

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

May 31, 2023

[REDACTED], 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/COC#: 22628

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2023, 04/05/2023, 04/11/2023 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.

[REDACTED]
Human Services Licensing Supervisor

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] **Email:** [REDACTED]

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:** Borough of Nazareth

Type: C-2 LP **Date:** 02/23/2004 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 107 **Waking Staff:** 80

Inspection Information

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

Reason: Renewal, Complaint **Exit Conference Date:** 04/11/2023

Inspection Dates and Representative

04/04/2023 - On-Site: [REDACTED]

04/05/2023 - On-Site: [REDACTED]

04/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 **Residents Served:** 75

Secured Dementia Care Unit

In Home: Yes **Area:** 2nd floor **Capacity:** 25 **Residents Served:** 25

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 75

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 32 **Have Physical Disability:** 0

Inspections / Reviews

04/04/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/13/2023

05/17/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 05/22/2023

05/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 05/30/2023

05/31/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 4/11/22, at 11:45am, Department representative observed narcotic logbook on medication cart in Morningstar hallway, unattended.

Plan of Correction

Accept (████) - 05/17/2023)

Upon discovery on 4/11/2023 the narcotic log binder was secured within the medication cart immediately and when not in use.

New locked zippered binders have been obtained to replace the unsecured narcotic log.

Staff education provided to review the new set up and the regulation to keep the narcotic log confidential.

PCH-A or designee will conduct monthly narcotic log audit to monitor compliance. Findings will be reported at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented (████) - 05/31/2023)

65g - Annual Training Content

3. Requirements

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 - 5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in fall prevention during training year 2022.

Plan of Correction

Accept (████) - 05/25/2023)

Review of the on-line training platform for staff person A revealed omission of the fall prevention module from the staff account.

All on-line staff accounts for calendar year 2022 were reviewed on May 11, 2022 by PCH-A or designee to assure that the fall prevention module was included.

To ensure future compliance all staff accounts will be audited May 20, 2023 and annually thereafter by PCH-A or designee for the inclusion of the falls prevention module. PCH-A or designee will fix the on-line accounts at the time of the audit when it is determined that a module was omitted. PCH-A will monitor ongoing compliance and will report findings at the quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/22/2023

Implemented (████) - 05/31/2023)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone numbers required by this regulation were not posted by the phones located in the memory care dining room or Resident #2's room.

Plan of Correction

Accept (████) - 05/17/2023)

Upon discovery on April 11, 2023 the emergency phone tags were replaced on the memory care dining room and Resident #2 telephones.

To ensure future compliance PCH-A or designee will complete a monthly environmental audit. Any missing tags will be replaced immediately and findings will be reported at the quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented (████) - 05/31/2023)

101j7 Lighting/Operable Lamp**5. Requirements**

2600.

- 101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Residents #3 and Resident #4 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept (████) - 05/25/2023)

Upon discovery 4-11-2023 a light was placed at the bedside of Resident #3 and Resident #4 by the PCH-A.

To ensure future compliance PCH-A or designee will complete a monthly environmental audit and any missing lamps will be replaced immediately at the bedside by the PCH-A or designee. PCH-A will monitor ongoing compliance and will report findings at the quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/22/2023

Implemented (████) - 05/31/2023)

132e Fire Drill Sleeping Hours**6. Requirements**

2600.

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

Description of Violation

An overnight fire drill was conducted on 4/20/22. The next overnight drill was conducted on 11/29/22.

Plan of Correction

Accept (████) - 05/17/2023)

In response to the overdue fire drill one was conducted on 4-19-2023.

Education was provided to the maintenance director.

To ensure compliance an overnight fire drill will be scheduled by the maintenance director once every five months. PCH-A will monitor the overnight fire drill compliance through a review of the fire drill log the first of every month.

132e - Fire Drill Sleeping Hours (continued)

Findings will be reported at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented (████) - 05/31/2023)

184b - Labeling OTC/CAM**7. 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 █████ was not labeled with the resident's name.

Repeat Violation-3/15/22

Plan of Correction

Accept (████) - 05/17/2023)

Upon discovery on 4-11-2023 the █████ was removed from the medication cart. Resident #4 receives the █████ from the pharmacy.

Staff education on proper labeling of medications to be completed by the Clinical Leader.

To ensure compliance an audit of the medication cart for properly labeled medications will be done monthly by the Clinical Leader or designee. Any unlabeled medication will be addressed immediately. Findings will be reported at the quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented (████) - 05/31/2023)

185a - Implement Storage Procedures**8. 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 #5 █████ was not calibrated to the correct time. █████ prescribed to Resident # 6 to be administered as needed, was not on hand at the time of inspection.

Plan of Correction

Accept (████) - 05/17/2023)

Upon discovery on █████ Resident #5 █████ was adjusted with the correct time and Resident #6 suppository was ordered from the pharmacy.

All █████ will be audited by the Clinical Leader or designee to monitor for the correct time. To ensure compliance all glucometers will be audited bi-annually during the daylight savings months.

Medication Administration Record (MAR) audit will be conducted monthly by the Clinical Leader or designee to monitor that as needed medication is available. Any as needed medication that is not present will be obtained immediately.

The findings of the MAR and glucometer audits will be reported at the quarterly QAPI.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented () - 05/31/2023)

227d - Support Plan Medical/Dental

9. 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

Resident #8 uses a bed enabler, with a 12-inch opening. Resident #8's assessment and support plans do not indicate what the resident uses these devices for.

Repeat Violation - 3/15/22

Plan of Correction

Accept () - 05/17/2023)

Upon discovery on () Resident #8 resident assessment and support plan was updated to include the reason for the use of the bed enabler.

All resident assessment and support plans with enablers to be audited by the PCH-A to ensure the reasoning is included.

To ensure compliance PCH-A or designee will conduct a monthly audit of new orders for enablers and resident assessment and support plan (RASP) to include the reason for use. The RASP will be updated immediately in the absence of the reasoning. Findings will be reported at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented () - 05/31/2023)