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

September 22, 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 07/09/2025, 07/10/2025, 07/11/2025, 07/30/2025 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: *I-1* **Date**: *11/14/2017* **Issued By**: *City of Bethlehem*

Staffing Hours

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

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint, Interim* **Exit Conference Date**: *07/30/2025*

Inspection Dates and Department Representative

07/09/2025 - On-Site: [redacted]
07/10/2025 - Off-Site: [redacted]
07/11/2025 - Off-Site: [redacted]
07/30/2025 - 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: *2* **Have Physical Disability**: *0*

Inspections / Reviews

07/09/2025 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *09/06/2025*

Inspections / Reviews *(continued)*

09/18/2025 POC Submission

Submitted By: [redacted] **Date Submitted:** *09/22/2025*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *09/22/2025*

09/22/2025 Document Submission

Submitted By: [redacted] **Date Submitted:** *09/22/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], Resident [redacted] had an unwitnessed fall in the home. On [redacted] the resident was assessed by a medical professional and confirmed a fracture on the resident's left wrist. The home did not report this incident to the Department within 24 hours after [redacted].

Plan of Correction ***Accept ([redacted] - 09/18/2025)***

In response to the violation on [redacted] the facility has instituted morning meetings that will review previous 24 hours to help identify and relay important information to management. These meeting will occur every morning with all care staff and will be documented on internal facility morning meeting sheets. Staff will notify administrator or designee of immediate concerns and of any incidents allowing reportable incidents to be reported to the Department in a timely manner. An additional staff member will be trained in reporting procedures to the department. Staff training was conducted on 8-14-25 during monthly mandatory staff meeting. PCHA will attend morning meeting at a minimum of twice weekly and will review morning meeting notes weekly for compliance for 3 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented ([redacted] - 09/22/2025)

17 - Record Confidentiality

2. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [redacted], at 9:13 a.m.., residents' support plans, prescriptions log book, reportable incident records with residents' names, and residents' physician orders were unlocked, unattended, and accessible in the medication room.

Plan of Correction ***Accept ([redacted] - 09/18/2025)***

In response to the violation on [redacted] immediate action was taken on 07/30/2025 by the LPN to move resident records to a locked cabinet or closet in the medication room, and Maintenance moved a hanging file holder to inside door of locked medication/treatment supply closed in medication room.

The LPN/Med-Tech on duty will ensure each shift that confidential information is kept in a secure, inaccessible area (locked cabinets or closet) in medication room, PCHA will audit for compliance on a weekly basis for 3 months.

17 - Record Confidentiality (continued)

Effective 08/01/2025 the PCHA will perform weekly audits through 12/12/2025 for compliance to ensure that resident records are kept confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Staff received training on 8/14/2025 during mandatory staff meeting.

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented [redacted] - 09/22/2025)

18 - Compliance With Laws

3. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries on the carbon monoxide detector located on the second floor of the home were last replaced on [redacted]. Carbon monoxide detector's batteries weren't replaced annually per CARE FACILITY CARBON MONOXIDE ALARMS STANDARDS ACT - ENACTMENT Act of Jun. 23, 2016, P.L. 357, No. 48 Cl. 35

Plan of Correction ***Accept [redacted] - 09/18/2025)***

In response to the violation on [redacted] immediate action was taken by PCHA to replace the battery in the second floor carbon monoxide detector. The carbon monoxide detector was labeled with the date the battery was replaced. Maintenance will monitor carbon monoxide detectors monthly for 6 months and will immediately correct any deficiencies. Finding will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *01/30/2026*

Implemented ([redacted] - 09/22/2025)

142a - Secure Medical Care

4. Requirements

2600.
142.a. The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

Description of Violation

On [redacted] at approximately 3:00 p.m., Resident #1 sat down in the dining room. At 6:00 p.m. staff noticed the resident was still sitting in the dining room once the other residents had left and the resident did not want their meal to be taken. Interviews with staff indicate the resident had a blank stare looking straight to the windows without eye

142a Secure Medical Care (continued)

contact to the staff. The resident remained in the dining room the entire night and didn't sleep.

