

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

April 2, 2025

[REDACTED], PRESIDENT & CEO
MORAVIAN MANORS INC
300 WEST LEMON STREET
LITITZ, PA, 17543

RE: MORAVIAN MANOR
300 WEST LEMON STREET
LITITZ, PA, 17543
LICENSE/COC#: 33309

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2024, 09/25/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MORAVIAN MANOR License #: 33309 License Expiration: 01/01/2025
Address: 300 WEST LEMON STREET, LITITZ, PA 17543
County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: MORAVIAN MANORS INC
Address: 300 WEST LEMON STREET, LITITZ, PA, 17543
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 09/13/2017 Issued By: Lititz Borough

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 09/25/2024

Inspection Dates and Department Representative

09/24/2024 - On-Site: [REDACTED]
09/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	40	Residents Served:	29
Special Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income:	0	Are 60 Years of Age or Older:	29
Diagnosed with Mental Illness:	1	Diagnosed with Intellectual Disability:	1
Have Mobility Need:	1	Have Physical Disability:	0

Inspections / Reviews

09/24/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2024

10/09/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 10/07/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/16/2024

Inspections / Reviews (*continued*)

04/02/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/09/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

04/02/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65g Initial direct care training

1. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff C, hired [REDACTED], has not completed the Department-approved direct care training course and passed the competency test.

Repeated Violation - 9/6/23

Plan of Correction

Accept ([REDACTED] - 10/15/2024)

Staff person C, [REDACTED] is enrolled in the Temple Direct Care course and expected to have the course completed by 10/10/24. Thought because [REDACTED] is a Medical Assistant and works in a Physician office that [REDACTED] did not need the Direct Care Course. Will have everyone that is not a Nurse or CNA complete course going forward and will sign staff member up for Direct Care Training on first day of floor orientation. Direct Care Training will need to be completed before they can start Orientation to specified unit.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ([REDACTED] - 04/02/2025)

132c Fire drill records

2. Requirements

2800.

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 residence 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

The following fire drill records did not specify the amount of time required for evacuation of the residents including seconds:

- 2/22/24, 6:30 AM, 7 min
- 3/28/24, 4:03 PM, 5 min
- 4/15/24, 9:01 AM, 6 min
- 5/5/24, 3:32 PM, 5 min
- 6/13/24, 2:01 PM, 4 min
- 12/5/23, 3:30 PM, 6 min

Repeated Violation - 9/6/23

Plan of Correction

Accept ([REDACTED] - 10/09/2024)

Administrator, [REDACTED] provided attached education to Maintenance and Security staff that facilitate fire drills. This review is to be completed by 10/10/2024 Administrator will review all fire drill documentation within 24 hours and in if documentation is incomplete, Administrator will label it as a failed fire drill and drill will have to be repeated.

132c Fire drill records (continued)

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

Implemented () - 04/02/2025)

184a Resident meds labeled

3. Requirements

2800.

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

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident 1 is prescribed Nasal Saline Spray 0.65%, "2 spray in nostril as needed for Dry Nose Three Times daily as needed for dry nose." The label on the package states 1 spray each nostril 3 times a day.

Plan of Correction

Accept () - 10/09/2024)

See attached.

Updated med cart audit form to say to make sure label of prescription and order in PCC match. Cart audits to be done bi-weekly x 2 months and if no errors found, move to monthly. Also requested Pharmacy to do quarterly audits on medications carts. First audit to be scheduled for this Wednesday 10/9/24

Licensee's Proposed Overall Completion Date: 10/09/2024

Implemented () - 04/02/2025)

185a Storage procedures

4. Requirements

2800.

185.a. The residence 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 is ordered to receive blood sugar checks three times a day before meals and at bedtime. Resident 1's glucometer contains a blood sugar reading of 173 taken on 9/23 at 5:34 PM that is not documented on the resident's electronic medication administration record (eMAR).

Plan of Correction

Accept () - 10/15/2024)

Administrator, (), or Clinical Coordinator, (), will check glucometers weekly that all readings are accounted for and documented into the computer charting system. See attached log sheet that will be placed in each residents glucometer box to documents glucometer checks. Glucometers are stored separately in a container for each resident and labeled for that resident only. It includes their glucometer, test strips, alcohol pads, and lancets. A prompt has been added to Point Click Care for Resident #1 that when a PRN glucose check is done they have to enter it into the system. Staff education was provided by Administrator, () on 10/8/24 and weekly checks will be started 10/17/24.

Licensee's Proposed Overall Completion Date: 10/17/2024

185a Storage procedures *(continued)*

Implemented (█ - 04/02/2025)