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

May 4, 2026

[redacted]
MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA
[redacted]

RE: MORAVIAN KING'S DAUGHTERS
AND SONS HOME
61 WEST MARKET STREET
BETHLEHEM, PA, 18018
LICENSE/COC#: 24214

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/05/2026 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *MORAVIAN KING'S DAUGHTERS AND SONS HOME* **License #**: *24214* **License Expiration**: *02/14/2026*

Address: *61 WEST MARKET STREET, BETHLEHEM, PA 18018*

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

Administrator

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

Legal Entity

Name: *MORAVIAN UNION OF KING'S DAUGHTERS & SONS OF BETHLEHEM PA*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-1* **Date**: *08/01/1967* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *18* **Waking Staff**: *14*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *02/05/2026*

Inspection Dates and Department Representative

02/05/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served**: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *14*

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

Have Mobility Need: *4* **Have Physical Disability**: *1*

Inspections / Reviews

02/05/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/08/2026*

03/17/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *03/06/2026*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

05/04/2026 Bypass Document Submission

Submitted By: [redacted] **Date Submitted:** *03/17/2026*

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

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [redacted] the home's License Inspection Summary reports dated [redacted], and [redacted] were not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] - 03/11/2026)***

The previously missing Licensing Inspection Summaries dated 4/15/25, 5/9/25, and 6/18/25 have been printed and posted in the designated public posting area. The most recent Licensing Inspection Summary dated 10/23/25 was already posted. The current facility license and required regulations are also posted in the designated public area.
Going forward, the Administrator or designee will ensure that all future Licensing Inspection Summaries are printed and posted upon receipt from the Department.
Going forward, the Administrator or designee will ensure that all future Licensing Inspection Summaries are printed and posted immediately upon receipt from the Department.
The Administrator or designee will review the public posting area monthly to ensure all required documents remain posted and current.

Licensee's Proposed Overall Completion Date
02/05/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

18 - Compliance With Laws

2. Requirements

2600.
18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The batteries for the carbon monoxide monitor installed in the basement near the gas boiler were last replaced on [redacted].

Plan of Correction ***Accept [redacted] 03/11/2026)***

The batteries in the carbon monoxide monitor located in the basement near the gas boiler were replaced immediately upon discovery.

A facility maintenance log has been implemented to document routine testing and battery replacement for all carbon monoxide detectors within the home.
Going forward, carbon monoxide detector batteries will be checked and replaced at least annually or sooner if needed. Documentation of testing and battery replacement will be maintained in the facility maintenance log.
The facility implemented a monthly maintenance checklist that will include inspection of carbon monoxide detectors and other safety equipment.

18 - Compliance With Laws (continued)

The Administrator or designee will review the maintenance log quarterly to ensure compliance.

Licensee's Proposed Overall Completion Date
02/06/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

51 - Criminal Background Check

3. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired [redacted]. The home did not request a criminal background check until [redacted].
Staff person B was hired [redacted]. The home did not request a criminal background check until [redacted].

Plan of Correction ***Accept [redacted] - 03/11/2026)***

The facility has reviewed the personnel files for Staff Person A and Staff Person B and confirmed that criminal background checks have been obtained and placed in their employee files.

Going forward, the facility will ensure that criminal background checks are requested prior to the employee's start date or in accordance with applicable regulations. Management staff reviewed the distinction between an employee's hire date and start date, and the facility will ensure that the hire date recorded in personnel records reflects the employee's first day of work.

A hiring checklist has been implemented to ensure that all required pre-employment documentation, including criminal background checks, are requested and completed prior to staff beginning employment.

The Administrator or designee will review all new hire personnel files to verify compliance with criminal background check requirements.

Licensee's Proposed Overall Completion Date
02/12/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

65a - FS Orientation 1st Day

4. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.

65a FS Orientation 1st Day *(continued)*

2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A's first day of work was [redacted]. Training in the topics required by this regulation was not provided until [redacted].

Staff person C's first day of work was [redacted]. Training in the topics required by this regulation was not provided until [redacted].

