

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

April 2, 2025

[REDACTED], PRESIDENT & CEO
MORAVIAN MANORS INC
300 WEST LEMON STREET
LITITZ, PA, 17543

RE: MORAVIAN MANOR
300 WEST LEMON STREET
LITITZ, PA, 17543
LICENSE/COC#: 32176

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2024, 09/26/2024 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 MANOR License #: 32176 License Expiration: 06/28/2025
 Address: 300 WEST LEMON STREET, LITITZ, PA 17543
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: MORAVIAN MANORS INC
 Address: 300 WEST LEMON STREET, LITITZ, PA, 17543
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 01/09/1975 Issued By: Labor and Industry
 Type: I-2 Date: 09/13/2017 Issued By: Borough of Lititz

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 15 Waking Staff: 11

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 09/26/2024

Inspection Dates and Department Representative

09/25/2024 - On-Site: [REDACTED]
 09/26/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 25 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: 3 Have Physical Disability: 0

Inspections / Reviews

09/25/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2024

Inspections / Reviews (*continued*)

10/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/11/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/22/2024

04/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/17/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

04/02/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2025

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

Two allegations of abuse were reported to the Department -- one occurring on 7/15/24 between Resident 1 and Resident 2 and the other one occurring on 7/4/24 between Resident 1 and Resident 3. The home did not complete and submit a written mandatory abuse report to the local area agency on aging for either of these incidents.

Plan of Correction

Accept (█ - 10/15/2024)

Created a check list for the steps to follow and to document on when calls are made to Office of Aging /Protective Services. Educated █, Clinical Coordinator, on process 10/10/24, because █ is the back up reporter when Administrator, █, is not █ to do report. See attached.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█ - 04/02/2025)

83a - Indoor Temperature

2. Requirements

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 9/25/24 at 2:20 PM, when residents were present in the home, the temperature in the small lounge used by the residents was 64.0 degrees Fahrenheit. On 9/26/24 at 11:20 AM, the temperature was 66.7 degrees Fahrenheit.

Plan of Correction

Accept (█ - 10/15/2024)

Maintenance Director, █ and Assistant Maintenance Director, █, were provided with Education on 9/30/24, that the Requirement for Reg 2600.83a regarding the indoor temperature must be no lower than 70 degrees F. The AC was adjusted to 70 degrees F and has been maintaining temp on weekly checks, which have been done by Administrator. Unit has been turned off of AC mode since 10/8/24 and switched over to heat at this time for fall/winter months,

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█ - 04/02/2025)

86b - Bathroom

3. 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 shared by residents occupying bedrooms 157 and 159 does not have an operable ventilation fan and there is no window.

86b - Bathroom (continued)

Plan of Correction

Accept (█ - 10/15/2024)

Work orders were placed for ALL ventilation fans in Personal Care to be assessed and repaired if repairs are needed and should be completed by 10/18/24, Maintenance Team. This will be done every quarter and scheduled by Administrator, █, in the Workhub system. Report from quarterly check will be printed and maintained in a file in Administrators office.

Licensee's Proposed Overall Completion Date: 10/18/2024

Implemented (█ - 04/02/2025)

102i - Soap Dispenser

4. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled, used bar of soap in the bathroom shared by the residents occupying bedrooms 157 and 159.

Plan of Correction

Accept (█ - 10/21/2024)

Soap dispensers on order with housekeeping to be placed in the shared bathrooms of rooms 153/155, 156/158 and 157/159, to prevent any sharing of bars of soap. Daily checks by staff as they are doing resident care and weekly walk throughs by Administrator, █ or Clinical Coordinator, █

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented (█ - 04/02/2025)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's current medical evaluation, dated █, does not include height or weight. The medical evaluation dated █ does not include height, weight, body positioning and movement, health status and cognitive functioning, or mobility needs.

141a 1-10 Medical Evaluation Information (continued)

Resident 3's medical evaluation, dated [REDACTED] does not include height or weight.

Resident 4's medical evaluation, dated [REDACTED] does not include height, immunization history, and body positioning and movement.