On [redacted] the resident allowed the staff to assist with transferring to the bedroom at approximately 7:00 a.m. Staff indicated the resident was weak with both legs shaking and the resident's brief had a smell of urine and appeared soaked and required assistance from 2 staff persons. Later in the day at 6:56 p.m., the resident had eaten only 10% of the meal served.

On [redacted] at approximately 1:36 p.m., the resident was still sitting in the dining room since breakfast and refused to leave. On [redacted] at approximately 11:00 p.m., the staff noticed the resident sitting in the living room with pants soaked in urine. The staff offered the resident assistance to the bedroom and incontinency care, the resident declined and stated, "not being wet", The resident fell asleep and at 1:15 a.m., was assisted to bed.

On [redacted] at 6.51a.m. resident refused incontinency care. On [redacted] at 2:39 p.m., the staff offered to take the resident to the bedroom, but the resident was weak, and both legs were shaking, the resident required a wheelchair to sit in to transfer to the bedroom. At 9:20 p.m., the staff noticed the resident's right hand was shaking and the resident refused vital checks.

On [redacted] at 6:57 a.m., the resident was found lying down on the bed with hands held out and stiff unable to move or grip anything. At. At 8:01 a.m. the resident had garbled speech, and the prescriber was notified and was sent to the hospital.
The home didn't assist the resident in securing medical care as the resident's health status declined until [redacted]. The resident was transferred to the hospital where it was discovered the resident had a cyst applying pressure onto the resident's brain

Plan of Correction ***Accept ([redacted] - 09/18/2025)***

In response to the violation on 07/09/2025 a new policy and procedure for Notifying of Resident Change in Condition and On call Procedures was developed and implemented. The facility has instituted morning meetings that will review previous 24 hours to help identify and relay important information regarding potential changes in condition of residents. These meeting will occur every morning with all care staff and are documented on internal facility morning meeting sheets. Staff will notify administrator or designee of immediate concerns as well as MD/CRNP, resident and their designated person. All staff received training on 08/14/2025. PCHA will attend morning meeting at a minimum of twice weekly and will review morning meeting notes weekly for compliance for 3 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented [redacted] - 09/22/2025)

183b - Meds and Syringes Locked

5. Requirements

183b - Meds and Syringes Locked *(continued)*

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 [redacted] at 9:13 a.m., multiple syringes were unlocked, unattended, and accessible in medication room.

Plan of Correction ***Accept ([redacted] 09/18/2025)***

In response to the violation on [redacted] the LPN on duty immediate removed syringes to a locked closet in the medication room. LPN/Med-tech will keep all prescription medications, OTC medications and CAM and syringes in the locked medication cart, locked refrigerator or locked cabinet/closet in the medication room. PCHA will conduct weekly audits for compliance for 3 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented ([redacted] 09/22/2025)

225c - Additional Assessment

6. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident [redacted] assessment, dated [redacted] does not include an assessment for an unwitnessed fall on [redacted] which resulted to a left wrist fracture. It was noted in the resident's record on [redacted], additional assistance was needed for activities of daily living, since the fall on [redacted]

Plan of Correction ***Accept [redacted] - 09/18/2025)***

In response to the violation on [redacted] this resident's RASP was in the process of a significant change during the departments survey The RASP completion for the significant change was dated: Assessment finalized on 7/18/25 and Support plan finalized 7/22/25.
The facility has instituted a new policy and procedure for Notifying of Resident Change in Condition and On-call Procedures. The facility has instituted morning meetings that will review previous 24 hours to help identify and relay important information regarding potential changes in condition of residents. These meeting will occur every morning with all care staff and are documented on internal facility morning meeting sheets. RASP will be updated by LPN/Med-tech or PCHA of changes identified.
LPN/Med-tech will receive addition training during mandatory LPN/Med-tech meeting on 9/11/25 that will include adding addendums to RASP, what information needs to be added in an addendum and how to identify if a resident is in need of a significant change RASP.
PCHA will conduct bi-weekly audits for 3 months. Any deficiency will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *12/12/2025*

Implemented ([redacted] 09/22/2025)