

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

August 27, 2025

[REDACTED]
MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA
[REDACTED]

RE: MORAVIAN KING'S DAUGHTERS
AND SONS HOME
61 WEST MARKET STREET
BETHLEHEM, PA, 18018
LICENSE/COC#: 24214

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/09/2025 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] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA
Address: [REDACTED]
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: 16 Waking Staff: 12

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Incident Exit Conference Date: 05/09/2025

Inspection Dates and Department Representative

05/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	16	Residents Served:	13
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:	13
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	3	Have Physical Disability:	0

Inspections / Reviews

05/09/2025 Partial		
Lead Inspector:	[REDACTED]	Follow-Up Type: POC Submission
		Follow-Up Date: 05/31/2025
06/02/2025 - POC Submission		
Submitted By:	[REDACTED]	Date Submitted: 07/08/2025
Reviewer:	[REDACTED]	Follow-Up Type: POC Submission
		Follow-Up Date: 06/09/2025

Inspections / Reviews *(continued)*

06/18/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/08/2025

08/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2025

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

An incident of suspected abuse occurred between a staff person and a resident in the home on [REDACTED] at 12:30 p.m. The Northampton County Area Agency on Aging was not immediately notified of the incident as required.

Plan of Correction

Directed [REDACTED] - 06/18/2025)

PCHA will be responsible for ensuring that all staff will receive additional training on Abuse and Abuse Reporting by 6-13-25. PCHA will ensure that annual training on Abuse, Neglect and Exploitation occurs with all staff. Policy and Procedure for Abuse, Neglect and Exploitation is being reviewed and revised by PCHA to include Reporting Procedures and Investigation Procedures. All newly hired employees will receive Abuse, Neglect and Exploitation training during orientation

Proposed Overall Completion Date: 06/13/2025

(Directed)

All staff, including the Administrator, will receive training in abuse reporting and prevention from an outside source. Documentation of the training shall be maintained by the home. In the future, the administrator will ensure that all suspected abuse is reported in accordance with the Older Adults Protective Services Act.

Directed Completion Date: 07/08/2025

Implemented [REDACTED] - 08/22/2025)

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

An incident of suspected abuse involving Staff Person A occurred in the home on [REDACTED] at 12:30 p.m. The staff member was not suspended, and an approved plan of supervision was not put in place, however the staff member continued working in the home until being suspended on [REDACTED].

Plan of Correction

Directed [REDACTED] - 06/18/2025)

Staff person A was suspended on [REDACTED] and currently remains suspended until PCHA and Moravian King's Daughters Home Board Members complete their investigation. Assistant Administrator was made Administrator on 5-7-25. PCHA will be responsible for ensuring that all staff will receive additional training on Abuse and Abuse Reporting by 6-13-25. Policy and Procedure for Abuse, Neglect and Exploitation is being reviewed and revised by PCHA to include Reporting Procedures and Investigation Procedures.

Proposed Overall Completion Date: 06/13/2025

15b - Supervisor Plan (continued)

(Directed)

As indicated in the above noted plan of correction: The Moravian Kings Daughters Home Board Members will submit their investigation results to the Department regarding their future plan with Staff Person A. If after the investigation is complete if the Board decides to continue Staff Person A's employment in the personal care home they will submit a detailed plan of supervision to the Department which will then be approved prior to Staff Person A returning to work. If there is any future allegations of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Directed Completion Date: 07/08/2025

Implemented [redacted] - 08/27/2025)

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] at 12:30 p.m. [redacted]-Resident [redacted] was seated in the TV room of the home, became agitated, was yelling out, and was observed by staff repeatedly activating a chair alarm used to notify staff when the resident is getting up from a seated position. Staff Person A was observed by staff of the home attempting to talk with the resident, then grabbing the chair alarm out of the resident's hand. Staff members of the home reported the resident kept yelling and grabbed on to Staff Person A's hand and stated the staff member reacted by forcefully grabbing the resident's face with one hand, squeezing the resident's cheeks, and pushing the resident backward into a chair while holding down the resident's hands with the opposite hand. Staff of the home reported the resident's mouth was completely covered by Staff Person A's hand for approximately 30 seconds before the staff member let go of the resident.

On [redacted] at approximately 4:15 p.m. Resident [redacted] was found lying in the road outside the home by a person passing by the home. The Resident's Assessment and Support Plan dated [redacted] notes Resident [redacted] needs supervision when in the home and stated the resident is unable to leave the home unattended due to cognitive decline, poor vision and decreased safety awareness. Upon being sent out to the hospital for evaluation the resident was diagnosed with multiple pelvic fractures and a pelvic hematoma which occurred during the resident's fall outside of the home.

Plan of Correction

Directed [redacted] 06/18/2025)

PCHA to ensure all staff will receive Resident Rights training by local Ombudsman on 5-28-25 or in house training by PCHA, or outside source confirmed with a certificate by 6-13-25. PCHA will be responsible for ensuring that all staff receive additional training on Abuse and Abuse Reporting by 6-13-25. All newly hired employees will receive Abuse, Neglect and Exploitation training during orientation. PCHA will ensure that all resident care staff will receive additional training on RASP's and the importance of following the RASP. After PCHA consulted with local Ombudsman and Northampton County Area Agency on Aging, resident has been given a 30 day notice on 5-26-25 with a recommendation to family that resident be admitted to a secured dementia unit. A list of homes with a secured unit was given to family at time of 30 day notice.

42b Abuse (continued)

Proposed Overall Completion Date: 06/13/2025

(Directed)

All staff, including the Administrator will be trained in Resident Rights and The Older Adults Protective Services Act by an outside source. Documentation of this training will be maintained. The Administrator will observe interactions with staff members and residents one day per week for 3 months. These observations will be on different days of the week, different shifts, and when different staff are working. These observations will be documented and any problems will be addressed immediately. The Administrator will also interview one resident per week for 3 months to ensure their needs are being met by the home. The interviews will be documented and any problems will be address immediately.

Directed Completion Date: 07/08/2025

Implemented [redacted] - 08/22/2025)

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

At approximately 9:30 a.m. it was noted that the phone located in the activity director and administrator's office did not have the number for the personal care home complaint hotline posted at or near the phone.

Repeat violation: 2/22/24

Plan of Correction

Accept ([redacted] - 06/10/2025)

Emergency telephone numbers including the Personal Care Home Complaint Hotline number was posted on 5 10 25 in the Administration office, Nurses station and kitchen. All resident room s were audited by PCHA on 5 10 25 to ensure emergency telephone numbers were posted, all resident rooms were compliant with posted numbers. As of 5 10 25 all rooms with external phone lines have required Emergency telephone numbers posted. PCHA will audit all offices/rooms monthly for 6 for compliance with required posted Emergency telephone numbers.

Licensee's Proposed Overall Completion Date: 10/31/2025

Implemented [redacted] - 07/29/2025)

224a - Preadmission Screen Form

5. 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.

Description of Violation

Resident [redacted] preadmission screening form, dated [redacted], does not include a determination that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)**Plan of Correction****Directed (█ - 06/18/2025)**

A second person will review each preadmission screening for completion, ensuring that all areas of the screening have been completed. PCHA will audit after each admission for 1 year.

Proposed Overall Completion Date: 05/31/2026

(Directed)

In addition to the above noted plan: The home will audit all current residents preadmission screening forms and ensure that the preadmission screening is accurate and completed in its entirety, including signing and dating the screening form. If the home determines that the resident's needs cannot be met by the home based on the preadmission screening, the home will consult with the local area agency on aging for a level of care assessment.

Directed Completion Date: 07/08/2025

Implemented (█ - 07/29/2025)