Repeated Violation - 9/6/23

Plan of Correction [REDACTED] **Accept ([REDACTED] - 11/01/2024)**

Administrator, [REDACTED], reviewed reg 2600.141a with Clinical Coordinator, [REDACTED], and reviewed what we can fill out ahead of time and what is required of the physician to complete. Review was done on 10/1/24. Clinical Coordinator and Administrator will review all completed Medical Evaluations together before they are filed in residents charts. Admission Director, Social Services, Medical Director and Unit Sect. educated and a DME with highlighted requirements were given to each staff member.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented ([REDACTED] - 04/02/2025)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 9/26/24 at 11:25 AM, there was a bottle of Phytoplex Anti-Fungal powder unlocked, unattended, and accessible on the bathroom vanity in Resident 1's bedroom.

On 9/26/24 at 2:30 PM, there was a tube of Lantispetic Cream unlocked, unattended, and accessible on the bathroom vanity in Resident 5's bedroom.

Plan of Correction [REDACTED] **Accept ([REDACTED] - 10/15/2024)**

On 10/1/24 Personal Care staff were education by Administrator, [REDACTED] on tag 2600.183.b and explained why these items are not allowed to be kept in the Resident's room and that they MUST be kept in the medication cart, until it is ready to be applied. Agency staff is being educated as well, when they are here, that no items are to be left in the residents rooms. Weekly walk through s will be completed by either the Administrator, [REDACTED], or the Clinical Coordinator, [REDACTED]. This will be done for October and November, starting on 10/14/24 until 11/30/24 and then will go bi-weekly for December and January and if no issues will be done Monthly as a spot check.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented ([REDACTED] - 04/02/2025)

224a - Preadmission Screen Form

7. 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.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident 3 was admitted to the home on [REDACTED] however, the resident's preadmission screening form was completed on [REDACTED]

Repeated Violation - 9/6/23

Plan of Correction

Accept ([REDACTED] - 10/15/2024)

Resident 3 was assessed while in Skilled and went to the hospital that he did not move to Personal Care when he was supposed to. Clinical Coordinator was not aware that a new Preadmission Screening needed to be completed. Administrator, [REDACTED] provided educations on 9/30/24, days following the exit interview with the DHS Surveyor. Administrator and Clinical Coordinator will review Preadmission screenings together to make sure they are done in the appropriate time frame, for the next 6 months.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ([REDACTED] - 04/02/2025)

225a - Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 3's assessment, dated [REDACTED], does not include section 3 related to behavioral and cognitive care needs.

Repeated Violation - 9/6/23

Plan of Correction

Accept ([REDACTED] - 11/01/2024)

Administrator, [REDACTED], reviewed reg 2600.141a with Clinical Coordinator, [REDACTED], and reviewed what we can fill out ahead of time and what is required of the physician to complete. Review was done on 10/1/24. Clinical Coordinator and Administrator will review all completed Medical Evaluations together before they are filed in residents charts. Highlighted DME given to Clinical Coordinator, [REDACTED], so [REDACTED] can see the required information and use this form to check against any DME's received or being sent out.

Licensee's Proposed Overall Completion Date: 10/17/2024

Implemented ([REDACTED] - 04/02/2025)

227a - Support Plan 30 Days

9. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

The support plan for Resident 6 states that [REDACTED] uses a bedside mobility device to assist with getting out of bed. The support plan does not, however, address:
- the specific need for a bedside mobility device

227a - Support Plan 30 Days (continued)

- any risks associated with the device
- the resident's ability to safely use the device as intended
- the specific device to be used
- if a cover is required to meet FDA guidelines

Plan of Correction

Accepted (█ - 10/15/2024)

This was an education moment for both the Administrator, █ and Clinical Coordinator, █ as to what exactly had to be documented in the care plan and why. Care plan for Resident 6 has been updated to show that █ has an assistive device and why it is needed. Education that was provided by Surveyor was given to both the Administrator and Clinical Coordinator for review and will document in Care Plan going forward when a resident has an assistive device added.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█ - 04/02/2025)