

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

June 2, 2025

[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 05/07/2025, 05/08/2025 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 HALL SQUARE PERSONAL CARE RESIDENCES License #: 22628 License Expiration: 03/22/2026

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

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 118 Waking Staff: 89

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:

Reason: Renewal, Incident Exit Conference Date: 05/08/2025

Inspection Dates and Department Representative

05/07/2025 - On-Site: [REDACTED]

05/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 Residents Served: 83

Secured Dementia Care Unit

In Home: Yes Area: NA Capacity: 25 Residents Served: 25

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 83
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 35	Have Physical Disability: 0

Inspections / Reviews

05/07/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/30/2025

Inspections / Reviews (*continued*)

05/29/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 06/03/2025

06/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. 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

Resident #2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept (█) - 05/29/2025)

Upon discovery on 5/7/2025 the light was relocated by the PCHA to the bedside of Resident #2. To ensure compliance PCHA or designee will complete an ongoing monthly environmental audit and any resident bed without a light source will be corrected immediately by the PCHA or designee. PCHA will monitor ongoing compliance and report findings at quarterly QAPI.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/02/2025)

103i - Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There was an unlabeled, undated whipped cream in the refrigerator in the main dining room kitchen.

Plan of Correction

Accept (█) - 05/29/2025)

Upon discovery on 5/7/2025 the whipped cream was removed from the stock and discarded by the Culinary supervisor. The culinary staff will receive education by the Assistant General Manager of Culinary Services or designee 5/23/2025 on transferring expiration dates from the product carton to a label that is affixed to the food product. To assure compliance a monthly sanitation audit starting 6/1/2025 will be conducted by the Assistant General Manager of Culinary Services or designee. Findings will be reported at quarterly QAPI and monitored by the PCHA.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/02/2025)

183b - Meds and Syringes Locked

3. 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 5/7/25 at 9:40 A.M. a medication treatment cart was found unlocked, unattended and accessible in the second floor hallway of the home.

Plan of Correction

Accept (█) - 05/29/2025)

The treatment tote was secured in the medication room on 5/7/2025 by the Personal Care Clinical Leader. Staff education completed 5/20/2025 by the Personal Care Clinical Leader on keeping the treatment tote secured at all

183b - Meds and Syringes Locked (continued)

times. To ensure compliance an audit to monitor the secured treatments will be conducted by the Personal Care Clinical Leader or designee weekly for 4 weeks then monthly for 2 months. Findings will be reported at quarterly QAPI and monitored by the PCHA.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/02/2025)

185a - Implement Storage Procedures

4. 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 #1 is prescribed Docusate Sod CAP 100mg BID as a PRN medication. The home did not have this medication available for the resident.

Plan of Correction

Accept (█) - 05/29/2025)

The OTC Docusate Sod Cap 100mg PRN medication was provided to the Clinical Coordinator by the Resident Representative on 5/9/2025. Staff education on medication accessibility completed 5/20/25 by the Personal Care Clinical Leader. To ensure compliance an audit to monitor the availability of PRN medications will be conducted by the Personal Care Clinical Leader or designee weekly for 4 weeks then monthly for 2 months. Findings will be reported at quarterly QAPI and monitored by the PCHA.

Licensee's Proposed Overall Completion Date: 05/30/2025

Implemented (█) - 06/02/2025)