Plan of Correction ***Accept [redacted] - 03/13/2026)***

Staff Person A and Staff Person C have now received training in general fire safety and emergency preparedness including evacuation procedures, staff responsibilities during fire drills and emergencies, designated meeting locations, smoking safety procedures, location and use of fire extinguishers, smoke detectors and alarms, and procedures for contacting emergency services.

Going forward, all new employees will receive orientation in general fire safety and emergency preparedness prior to or during their first day of work as required by regulation.

A staff orientation checklist has been implemented to document completion of all required orientation topics. The Administrator or designee will review employee orientation records to ensure that required training is completed within the required timeframe.

Licensee's Proposed Overall Completion Date
02/15/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented ([redacted] - 04/20/2026)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person C's first day of work was [redacted] Training in the topics required by this regulation was not provided until [redacted]

65b - Rights/Abuse 40 Hours (continued)

Staff person D's first day of work was [redacted]. Training in the the emergency medical plan, Older Adult Protective Services Act, and reporting of reportable incidents and conditions was not provided to staff person D.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

Staff Person C and Staff Person D have now received training in resident rights, the emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act, and reporting of reportable incidents and conditions.
Going forward, all direct care staff persons, ancillary staff, substitute personnel, and volunteers will receive orientation in the required topics within 40 scheduled working hours as required by regulation.
A staff orientation checklist was updated and will continue to be utilized to ensure all required training topics are completed and documented within the required timeframe.
The Administrator or designee will review employee training records to ensure compliance.
Licensee's Proposed Overall Completion Date
02/15/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

65d - Initial Direct Care Training

6. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff person C was hired on [redacted]. Staff person C did not complete and pass the Department-approved direct care training course and pass the competency test.
Staff person D was hired on [redacted]. Staff person D did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

Staff Person C and Staff Person D will not provide unsupervised ADL services until successful completion of the Department-approved direct care training course and competency test.

Documentation of completion of the training and competency testing will be maintained in the employee personnel file.

Going forward, all newly hired direct care staff will complete and pass the Department-approved direct care training course and competency test prior to providing unsupervised ADL services.

The Administrator or designee will review personnel files to ensure compliance with training requirements.

Licensee's Proposed Overall Completion Date
02/20/2026

65d - Initial Direct Care Training *(continued)*

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

81b - Resident Personal Equipment

7. 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 1:40 p.m. the enabler bar attached to the bed in room 9 was not securely fastened to the bed frame and therefore was able to be easily maneuvered between the mattress and box spring.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

The enabler bar attached to the bed in Room 9 was immediately secured to ensure it was properly fastened and safe for use.

All resident personal equipment, including enabler bars, walkers, and wheelchairs, were inspected to ensure they are clean, in good repair, and free of hazards.

Going forward, the facility will implement a monthly maintenance checklist to ensure resident equipment and other facility equipment remain safe and in good repair.

The maintenance person will inspect resident equipment and document findings monthly and as needed.

The Administrator or designee will review the maintenance checklist to ensure continued compliance.

Licensee's Proposed Overall Completion Date
02/05/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 05/04/2026)

100b - Removal Snow/Obstructions

8. Requirements

2600.
100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 9:20 a.m. there was an approximate two inch layer of snow outside the side stairwell exit.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

The snow outside the side stairwell exit was removed immediately to ensure safe passage.

Going forward, the facility will continue to ensure that snow, ice, and other obstructions are removed from outside walkways, ramps, steps, and exits in a timely manner to maintain safe access.

100b - Removal Snow/Obstructions (continued)

Staff responsible for building maintenance will monitor outdoor walkways and exits during inclement weather to ensure they remain clear and safe.

The Administrator or designee will periodically review outdoor areas to ensure compliance.

Licensee's Proposed Overall Completion Date
02/05/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

102i - Soap Dispenser

9. Requirements

2600.
102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

At 9:30 a.m. there were two unlabeled bars of soap found in the 2nd floor right side shower room.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

The unlabeled bar soaps located in the second-floor right side shower room were removed immediately. Liquid soap dispensers are already installed and available within reach of the sink in the bathroom in accordance with regulation requirements.

