

Department of Human Services
Bureau of Human Service Licensing

May 21, 2021

[REDACTED] PRESIDENT
BETHLEHEM MANOR SENIOR LIVING LLC
1177 SIXTH STREET
WHITEHALL, PA 18052

RE: BETHLEHEM MANOR
815 PENNSYLVANIA AVENUE
BETHLEHEM, PA, 18018
LICENSE/COC#: 22684

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/30/2021, 03/31/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: BETHLEHEM MANOR License #: 22684 License Expiration Date: 05/24/2021
Address: 815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018
County: LEHIGH Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: 6109728888 Email: [REDACTED]
[REDACTED]
[REDACTED]

Legal Entity

Name: BETHLEHEM MANOR SENIOR LIVING LLC
Address: 1177 SIXTH STREET, WHITEHALL, PA, 18052
Phone: 6109728888 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I 2 Date: 04/11/2017 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 54 Waking Staff: 41

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 03/30/2021

Inspection Dates and Department Representative

03/30/2021 - On-Site: [REDACTED]
03/31/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 Residents Served: 36

Secured Dementia Care Unit

In Home: Yes Area: 2nd floor Capacity: 36 Residents Served: 0

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 18 Have Physical Disability: 0

Inspections / Reviews

03/30/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/06/2021*

5/11/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/18/2021*

5/21/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

132c - Fire Drill Records

1. Requirements

2600.

- 132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On 7/26/2019 there was a fire drill recorded on the fire drill records that did not include the time taken to evacuate all residents to fire safe areas.

Plan of Correction

Accept

To ensure continued compliance with this regulation, fire drill record keeping has been reviewed with maintenance personnel for any scheduled fire drills or false alarms. Administrator will review with maintenance on a monthly basis to ensure continued compliance.

Completion Date: 04/28/2021

Update - 05/11/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Please see attachments

132g - Fire Drills Days/Times

1. Requirements

2600.

- 132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

Fire drill records from May 2019 to February 2020 indicate that all but 1 fire drill occurred at the end of the month as per the following documented fire drill record dates:

5/29/19, 6/30/19, 7/26/19, 8/28/19, 9/30/19, 10/29/19, 11/20/19, 12/14/19, 1/30/20, 2/27/20.

Plan of Correction

Accept

To ensure continued compliance with this regulation, fire drill procedures have been reviewed with maintenance personnel. Maintenance was reminded of the importance of staggering drill times to practice evacuations at different times in the residents' day. Administrator will review with maintenance on a monthly basis to ensure compliance.

Completion Date: 04/28/2021

Update - 05/11/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Please see attachments

144c2 - Smoking Area Distance

1. Requirements

2600.

144c2 - Smoking Area Distance (*continued*)

- 144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

Along the walkway to the front entrance 8 extinguished cigarette butts were observed in the mulch area to the left of the walkway leading to the entrance of the home.

Plan of Correction**Accept**

CORRECTED AT TIME OF INSPECTION

All residents and staff have been reminded that smoking is only permitted in the designated smoking area and all cigarette butts must be disposed in the fireproof ashtray. Administrator will review with staff on a monthly basis to ensure compliance.

Completion Date: 04/28/2021

Update - 05/11/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

Please see attachments

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for Metoprolol to be administered twice daily and held if the systolic blood pressure is below 110 or the heart rate is below 60. On 3/28/21 the resident's heart rate was 58 and the medication Metoprolol was administered. The medication should have been held as per the documented physician's orders.

Plan of Correction**Accept**

To ensure continued compliance with this regulation, following the directions of the prescriber has been reviewed with med-aides. All physician orders will be followed as ordered. Administration and nursing supervisor will review administrations on a weekly basis.

Completion Date: 04/28/2021

Update - 05/11/2021

Please send/Attach proof of staff training.

Document Submission**Implemented**

Please see attachments