



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SYDLYNN INC

LEGAL ENTITY

To operate PARADISE MANOR

NAME OF FACILITY OR AGENCY

Located at 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 37
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 19, 2024 until May 19, 2025,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **144462**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

HS 628P – 04/23



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOVEMBER 19, 2024

Owner/Administrator
Sydlynn Inc

RE: Paradise Manor
206 East Lincoln Avenue
Hatfield, Pennsylvania 19440
License #: 144462

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection April 11, 2024, May 7, 2024, and July 2, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby issues you a SECOND PROVISIONAL license to operate the above facility. A SECOND PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your SECOND PROVISIONAL license is enclosed and is valid from November 19, 2024 to May 19, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
187(a)	III	21	\$3	\$63	15 calendar days from mailing date of this letter

Mr. William Kofron

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a SECOND PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35.

If you decide to appeal your SECOND PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
[REDACTED]
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

[REDACTED]

Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

Mr. William Kofron

cc:



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

Facility Information

Name: PARADISE MANOR **License #:** 14446 **License Expiration:** 06/26/2024
Address: 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: SYDLYNN INC

Address: [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 19 **Waking Staff:** 14

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Provisional, Monitoring **Exit Conference Date:** 04/11/2024

Inspection Dates and Department Representative

04/11/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37 **Residents Served:** 19

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 18
Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

04/11/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 05/02/2024

Inspections / Reviews (*continued*)

04/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/10/2024

09/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/09/2024

Reviewer: [REDACTED]

Follow Up Type: Enforcement

89b - Hot Water Temperature**2. Requirements**

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 4/11/24, the hot water temperature at the bathroom sink in room 10 measured 131.5 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 04/26/2024)

Immediate: (4/11/24) The temperature on the new hot water heater was turned down below 120 degrees.

Training: (4/23/24) The new Maintenance Director was trained to check random/different water temperatures weekly.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Maintenance Director

On-going: (4/24/24) Maintenance Director will check water temperatures weekly using a checklist.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 09/24/2024)

103d - Storing Food Off Floor**3. Requirements**

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 4/11/24 at 10:35 am ,twelve 5-gallon bottles of water were stored on the floor in the dining area.

Plan of Correction Repeat Violation Date: 8/2/23 et al.

Accept (MS - 04/26/2024)

Immediate: (4/11/24) The 5 gallon bottles of water were moved off the floor.

Training: (4/23/24) The Cook/Chef was trained to check that food/water is not stored on the floor.

103d - Storing Food Off Floor (continued)

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Cook/Chef

On-going: (4/24/24) Cook/Chef will check that food/water is not stored on the floor daily using a checklist.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented (MS - 09/24/2024)

103f - Refrigerator/Freezer Temps**4. 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

On 4/11/24 at 10:36 am the temperature in the refrigerator located in the dining area was 46.0 degrees Fahrenheit and the attached freezer did not have a thermometer.

Plan of Correction

Accept [REDACTED] - 04/26/2024)

Immediate: (4/11/24) The second thermometer from the refrigerator was placed back into the freezer on the resident's refrigerator. The temperature dial was also lowered in the resident's refrigerator.

Training: (4/23/24) The Cook/Chef was trained to check that a thermometer is located in both the refrigerator and freezer and to check the temperatures daily.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Cook/Chef

On-going: (4/24/24) Cook/Chef will check that a thermometer is located in both the refrigerator and freezer and to check the temperatures daily using a checklist.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented [REDACTED] - 09/24/2024)

103g - Storing Food**5. Requirements**

2600.

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

Description of Violation

A box of spaghetti in the dry storage area was opened and unsealed.

Plan of Correction

Repeat Violation Date: 8/2/23 et al.

Accept [REDACTED] - 04/26/2024)

Immediate: (4/11/24) The box of spaghetti in the dry storage area was thrown out.

Training: (4/23/24) The Cook/Chef was trained to make sure all food is stored in closed or sealed containers.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Cook/Chef

On-going: (4/24/24) Cook/Chef will check that a sure all food is stored in closed or sealed containers daily using a checklist.

103g Storing Food (continued)

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented (████ - 09/24/2024)

103i - Outdated Food**6. Requirements**

2600.

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

Description of Violation

There were 4 loaves of lunch meat, including ham, turkey, and bologna, 4 blocks of American cheese, 1 tray of Shepard's pie, fruit cocktail, peach slices, mandarin slices, 1 container of cooked macaroni, 2 trays of meat, 1 tray of shredded cheese, 1 tub of shredded mozzarella cheese, all unlabeled and undated in the walk in refrigerator.

There were 5 plastic containers with cereal, including Rice Crispies, Mini Wheats, Cheerios, Cornflakes, and Raisin Bran, 1 sleeve of crackers, 2 bags of Ruffles potato chips, and 3 large tubs containing sugar, flour, and salt all unlabeled and undated in the dry storage area.

Plan of Correction

Repeat Violation Date: 8/2/23 et al.