Staff were re-educated that any toiletries including bars of soap may not be left in shared bathroom areas unless it is clearly labeled for an individual resident.
Going forward, upon admission families will be informed that any resident toiletries, including bar soap, must be clearly labeled with the resident's name.
Staff responsible for housekeeping will monitor shared bathroom areas during routine cleaning to ensure that unlabeled personal toiletries are not left in shared areas.

The Administrator or designee will conduct periodic checks of bathroom areas to ensure continued compliance.

Licensee's Proposed Overall Completion Date
02/06/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 05/04/2026)

102k - No Common Towel

10. Requirements

2600.
102.k. Use of a common towel is prohibited.

102k No Common Towel *(continued)*

Description of Violation

At 9:30 a.m. there were towels on the shower seat and the shower bar in the 2nd floor right side shower room.

Plan of Correction ***Accept [redacted] 03/13/2026)***

The towels found on the shower seat and shower bar in the second floor right side shower room were removed immediately.

Staff were educated that towels may not be left in shared bathroom areas as common towels are prohibited.

The facility provides towels for resident use, and staff are responsible for ensuring towels are removed from shared bathrooms after use.

Going forward, staff responsible for housekeeping will monitor shared bathroom areas during routine cleaning to ensure towels are not left in shared areas.

The Administrator or designee will conduct periodic checks of bathroom areas to ensure continued compliance.

Licensee's Proposed Overall Completion Date
02/06/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

103e - Left Overs

11. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 1:30 p.m. there were unlabeled, undated sausage links and patties found in the kitchen freezer.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

The unlabeled and undated food items found in the freezer were discarded immediately.

Kitchen staff and direct care staff were re educated on the requirement that all leftover food items must be properly labeled and dated when stored. Staff were also reminded that any personal food items brought into the facility and stored in the facility refrigerator must be clearly labeled with the staff member's name and date.

Going forward, all leftover food items will be labeled and dated when placed in storage to ensure proper food safety practices.

The Administrator or designee will conduct periodic checks of the kitchen storage areas to ensure compliance with labeling and dating requirements.

Licensee's Proposed Overall Completion Date

103e - Left Overs (continued)

02/05/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 05/04/2026)

132g - Fire Drills Days/Times

12. 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

The home routinely holds sleeping hour fire drills when additional staff persons are present as evidenced by the following drills:

[redacted] at 6:14 a.m. with 4 staff
[redacted] at 6:31 a.m. with 4 staff
[redacted] at 5:51 a.m. with 4 staff.

The home's schedule indicates only two staff persons are normally scheduled during the 3rd shift hours of 11:00 p.m. to 7:00 a.m.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

The facility reviewed fire drill procedures to ensure compliance with the regulation requiring drills to be conducted on different days and times and not routinely when additional staff persons are present.

Going forward, fire drills will be scheduled on different days of the week and at different times of the day and night, including sleeping hours, and will reflect normal staffing patterns. Fire drills conducted during the 11:00 p.m. to 7:00 a.m. shift will be completed with the normal overnight staffing level of two staff persons on duty.

Documentation of fire drills will be maintained to demonstrate compliance with the regulation.

The Administrator or designee will review fire drill documentation to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date
03/01/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

184a - Resident's Meds Labeled

13. Requirements

2600.
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.

184a - Resident's Meds Labeled *(continued)*

Description of Violation

Resident [redacted] has an order for [redacted] one tablet daily, hold for systolic blood pressure (SBP) less than [redacted] or heart rate less than [redacted]. The pharmacy label for the medication did not include the instructions to hold the medication as directed.
Resident [redacted] has an order for [redacted] every other day. The pharmacy label for the medication incorrectly indicates to administer the medication daily. Resident [redacted] also has an order for [redacted], one tablet twice daily, hold for SBP less than [redacted]. The pharmacy label did not include the instructions to hold the medication as directed.
Resident [redacted] has an order for [redacted], one tablet every other day with dinner. The pharmacy label incorrectly indicates to administer the medication daily.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

The medication labels for the identified residents were corrected during the inspection to accurately reflect the prescriber's orders.

