

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 06/18/2025 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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 17 **Waking Staff:** 13

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 06/18/2025

Inspection Dates and Department Representative

06/18/2025 - 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:	Residents Served:
Hospice			
Current Residents: 0			
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: 2	Have Physical Disability: 1		

Inspections / Reviews

06/18/2025 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/20/2025

07/29/2025 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 08/25/2025
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/05/2025

Inspections / Reviews (*continued*)

08/22/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/26/2025

08/27/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/25/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Staff Person A took a video of Resident [redacted] and Resident [redacted] with the remark, "These two are equivalent too taking care of 25 residents [redacted] crazy." The video then goes on to making fun of Resident [redacted] walking in front of Staff Person A, as if Resident [redacted] was a toddler. The video was then posted on the social media platform Instagram.

Plan of Correction

Accept ([redacted] - 07/29/2025)

On 6-10-25 after calling Staff person A, [redacted] admitted to posting the video on social media. [redacted] was terminated immediately. On June 11, 2025, all staff received training on social media and the new social media policy and guidelines were discussed. All staff have read and signed the social media policy and guidelines and a signed copy was placed in their employee file. All new employees will be required to read and sign policy upon hire, going forward.

On July 1, 2025 all staff received training from outside source, [redacted] on Abuse, Neglect and OAPSA Reporting.

Licensee's Proposed Overall Completion Date: 07/21/2025

Implemented ([redacted] - 08/27/2025)

42s - Privacy

2. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At an undisclosed time, Resident [redacted] and Resident [redacted] were videorecorded by Staff Person A, who then posted the video on the social media platform Instagram.

Plan of Correction

Accept ([redacted] - 07/29/2025)

On 6-10-25 after calling Staff person A, [redacted] admitted to posting the video on social media. [redacted] was terminated immediately. On June 11, 2025, all staff received training on social media and the new social media policy and guidelines were discussed. All staff have read and signed the social media policy and guidelines and a signed copy was placed in their employee file. All new employees will be required to read and sign policy upon hire, going forward.

On July 1, 2025 all staff received training from outside source, [redacted], on Abuse, Neglect and OAPSA Reporting.

Licensee's Proposed Overall Completion Date: 07/21/2025

Implemented ([redacted] 08/27/2025)

227c - Support Plan Revision

3. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted] Resident Assessment and Support Plan dated [redacted] was updated on [redacted] indicating the need of

227c Support Plan Revision (continued)

an enabler bar for bedside mobility. The support plan does not include if the device requires to be covered per FDA guidelines.

Plan of Correction**Accepted (████ - 08/22/2025)**

All support plans for residents that have an enabler bar for mobility were audited on 6/18/25 by PCHA and updated with the FDA statement. Resident beds with bed enablers were audited to ensure they were covered.

PCHA and/or designee will have Morning Meeting each morning with on duty HCA staff to identify possible changes in residents conditions that may indicate the need for a significant change RASP or an amendment to current RASP. The 24 hour report Sheet will be brought to these meeting to help identify any changes in resident's condition that may have occurred. These changes will be presented to all staff during the August 14, 2025 mandatory staff meeting.

Licensee's Proposed Overall Completion Date: 08/18/2025

Implemented (████ - 08/27/2025)