Accept (████ - 04/26/2024)

Immediate: (4/11/24) All unlabeled and undated food was thrown out.

Training: (4/23/24) The Cook/Chef was trained to make sure all is labeled and dated upon opening.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Cook/Chef

On going: (4/24/24) Cook/Chef will check that a sure all food is labeled and dated upon opening daily using a checklist.

Licensee's Proposed Overall Completion Date: 04/30/2024

Not Implemented (████ - 09/23/2024)

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

Facility Information

Name: PARADISE MANOR **License #:** 14446 **License Expiration:** 06/26/2024
Address: 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: SYDLYNN INC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 12/31/1981 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 20 **Waking Staff:** 15

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Provisional **Exit Conference Date:** 05/07/2024

Inspection Dates and Department Representative

05/07/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37 **Residents Served:** 20

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 19
Diagnosed with Mental Illness: 9 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

05/07/2024 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/02/2024

Inspections / Reviews (*continued*)

06/03/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/24/2024

09/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2024

Reviewer: [REDACTED]

Follow Up Type: Enforcement

60a Staff/Support Plan**1. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On the dates of [REDACTED] 2024, Staff person A, who is listed as a [REDACTED] [REDACTED] was the only staff person scheduled from [REDACTED] Several residents have medications prescribed on an As Needed basis. Staff person A has not been certified to pass medications since [REDACTED].

Plan of Correction**Accept [REDACTED] - 06/03/2024)**

Immediate: (5/7/24) Resident Care Coordinator contacted certified med trainer for the copy of the previous observation that was missing from the file.

Training: (5/24/24) Administrator trained Resident Care Coordinator to make sure all overnight staff have med training and copies of all training documents are in the employee files.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Resident Care Coordinator

On-going: (5/24/24) Resident Care Coordinator will make sure all overnight staff get their med training and will not be scheduled until they do so. Resident Care Coordinator will review the schedule bi-weekly to ensure all overnight staff are med trained and have cpr. Resident Care Coordinator will initial each schedule to confirm the review.

Update: (5/30/24) Copy was received from Certified Med Trainer and placed in file.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented ([REDACTED]) - 09/24/2024)**65f Training Topics****2. Requirements**

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person A did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year 2023.

Plan of Correction**Accept [REDACTED] - 06/03/2024)**

Staff Person A was on a leave of absence but had all trainings previous and after return.

Immediate: (5/7/24) Resident Care Coordinator was told by administrator to make sure all employees get the required monthly training even if they don't attend the group training upon return from leave.

65f - Training Topics (continued)

Training: (5/24/24) Resident Care Coordinator was trained by the Administrator to make sure all employees receive all required training for the year. Resident Care Coordinator will review staff records monthly.

How Trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Resident Care Coordinator

How trained: Inservice by Administrator

On-Going: (5/24/24) Resident Care Coordinator will audit staff files monthly using a checklist.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented () - 07/22/2024)

66b - Training Plan Content**3. Requirements**

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not specify which staff persons are required to complete the specific trainings.

Plan of Correction

Directed () - 06/03/2024)

Community has been using the same staff training plan form for the last 15 years. Inspector wanted to see additional line specifying who was receiving the training.

Immediate: (5/7/24) Training form was updated to add "all others are direct care staff". Change was made by the administrator.

Directed POC:

In addition to the above plan of correction, annually, the administrator or designee shall review the following year's staff training plan prior to the end of the current training year to ensure that all required information is contained on the training plan.

Proposed Overall Completion Date: 05/31/2024

Implemented () - 07/22/2024)

85a - Sanitary Conditions

5. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 05/07/2024 at 9:15 am, the women's restroom across from bedroom #11 had no paper towels available for hand drying.

Plan of Correction

Accept [REDACTED] - 06/03/2024)

Immediate: (5/7/24) Paper towels were replaced on site.

Training: (5/24/24) Housekeeping staff was re-trained on cleaning common area bathrooms first thing each day including checking to make sure there are paper towels.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Housekeepers

On-Going: (5/24/24) Housekeepers will check paper towels each morning first thing.

Licensee's Proposed Overall Completion Date: 05/31/2024

Not Implemented [REDACTED] - 09/24/2024)

95 - Furniture and Equipment

6. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (continued)**Description of Violation**

On May 7, 2024, at 10:30 AM, the exit door on the third floor was secured with a deadbolt to keep the door closed due to the door latch not functioning correctly.

The freezer and refrigerator doors in the kitchen are secured with deadbolt locks at night to prevent them from opening because the air system blower pushes the doors open.

Plan of Correction**Directed () - 06/03/2024)**

Immediate: (5/7/24) Maintenance removed the deadbolt and secured the latch on the exit door. (5/29/24)

Refrigerator repair company was called to replace latch on walk-in. As of this submission we are still waiting on a response.

Training: (5/24/24) Maintenance/Kitchen staff were trained to not use dead bolt locks and to repair the equipment properly.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Maintenance and Kitchen staff

On-Going: (5/24/24) Maintenance will check for broken or damaged furniture and equipment on daily rounds.

