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

August 27, 2026

[redacted], ADMINISTRATOR
MORAVIAN VILLAGE OF BETHLEHEM
526 WOOD STREET
BETHLEHEM, PA, 18018

RE: MORAVIAN VILLAGE II OF BETHLEHEM
526 WOOD STREET
BETHLEHEM, PA, 18018
LICENSE/COC#: 21569

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2026 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 VILLAGE II OF BETHLEHEM* **License #**: *21569* **License Expiration**: *08/03/2026*

Address: *526 WOOD STREET, BETHLEHEM, PA 18018*

County: *NORTHAMPTON* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *MORAVIAN VILLAGE OF BETHLEHEM*

Address: *526 WOOD STREET, BETHLEHEM, PA, 18018*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/13/2004* **Issued By**: *Dept L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *27* **Waking Staff**: *20*

Inspection Information

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

Reason: *Renewal, Incident* **Exit Conference Date**: *06/24/2026*

Inspection Dates and Department Representative

06/24/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *250* **Residents Served**: *24*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *24*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *3* **Have Physical Disability**: *3*

Inspections / Reviews

06/24/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/26/2026*

08/06/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *08/07/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *08/10/2026*

Inspections / Reviews *(continued)*

08/27/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/07/2026*

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

63a - First Aid/CPR Training

1. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 5/30/2026 from 6:00 a.m. to 3:00 p.m. and from 11:30 p.m. to 5/31/2026 at 3:00 p.m. the home had 23 residents and no staff present in the home trained in First Aid and CPR.

On 5/31/2026 from 11:30 p.m. to 6/1/2026 at 3:00 p.m. the home had 23 residents, and no staff present in the home trained in First Aid and CPR.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

As the Administrator, I take full responsibility for this deficiency. Although staff members maintained current CPR and BLS certification, I failed to verify that their certifications also included the required First Aid training as required by 55 Pa. Code § 2600.63a. I recognize the importance of ensuring that staff are appropriately certified in both CPR and First Aid to maintain compliance and resident safety. Immediately upon identifying this deficiency, I conducted a comprehensive audit of all employees First Aid certifications. Staff members requiring First Aid certification have been registered for a First Aid training course with Lifeline Rescue scheduled for July 27, 2026. To prevent recurrence, I have implemented a certification tracking system that separately monitors CPR and First Aid certifications and their expiration dates. Prior to finalizing each schedule, I will verify that every shift has the required First Aid/CPR coverage. Monthly audits of staff certifications will also be conducted by the administrator or designee to ensure continued compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented ([redacted] - 08/27/2026)

89b - Hot Water Temperature

2. Requirements

2600.
89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The hot water temperature measured 123.8 degrees Fahrenheit in the bathroom next to the bedroom in room 236

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

As the Administrator, I take full responsibility for this deficiency. Upon notification of the deficiency, the hot water temperature in suite 236 was immediately adjusted to ensure compliance with the regulatory requirement that the hot water does not exceed 120°F. The water temperature was rechecked to verify compliance. To prevent recurrence, Personal Care staff will check and document the hot water temperature daily and before assisting residents with bathing or showering. A daily water temperature log will be maintained to verify that resident's accessible hot water does not exceed 120°F. Any water temperature found to exceed the regulatory limit will be reported immediately to the Administrator and Maintenance Department for prompt corrective action. Additionally, the administrator or designee will conduct random audits in resident's suite, including checking and reviewing of the daily temperature logs to ensure continued compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: *07/23/2026*

89b - Hot Water Temperature *(continued)*

Implemented (- 08/27/2026)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home reviewed the emergency preparedness and procedures between 1/21/26 and 1/27/26. This plan has not been sent to the local Emergency Management Agency.

Plan of Correction ***Accept (- 08/06/2026)***

As the Administrator, I take full responsibility for this deficiency. Although the facility completed its annual review and update of the Emergency Preparedness Plan between January 21, 2026, and January 27, 2026, I failed to ensure that the updated plan was submitted to the local Emergency Management Agency as required by 55 Pa. Code § 2600.107(d). Upon identifying this deficiency, the Emergency Preparedness Plan was immediately submitted to the LEMA on July 1, 2026. Documentation verifying the submission has been obtained and is maintained in the facility's administrative records. To prevent recurrence, an annual regulatory compliance calendar has been implemented to identify all required reviews, updates, and submission deadlines. The Administrator or designee will verify annually that the Emergency Preparedness Plan has been reviewed, updated, and submitted to ensure continued compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: *07/22/2026*

Implemented (- 08/27/2026)

190c - Record of Training

4. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff person A's Annual Practicum form for 2025 does not contain the original qualification date, the completion date, if the person requalified, the trainer's signature, or the student's signature.

Staff person B's Annual Practicum form for 2025 does not contain the original qualification date, the completion date, if the person requalified, the trainer's signature, or the student's signature.

Plan of Correction ***Accept (- 08/06/2026)***

As the Administrator, I take full responsibility for this deficiency. Staff person A and staff person B successfully completed and passed the required medication administration training. However, I failed to ensure that their annual practicum forms were fully completed. The original qualification date, completion date, trainer's signature, and student signature were not properly documented as required. Upon identifying this deficiency, the training records for staff person A and staff person B were immediately reviewed and updated. The original qualification date, and

190c Record of Training (continued)

completion date, trainer's signature, and student signature have all been completed and verified. To prevent recurrence, all medication administration training records will be reviewed for accuracy and completeness immediately following each course, prior to filing, and monthly audits of training records will be conducted monthly by the administrator or designee to ensure continued compliance with DHS regulations.

Licensee's Proposed Overall Completion Date: *07/20/2026*

Implemented (- 08/27/2026)