

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

November 24, 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 10/23/2025 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: 16 Waking Staff: 12

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint Exit Conference Date: 10/23/2025

Inspection Dates and Department Representative

10/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 16 Residents Served: 14

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 1

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 14
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

10/23/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/17/2025

11/17/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/21/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/24/2025

Inspections / Reviews (*continued*)

11/20/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/27/2025

11/24/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

Description of Violation

At 9:15a.m., Department Representative requested access to documentation for investigation. Staff person A stated that the information was not available. Staff person B had all employee schedules, RASPS, MARS, and DME on their personal computer and no longer worked at the facility.

Plan of Correction

Accept [REDACTED] - 11/20/2025)

- All required resident and staff documents were retrieved and secured in the facility office computer as the primary storage location

Completion Date: 10/24/2025

- A backup copy of all records was saved to the facility computer and a secured USB drive

Completion Date: 10/27/2025

- Staff responsible for providing record access were trained on how to locate and provide required documentation upon request

Completion Date: 10/27/2025

- To ensure 24-hour access as required by regulation, a controlled-access copy of essential records (RASP, MAR summary, diagnosis list, contact list) is kept in a locked binder inside the medication room. The designated medical personnel or the staff member assigned the med cart keys have access when the Administrator is not onsite (evenings, weekends, and holidays). This procedure has been added to new employee onboarding and annual training.

Completion Date: 10/27/2025

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [REDACTED] 11/24/2025)

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

Staff person C took videos in the home and posted the video on social media. Residents are able to be seen in the background of the video that was posted without their consent.

Plan of Correction

Accept [REDACTED] - 11/17/2025)

- The Administrator met with all staff on 10/25/2025 to review the "No Photo/Video Policy."
- Signs stating "No Cell Phone Use or Recording in Resident Areas" were posted in all common areas.
- All employees signed an acknowledgement form, which is kept in their personnel files.

42s Privacy (continued)

- Ongoing staff orientation includes a Privacy and Social Media section.
- Administrator will be responsible for monitoring all corrections and notate any changes listed above.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [redacted] - 11/24/2025)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] to be administered at 9:00a.m. and 5:00p.m. daily. On [redacted], Resident [redacted] was administered their 5:00p.m. dose prior to 2:30p.m.

Plan of Correction

Accept [redacted] - 11/20/2025)

- The nurse responsible was counseled and re trained on proper medication administration timing, documentation, and following prescriber orders
Completion Date: 10/27/2025
- The Medical Coordinator reviewed the Medication Administration Record (MAR) and corrected scheduled times to match prescriber orders
Completion Date: 10/27/2025
- Medication pass times were verified and entered correctly into the electronic EMAR
Completion Date: 10/27/2025
- A quick check log was implemented to document any necessary time adjustments due to resident outings or medical appointments
Completion Date: 10/27/2025

First compliance check completed 10/27/2025

Ongoing weekly compliance checks completed on: 11/03/2025, 11/10/2025, and 11/17/2025

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [redacted] - 11/24/2025)

190a - Completion Medication Course

4. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D's medication administration certification expired on [redacted] and Staff person E's medication

190a - Completion Medication Course (continued)

administration certification expired on [REDACTED]. Staff person D and staff person E continued to pass medication with an expired certification from [REDACTED] until they resigned on [REDACTED]

Plan of Correction

Accept [REDACTED] 11/17/2025)

- Both employees were immediately removed from medication duties on 10/24/2025.
- A Medication Certification Tracker (simple Excel sheet) was created listing each staff member's expiration date.
- The Administrator will review this tracker monthly and submit recertification reminders at least 30 days before expiration.
- Only currently certified staff may sign the MAR.

Medical Coordinator will be responsible for monitoring all corrections and notate any changes listed above.

Administrator will sporadically check compliance.

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [REDACTED] - 11/24/2025)

251e - Records Availability

5. Requirements

2600.

251.e. Resident records shall be made available to the resident and the resident's designated person during normal working hours.

Description of Violation

On [REDACTED] Staff person B resigned and had in their possession all resident assessment and support plans. Staff, including new agency staff, that were unfamiliar with the residents did not have access to assessment and support plans from [REDACTED] to [REDACTED] when staff person b returned the documents.

Plan of Correction

Accept [REDACTED] - 11/20/2025)

- All resident assessment and support plan files were recovered and secured in the Administrator's office
Completion Date: 10/23/25

- A new Employee Exit Checklist requiring the return of all records, keys, and digital devices prior to final pay release was created and implemented
Completion Date: 10/24/25

- Staff were informed that resident documentation may not be stored or maintained on personal devices
Completion Date: 10/25/25

Licensee's Proposed Overall Completion Date: 11/19/2025

Implemented [REDACTED] - 11/24/2025)