

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

March 29, 2023

[REDACTED], PRESIDENT/CEO
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/COC#: 22628

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2023 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 HALL SQUARE PERSONAL CARE RESIDENCES

License #: 22628

License Expiration: 03/22/2024

Address: 175 WEST NORTH STREET, NAZARETH, PA 18064

County: NORTHAMPTON

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: [REDACTED] 0

Email: kareng@moravian.com

Legal Entity

Name: MORNINGSTAR SENIOR LIVING INC

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

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2

Date: 05/25/2004

Issued By: Nazareth Borough

Type: C-2 LP

Date: 02/23/2004

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 112

Waking Staff: 84

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Incident

Exit Conference Date: 02/09/2023

Inspection Dates and Department Representative

02/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104

Residents Served: 81

Secured Dementia Care Unit

In Home: Yes

Area: 1st floor

Capacity: 25

Residents Served: 25

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 81

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 31

Have Physical Disability: 0

Inspections / Reviews

02/09/2023 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/17/2023

Inspections / Reviews (*continued*)

03/16/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/23/2023

03/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/29/2023

03/29/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] resident #1 was found in resident #2's bedroom by a family member. Resident #1 was touching resident #2 in a sexually inappropriate manner. The family member alerted staff person A and told the staff member what resident #1 was doing to resident #2. A report of the incident was not sent to the Area Agency on Aging until [redacted].

Plan of Correction

Accept [redacted] - 03/23/2023)

It will be the responsibility of the PCH Administrator or designee to report suspected or allegations of abuse within 24 hour to the appropriate agencies including AAA.

Staff education on the abuse policy including screening, training, prevention, identification, investigation, protection, reporting was conducted on March 8, 2023 by the Personal Care Administrator.

Staff education on Resident Rights and resident supervision in the common visiting area conducted on March 8, 2023 by the Personal Care Administrator.

PCH Administrator or designee will monitor compliance of timely abuse reporting and findings will be reviewed at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 03/23/2023

Implemented [redacted] - 03/29/2023)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] resident #1 was found in resident #2's bedroom by a family member. Resident #1 was touching resident #2 in a sexually inappropriate manner. The family member alerted staff person A and told the staff member what resident #1 was doing to resident #2. A report of the incident was not sent to the department's regional office until [redacted].

Plan of Correction

Accept [redacted] - 03/23/2023)

It will be the responsibility of the PCH Administrator or designee to report suspected or allegations of abuse within 24 hour to the appropriate agencies including AAA.

Staff education on the abuse policy including screening, training, prevention, identification, investigation, protection, reporting was conducted on March 8, 2023 by the Personal Care Administrator.

Staff education on Resident Rights and resident supervision in the common visiting area conducted on March 8, 2023 by the Personal Care Administrator. PCH Administrator or designee will monitor compliance of timely abuse reporting and findings will be reviewed at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 03/23/2023

Implemented [redacted] - 03/29/2023)

42b - Abuse

3. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] resident #1 was found in the bedroom of resident #2 by a family member. Resident #2 had their shirt off and resident #1 was touching resident #2 in a sexually inappropriate manner.

Plan of Correction**Accept ([REDACTED] - 03/23/2023)**

Upon discovery on [REDACTED] Resident #1 was immediately removed from the room. One to one supervision of Resident #1 and Resident #2 was immediately implemented on February 4, 2023 to monitor behavior and prevent recurrence of inappropriate touch. The supervision of both residents continued until March 12, 2023 to provide opportunity for both residents to adjust to their new surroundings, develop peer relationships, and engage in meaningful supervised daily activity. Visitation to continue in the common area where supervision is present. Staff education on Resident Rights and resident supervision in the common visiting area conducted on March 8, 2023 by the Personal Care Administrator.

PCH Administrator or designee will monitor compliance through weekly environmental rounds starting March 10, 2023 to observe resident interaction. PCH Administrator or designee will report findings at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 03/23/2023

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