The pharmacy was notified of the discrepancies to ensure the medication labels include the correct dosage instructions and hold parameters.

Going forward, medication labels will continue to be reviewed upon receipt from the pharmacy to ensure the instructions match the prescriber's orders. Staff responsible for medication administration were re-educated on the medication audit procedure, including the requirement to verify that medication labels match the prescriber's orders.

The Medical Coordinator or designee will periodically review medication labels and physician orders to ensure continued compliance.

Licensee's Proposed Overall Completion Date
02/05/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

185a - Implement Storage Procedures

14. 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 [redacted] has an order to monitor and record blood sugar levels before meals and bedtime. On [redacted] at 7:00 a.m. the blood sugar reading was [redacted] but was recorded as [redacted] on the medication administration record (MAR). On [redacted] at 11:00 a.m.. the blood sugar reading was [redacted] but was recorded as [redacted] on the MAR.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

Staff responsible for medication administration were re-educated on the importance of accurately documenting blood sugar readings on the medication administration record.

Staff were instructed to ensure that blood glucose readings obtained from the glucometer are documented accurately on the MAR.

185a Implement Storage Procedures (continued)

Going forward, staff administering medications will verify blood sugar readings prior to documentation to ensure accuracy.

The Medical Coordinator or designee will periodically review medication administration records and glucometer readings to ensure documentation accuracy.

Licensee's Proposed Overall Completion Date
02/26/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

187d - Follow Prescriber's Orders

15. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] has an order to monitor and record blood sugar levels before meals and bedtime. On [redacted] at 4:00 p.m. and 9:00 p.m. there were no blood sugar readings found in the resident's glucometer.

Plan of Correction ***Accept [redacted] - 03/13/2026)***

Staff responsible for medication administration were re educated on the requirement to follow prescriber orders, including completing ordered blood glucose monitoring.

Staff were instructed to ensure blood glucose readings are obtained and recorded as ordered by the prescriber. Staff were also reminded that each resident has an assigned glucometer and that blood glucose readings must be documented on the Medication Administration Record (MAR).

Going forward, staff will ensure that all ordered blood glucose checks are completed and documented appropriately.

The Medical Coordinator or designee will periodically review blood glucose monitoring records and medication administration records to ensure compliance with prescriber orders.

Licensee's Proposed Overall Completion Date
02/26/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

190a - Completion Medication Course

16. Requirements

2600.

190a - Completion Medication Course *(continued)*

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person E completed the Medication administration standard course on [redacted]. Staff person E's annual practicum, due [redacted], was not completed until [redacted].

Plan of Correction ***Accept [redacted] - 03/13/2026)***

Staff Person E completed the required medication administration practicum on 3/15/26.
3/15/26 is not an accurate date. [redacted] annual practicum was done on 6/25 and was still late. [redacted] continuing observations were done 9/25, 12/25, and 3/26. These were done at another employment.

The facility will continue to maintain a medication certification tracking system to monitor medication training expiration dates and practicum due dates.

The Administrator or designee will review training records to ensure medication administration certification and competency remain current.

Licensee's Proposed Overall Completion Date
03/15/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)

225c - Additional Assessment

17. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [redacted] requires a special diet with chopped meat. Resident [redacted] assessment dated [redacted] did not include the resident's special diet requirement.

Plan of Correction ***Accept [redacted] 03/13/2026)***

The resident's assessment was reviewed and updated to include the resident's special diet requirement.

Going forward, we will continue to review resident assessments to ensure that all current care needs, including dietary requirements, are accurately documented.
When there is a change in a resident's condition or care needs, the resident's assessment and support plan will be updated accordingly.

The Administrator or designee will review resident assessments to ensure they accurately reflect resident care needs.

Licensee's Proposed Overall Completion Date

225c - Additional Assessment (continued)

02/12/2026

Licensee's Proposed Overall Completion Date: *03/06/2026*

Implemented [redacted] - 04/20/2026)