

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

May 30, 2025

[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 04/15/2025 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: 02/14/2026
Address: 61 WEST MARKET STREET, BETHLEHEM, PA 18018
County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED], LPN, Assistant Administrator 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: 19 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: [REDACTED]
Reason: Renewal Exit Conference Date: 04/15/2025

Inspection Dates and Department Representative

04/15/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	16	Residents Served:	15
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Hospice			
Current Residents:	1		
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	15
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	4	Have Physical Disability:	0

Inspections / Reviews

04/15/2025 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/15/2025

05/15/2025 - POC Submission
Submitted By: [REDACTED] Date Submitted: 05/23/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/20/2025

Inspections / Reviews *(continued)*

05/19/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/24/2025

05/30/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/23/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

At 9:25 A.M. during the initial walkthrough of the home a pillowcase was located touching the back of the home's electric dryer.

Plan of Correction

Accept (█ - 05/15/2025)

Item was immediately removed from behind the dryer. Training was provided to staff on 5/8/25 on 2600.125a-combustible and flammable materials may not be located near heat sources or hot water heaters. Staff doing laundry will check behind washers and dryers after each use and immediately remove any items that may have fallen behind them. They will sign off on the revised dryer lint trap cleaning sheet that now includes checking behind washer and dryers after each use. Maintenance will check behind washers and dryers each day and complete daily check off list, Administration will be notified of non-compliance. Maintenance will complete this daily for three months.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█ - 05/30/2025)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's medical evaluation dated █ did not include height, weight, pulse, Blood Pressure, and the addendum sheet was missing the date of resident's exam.

Resident #3's most recent medical evaluation was completed on █ The resident's previous medical document was completed on █

Plan of Correction

Accept (█ - 05/19/2025)

Training was provided on 4/23/25 on 2600.141b1 for completed Medical Evaluations with no blank spaces. Audit was conducted of each resident's current medical evaluation for completeness with no additional findings. Each medical evaluation will be reviewed by a second med-tech for completion. A new tickler system was initiated to track on time completion of Medical Evaluations and Resident Assessment and Support Plans. Administration will be responsible for checking bi-weekly for compliance with timely medical evaluations, as well as ensuring new admissions, significant changes and discharges are being maintained on the tickler system. This will be monitored by Administration for 3 months for compliance.

Resident # 1 DME was updated with missing information on 5-15-25.

Resident # 3 was receiving hospice services and has since expired on █

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented (█ - 05/30/2025)

144c1 - Smoking Area Guidelines

3. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:30 A.M. the ground of the home's designated smoking area contained approximately 15 cigarette butts.

Plan of Correction

Accept (█ - 05/15/2025)

Training was provided to staff on 5/8/25 on 2600.144c for cigarette butts to be disposed of only in proper, approved receptacle. Area was immediately cleaned up and unapproved bucket filled with dirt and gravel was disposed of. Facility has a smokers outpost cigarette disposal receptacle with sign identifying it with "Employee Smoking Area". Maintenance will check daily for cigarette butts on the ground in the designated smoking area and on the facility grounds and immediately remove any found. Staff will direct visitors to designated smoking area with approved receptacle for cigarette butts. Administration will monitor weekly for 3 months for compliance.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█ - 05/30/2025)

162c - Menus Posted

4. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 4/13/25 and 4/20/25 were not posted.

Plan of Correction

Accept (█ - 05/15/2025)

Training was provided to staff on 5/8/25 on 2600.162c for posting of menus for current week and upcoming week. Current menu for the week of 4-13-25 was posted for residents in the elevator, the following week was not posted at time of inspection, but has since been posted. Dietary Staff will post current week and upcoming week menus weekly. They will continue to post them in the elevator per resident's request, as well as in the kitchen. Administration will monitor weekly for 3 months for compliance.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█ - 05/30/2025)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

183e - Storing Medications (continued)

Description of Violation

On 4/15/25 resident #2 medication Basaglar 100 unit/ML Kwikpen was located in the home's medication cart and documented a date of open as 3/5/25. According to the manufacturer's instructions the medication expires after 28 days.

Plan of Correction

Accept (█) - 05/15/2025

Training was provided on 4-23-25 on 2600.183e on proper storage requirements for medications, to include insulin pens with the types we have expiring in 28 days if not refrigerated and will need to be discarded at that time. Only current pen in use will be kept in the medication cart in a storage bag with the resident's name written on the bag and the pen will have a date opened written on it. All insulin pens, as well as any other medications that we need to open will be dated with the date it is opened. Med-tech will monitor on a weekly basis and notify Administration of non-compliance. Administration will monitor on a monthly basis for 3 months.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█) - 05/30/2025

184b - Labeling OTC/CAM

6. 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

An over-the-counter package of Slow FE Iron supplement belonging to resident #1 was located in the medication cart and was not labeled with the resident's name.

Plan of Correction

Accept (█) - 05/19/2025

Training was provided on 4/23/25 on 2600.184b on proper labeling of OTC/CAM medications with the resident's name. Med-tech/LPN receiving any OTC/CAM medications will immediately write the resident's name on the container upon receipt of the medication. Med-tech will monitor on a weekly basis and notify Administration of non-compliance. Administration will monitor on a monthly basis for 3 months.

The residents name was added to the Slow Fe on date of inspection.

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented (█) - 05/30/2025

185a - Implement Storage Procedures

7. 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

During the inspection of resident #1's glucometer at 10:30 A.M., the glucometer was not calibrated to the correct time. The glucometer reading had A.M. and P.M. documented incorrectly.

Repeated Violation: 3/12/24

185a - Implement Storage Procedures (*continued*)**Plan of Correction**

Accept (█ - 05/19/2025)

Training was provided on 4/23/25 on 2600.185b regarding proper calibration of glucometers. Glucometers will be checked and documented every 11pm-7am shift for correct calibrations and corrected if inaccurate. Med-tech will monitor on a weekly basis and notify Administration of non-compliance. Administration will monitor on a monthly basis for 3 months.

Resident #1 glucometer was recalibrated on 5-15-25

Licensee's Proposed Overall Completion Date: 05/19/2025

Implemented (█ - 05/30/2025)

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Metoprolol Tartrate 75 mg tablets with an order to hold the medication if the residents systolic blood pressure reading is below 110. However, resident #2 was administered Metoprolol on 4-13-25 at 9:00 A.M. when the residents documented blood pressure reading was 109 and on 4/15/25 at 9:00 A.M. when the resident's systolic blood pressure reading was 108.

Repeated Violation 3/12/24

Plan of Correction

Accept (█ - 05/15/2025)

Training was provided on 4/23/25 on 2600.187d for Med-tech and LPN's to follow prescriber orders with medications, with emphasis on hold parameters for antihypertensive medications. If a medication is held due to being outside of parameters, proper documentation must indicate it was held. Additionally, red heart stickers were ordered and expected to arrive on 5/14/25, to place on each medication container with a parameter to alert Med-tech/LPN that there are parameters to consider prior to administration of the medications. Med-tech will monitor for compliance twice weekly and notify Administration of non-compliance. Administration will monitor on a monthly basis for 3 months.

Licensee's Proposed Overall Completion Date: 08/15/2025

Implemented (█ - 05/30/2025)