

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

December 4, 2024

[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 10/10/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MORAVIAN VILLAGE II OF BETHLEHEM License #: 21569 License Expiration: 08/03/2025
 Address: 526 WOOD STREET, BETHLEHEM, PA 18018
 County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: MORAVIAN VILLAGE OF BETHLEHEM
 Address: 526 WOOD STREET, BETHLEHEM, PA, 18018
 Phone: [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 1 Total Daily Staff: 22 Waking Staff: 17

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 10/10/2024

Inspection Dates and Department Representative

10/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 250 Residents Served: 18
 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: 18
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 3 Have Physical Disability: 0

Inspections / Reviews

10/10/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2024

12/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/31/2024
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

12/04/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

54a Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

Direct Care Staff Person "A" hired [REDACTED] has a non-US Education Diploma from the Republic of Haiti which requires consideration through the waiver process.

Plan of Correction

Accept [REDACTED] - 11/05/2024)

Direct Care Staff Person "A" no longer works in the PC department as of 10/14/2024. Currently, PC Administrator/designee audit each new PC hire, and the USA diploma requirement will be added to that audit. PC Administrator will apply for a waiver for all non-USA diploma. PC Administrator will monitor and assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 12/04/2024)

103f Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The Hershey's Ice Cream Freezer did not have a thermometer

Plan of Correction

Accept [REDACTED] - 11/05/2024)

Dining services supervisor placed a thermometer in the Hershey's ice cream freezer on 10/10/24. Dining services staff were educated on thermometer and temperature logging in each refrigerator and freezer. Refrigerator and freezers are routinely audited for complete inventory of required items and to assure all food item are stored at or below 40-degree Fahrenheit. Monthly audits will be reviewed by PC Administrator/designee. PC Administrator will monitor and assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 12/04/2024)

103g Storing Food

3. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the Hershey's Ice Cream Freezer, the strawberry ice cream was unlabeled.

103g Storing Food (continued)

Plan of Correction

Accept () - 11/05/2024)

Dining clerk placed a label on the strawberry ice cream on 10/10/24. Dining services staff were educated on closed/sealed, labeling and dating all food items. All food items are routinely audited for correct labelling. Monthly audits will be reviewed by PC Administrator/designee. PC Administrator will monitor and assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented () - 12/04/2024)

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the walk in freezer, there was a bag of shrimp, opened, unlabeled and undated.

In the walk in freezer, there was chicken, wrapped in plastic wrap, unlabeled and undated.

Plan of Correction

Accept () - 11/05/2024)

Dining clerk threw out the bag of shrimp and the chicken wrapped in plastic that was unlabeled and undated on 10/10/24. Dining services staff were educated on labeling, dating and cross contamination during storage and preparation of food safety. All food items will be routinely audited for correct labelling and dates. Monthly audits will be reviewed by PC Administrator/designee. PC Administrator will monitor and assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented () - 12/04/2024)

185a - Implement Storage Procedures

5. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 1 has an order for their blood sugar level to be tested () times daily. The Resident's glucometer indicates a blood sugar level of () on (). The Resident's Medication Administration Record indicates a level of () for that date and time.

Plan of Correction

Accept () - 11/05/2024)

MedTech's were educated on how to enter resident #1 blood glucose readings into the MAR on (). Audits of all glucose monitoring and documentation will be conducted weekly for three months, and monthly thereafter and reviewed by PC administrator/designee. PC Administrator will monitor and assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented () - 12/04/2024)

227d - Support Plan Medical/Dental

6. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 was identified as a resident that utilizes an enabler bar. Resident #2's Resident Assessment and Support Plan dated [REDACTED] (annual) does not note the resident utilizes an enabler bar, the need for the device, the intended use of the device, any risks associated with the device, the resident's ability to use the device, identification of the device or if FDA guidelines required the device to be covered.

Plan of Correction

Accept ([REDACTED] - 11/05/2024)

Administrator corrected resident #2 RASP on [REDACTED] with the correct documentation regarding the enabler bar. All residents assessment and support plan will be completed with the correct documentation and inspected by PC Administrator/designee. Monthly audits will be conducted by PC Administrator/designee. PC Administrator will monitor and assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented ([REDACTED] - 12/04/2024)