pm Licensed Practical Nurse is responsible for monthly audits of resident medical charts by the 10th of every month. These monthly audits are listed on the home's Annual Tickler System under the subsection "Due Monthly and Other Time Spans". Administrator and/or Co-Administrator shall be responsible to ensure that 7am-3pm Licensed Practical Nurse has completed monthly inspections of all current resident charts and checklist.

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented [REDACTED] - 03/29/2023)

227d - Support Plan Medical/Dental

7. 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 assessment for Resident #1, dated [REDACTED], does not indicate the resident's need for the use of an enabler bar and for what purpose the enabler bar is used.

Plan of Correction**Accept [REDACTED] - 03/21/2023)**

Resident # 1's RASP has been updated to indicate the resident's need for an enabler bar to assist in getting out of bed and for repositioning in the bed. Administrator and Co-Administrator are responsible to conduct audits of resident medical charts on a monthly basis to ensure that all documents are current and completed correctly. Resident #1's RASP was updated on [REDACTED] to indicate the resident's need for an enabler bar to assist in getting out of bed and for repositioning in the bed. As stated previously, 7am to 3pm Licensed Practical Nurse completed an audit of all resident medical charts on 03/09/23. 7am to 3pm Licensed Practical Nurse is responsible for monthly audits of resident medical charts by the 10th of every month. These monthly audits are listed on the home's Annual Tickler System under the subsection "Due Monthly and Other Time Spans". Administrator and/or Co-Administrator shall be responsible to ensure that 7am-3pm Licensed Practical Nurse completes monthly inspections of all current resident medical charts and checklists.

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented ([REDACTED] - 03/29/2023)