

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

December 2, 2022

[REDACTED]
SENIOR LIVING NP LLC
501 PLUSH MILL ROAD
WALLINGFORD, PA, 19086

RE: PLUSH MILLS
501 PLUSH MILL ROAD
WALLINGFORD, PA, 19086
LICENSE/COC#: 13104

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/18/2022 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: *PLUSH MILLS* License #: *13104* License Expiration: *12/09/2022*
Address: *501 PLUSH MILL ROAD, WALLINGFORD, PA 19086*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SENIOR LIVING NP LLC*
Address: *501 PLUSH MILL ROAD, WALLINGFORD, PA, 19086*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *10/18/2022*

Inspection Dates and Department Representative

10/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79* Residents Served: *59*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *59*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *27* Have Physical Disability: *0*

Inspections / Reviews

10/18/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/03/2022*

10/27/2022 - POC Submission

Submitted [REDACTED] Date Submitted: *11/15/2022*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2022*

Inspections / Reviews (*continued*)

11/01/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2022

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/18/2022

12/02/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident 1 is prescribed blood sugar readings four times daily, with the final reading scheduled at 9pm. On 10/2/22 at 9:00PM resident 1 did not have a reading on their glucometer. Resident 2 is prescribed blood sugar readings three times daily before meals. On 10/2/22 at 9:11PM there is an unscheduled reading of 165 on resident 2's glucometer, the same date and time that resident 1 was missing a scheduled reading.

Plan of Correction**Accept (CM - 11/01/2022)**

All glucometers were labeled with resident's name & apartment number on Friday, September 16, 2022, by [REDACTED], DON. Each resident has an individual container labeled with name and apartment number. The containers were labeled on Friday, September 16, 2022 by the [REDACTED], DON. All glucometers will be checked three times weekly (days will vary)– comparing E-Mar with glucometers readings. [REDACTED], ADON will be responsible. This process will start immediately. There is no stop date.

Licensee's Proposed Overall Completion Date: 10/27/2022**Implemented (MS - 12/02/2022)****185a - Implement Storage Procedures****2. 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

On 10/18/22 at 10:17AM, Resident 1's glucometer read 10/18/22 at 9:18AM.

On 10/11/22 at 3:22PM, Resident 1's the blood sugar reading was 243 however it was documented as 175.

Repeat: 6/24/21

Plan of Correction**Accept (CM - 11/01/2022)**

All glucometers will be checked three times weekly (days will vary) – comparing E-Mar with glucometer readings. This procedure will start immediately. [REDACTED], ADON will be responsible. Last week of each month the nurses will be re-trained on Glucometer readings (days will vary according to nurses schedule). There is no stop date.

Licensee's Proposed Overall Completion Date: 10/27/2022**Implemented (MS - 12/02/2022)****187b - Date/Time of Medication Admin.****3. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. (continued)**Description of Violation**

On 10/11/22, Resident 1's the blood sugar reading was taken at 3:22PM, however it was not documented until 10/11/22 at 5:09PM.

Repeat: 6/24/21

Plan of Correction**Accept (CM - 11/01/2022)**

All E-Mars will be checked after every shift to make sure all medications are initialed on the MAR.

This will start immediately and [REDACTED], ADON & [REDACTED], DON will be responsible. Last week of each month the nurses will be re-trained on Glucometer readings (days will vary according to nurses schedule). There is no stop date.

Licensee's Proposed Overall Completion Date: 10/27/2022

Implemented (MS - 12/02/2022)**187d - Follow Prescriber's Orders****4. Requirements**

2600.

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

Description of Violation

Resident 1 is prescribed Novolog inj flexpen inject sub-Q four times daily per sliding scale: 200-250 = 2 units, 251-300=4units, 301-350 = 6 units, 351-400 = 8 units, <70 or >400 = call MD. On 10/11/22 at 3:22PM resident 1's blood sugar reading was 243 and 2 units should have been administered, however there were no units administer at this time. On 10/2/22 at 9:00PM resident 1 is documented for having a reading of 321 and being administered 6 units. However the reading of 321 was not on resident 1's glucometer near 9PM.

Resident 2 is prescribed Creon Cap 12000unit take 1 capsule by mouth three times daily with meals. However on 10/10/22 this medication was only administered twice.

Plan of Correction**Accept (CM - 11/01/2022)**

All glucometers will be checked three times weekly (days will vary)– comparing E-Mar with glucometers readings. [REDACTED], ADON will be responsible. This process will start immediately. There is no stop date. This will start immediately.

[REDACTED] ADON, or [REDACTED], DON will observe the administration of Insulin twice weekly by the nurses. No Stop Date.

Licensee's Proposed Overall Completion Date: 10/27/2022

Implemented (MS - 12/02/2022)