

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

June 24, 2026

[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 05/07/2026 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:** 03/22/2027

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: C-1	Date: 11/24/1987	Issued By: Dept of Health (Bethany Hall)
Type: C-2 LP	Date: 02/10/2003	Issued By: Dept L&I (Morning Hall)
Type: I-2	Date: 05/25/2004	Issued By: Borough of Nazareth (Galilee House)

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 109 **Waking Staff:** 82

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 05/07/2026

Inspection Dates and Department Representative

05/07/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 104 **Residents Served:** 76

Secured Dementia Care Unit

In Home: Yes **Area:** Galilee **Capacity:** 25 **Residents Served:** 23

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 76
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 33	Have Physical Disability: 0

Inspections / Reviews

05/07/2026 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/11/2026

06/24/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document
Submission***06/24/2026 Bypass Document Submission**

Submitted By: [REDACTED]

Date Submitted: 06/24/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 3:15 p.m. in room [REDACTED] Resident #1's bed enabler was not securely attached to the bed frame and was able to be removed from the bed when pulled upon. The bed enabler opening was approximately 8 by 6 inches and did not have a cover.

Plan of Correction

Accept ([REDACTED]) - 06/24/2026)

Upon discovery the bed enabler was immediately removed and an audit of all of the personal care apartments was performed by the PCHA. Determination was made that all bed enablers in use met FDA requirements for opening size, cover application, and secured to the bed and no additional bed mobility devices were in use without the facility's knowledge. Education provided on 5/19/2026 by PCHA to staff regarding bed mobility devices. Education provided on 5/25/2026 by PCHA to the Resident Council participants regarding bed mobility devices. To ensure compliance PCHA or designee will conduct a monthly audit of the personal care apartments and findings and/or corrective action will be reported at QAPI.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented ([REDACTED]) - 06/24/2026)

82c Locking Poisonous Materials

2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

At 9:51 a.m. a bottle of Cooktop Magic with a manufacturer's label indicating "Eye Irritant" and "Keep out of the reach of children" was unlocked, unattended, and accessible to residents in a sink cabinet in the secure dementia unit. Not all of the residents of the secure dementia unit have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept ([REDACTED]) - 06/24/2026)

Upon discovery the bottle of Cooktop Magic was removed and discarded and cabinet was locked. Education provided on 5/19/26 by the PCHA to the staff on securing the cabinets. To ensure compliance the PCHA or designee will conduct weekly audit of the kitchen cabinets and report findings at QAPI.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented ([REDACTED]) - 06/24/2026)

121a Unobstructed Egress

3. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Description of Violation

At 10:00 a.m. the pathway outside the exit located on the Garden level was blocked by plastic red safety fencing approximately 2 feet high.

Plan of Correction

Accept (█) - 06/24/2026)

Upon discovery the exit sign on the door and ceiling were covered to restrict access during the outdoor renovation project. A letter from the fire safety expert was provided acknowledging the access restriction. The Chief of Environmental Services or designee will be responsible to monitor completion of the outdoor renovation projected for Fall 2026 and facilitate the proper inspections in order to uncover the exit signs and restore access.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented (█) - 06/24/2026)

184a - Resident's Meds Labeled

4. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed Tylenol three times per day. The pharmacy label incorrectly indicated the order was every six hours as needed.

Resident #3 is prescribed Furosemide, one tablet daily, hold if systolic blood pressure (SBP) is less than 100. The pharmacy label did not include the instructions to hold the medication if the SBP is less than 100.

Plan of Correction

Accept (█) - 06/24/2026)

Upon discovery a new label was added to the Tylenol bottle for Resident #2 and the Furosemide label was corrected by the pharmacy for Resident #3 to include the blood pressure parameters. Education provided to staff by the PCHA on 5/19/26. An audit of the medication administration record will be conducted monthly by the Clinical Leader or designee. The findings and/or corrective active will be reported by PCHA at QAPI.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented (█) - 06/24/2026)

187a - Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

8. Frequency of administration.

Description of Violation

Resident #2 is prescribed Tramadol, one half tablet at bedtime. The resident's Medication administration record

187a - Medication Record (continued)

indicated the order for the medication was one half tablet as needed at bedtime. The medication record is incorrect.

Plan of Correction

Accept () - 06/24/2026

Upon discovery the as needed Tramadol order was discontinued by the physician. Education was provided to the staff on 5/19/2026 by the PCHA. An audit of the medication administration record will be conducted monthly by the Clinical Leader or designee. To ensure compliance the findings/corrective action will be reported by the PCHA at QAPI.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented () - 06/24/2026

187d - Follow Prescriber's Orders**6. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed Vitamin C, 500 mg. The bottle stored in the medication cart contained 1000mg tablets. From 5/1/26 to 5/7/26 the home administered 1000mg tablets of Vitamin C instead of the prescribed 500 mg.

Plan of Correction

Accept () - 06/24/2026

Upon discovery the Vitamin C 1000mg was removed. The pharmacy was contacted and Vitamin C 500mg was received on 5/7/26. Education was provided to the staff on 5/19/26. A monthly audit of the medication administration record will be completed by the Clinical Leader or designee. The findings and/or corrective active will be reported by PCHA at QAPI.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented () - 06/24/2026

225c - Additional Assessment**7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's most recent assessment completed on () does not indicate that the resident was assessed to use a bed enabler safely for mobility needs.

Plan of Correction

Accept () - 06/24/2026

Resident #1 was assessed on 5/29/2026 upon () return from () and determined safe to use a bed mobility device. An approved device with a cover was secured to () personal bed. Education on bed mobility device assessments provided by the PCHA to the staff on 5/19/26. To ensure compliance PCHA or designee will conduct an audit of the medical record for residents with devices and report findings to QAPI.

Licensee's Proposed Overall Completion Date: 06/10/2026

Implemented () - 06/24/2026