Directed POC:

In addition to the above POC, the administrator or designee shall document any areas needing repair identified during daily rounds on a checklist and shall include documentation of the corrective action taken and by whom.

Documentation of the daily rounds and corrections shall be kept for 1 month beginning within 5 calendar days of the receipt of this POC. Audit's or monitoring shall continue to be done and documented monthly there after for at least 6months. Documentation shall be kept and made available for department review upon request.

Proposed Overall Completion Date: 05/31/2024

Not Implemented () - 09/24/2024)

132c - Fire Drill Records

8. 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

The fire drill record for the drills conducted on 09/18, 10/02, 11/06, 12/08, 01/04, 02/12, 03/29, and 04/08 lacks the inclusion of the year.

Plan of Correction

Directed () - 06/03/2024)

Immediate: (5/7/24) Administrator added the year to the fire drill form.

Training: (5/24/24) Administrator trained maintenance and Resident Care Coordinator to make sure the date includes the year on the form.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Maintenance, Administrator, Resident Care Coordinator

Directed POC:

In addition to the above plan of correction, and for the next 6 months, the administrator or designee shall complete a secondary review of the completed fire drill log following each unannounced drill to ensure documentation is completed correctly. Documentation of this secondary review of the drill log shall be kept and made available for Department review upon request.

Proposed Overall Completion Date: 05/31/2024

Implemented () 07/22/2024)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b Meds and Syringes Locked (continued)**Description of Violation**

On 05/07/24, two unlabeled inhalers were found next to the nightstand in resident#1's room. Resident #1 is unable to self administer medications. Repeat Violation Date: 8/2/23 et al.

Plan of Correction**Accept (MS - 06/03/2024)**

Resident 1 bought over the counter inhalers without the knowledge of the community. He has been told not to do so in the future.

Immediate: (5/24/24) We have requested a script from the doctor and for resident 1 and to be able to self administer.

Training: (5/24/24) Housekeeping was trained to report any medications they see in resident rooms to management so they can be removed.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Housekeeping

On going: (5/24/24) Resident Care Coordinator will check the rooms weekly to look for medications residents bring in from the outside using a checklist.

Licensee's Proposed Overall Completion Date: 05/31/2024

Not Implemented - 07/22/2024**187a - Medication Record****10. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [REDACTED] apply one patch to skin site daily chart and rotate site. However, the resident's [REDACTED] 2024 medication administration record fails to indicate the site of medication administration.

On [REDACTED], two inhalers were found next to the nightstand in resident#1' room, but these medications were not listed as a current medication on the medication administration record.

Repeat Violation Date: 1/18/24, 8/2/23 et al, 5/22/23

187a Medication Record (continued)**Plan of Correction****Accept () - 06/03/2024)**

Resident 1 patch now indicates left or right arm. We have requested a script from the doctor and for resident 1 and to be able to self administer.

Immediate: (5/24/24) Med Techs were immediately told by RCC to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.

Training: (5/24/24) Med Techs were trained by RCC to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.

How trained: Inservice by Resident Care Coordinator using Regulatory Compliance Guide

Responsible Staff: Med Techs

On Going: (5/24/24) RCC will do weekly checks of the MAR's to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. RCC will use a checklist for the audit.

Licensee's Proposed Overall Completion Date: 05/31/2024

Not Implemented () - 07/22/2024)**187d - Follow Prescriber's Orders****11. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed check blood glucose before bed daily as if However, resident #2 has not had their blood glucose checked at bedtime. Repeat Violation Date: 1/18/24,10/19/23, 8/2/23 et al., 6/13/23, 5/22/23.

Plan of Correction**Accept () - 06/03/2024)**

Resident 2 blood glucose is now being checked before bed.

Immediate: (5/7/24) Resident Care Coordinator verbally spoke with all med techs regarding following directions of the prescriber and paying close attention.

Training: (5/24/24) Med techs were trained to follow the directions of the prescriber and pay close attention.

How trained: Inservice by Resident Care Coordinator using Regulatory Compliance Guide

Responsible Staff: Med Techs

On Going: (5/24/24) Resident Care Coordinator will audit the resident charts weekly to ensure proper documentation and to ensure staff is following the directions of the prescribing physicians to prevent recurrence

187d - Follow Prescriber's Orders (continued)

using a checklist.

Licensee's Proposed Overall Completion Date: 05/31/2024

Not Implemented () - 07/22/2024)

225c - Additional Assessment**12. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #1's assessment, dated [REDACTED], does not include an evaluation of the need and use of an oxygen machine.

Plan of Correction

Accept [REDACTED] - 06/03/2024)

Immediate: [REDACTED] Resident Care Coordinator updated resident number 1's assessment to include oxygen.

Training: (5/24/24) Resident Care Coordinator trained by Administrator to make sure the support plan

Medical/Dental is filled out completely with ALL required information filled out at least annually or upon change of condition.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Resident Care Coordinator

On-Going: (5/24/24) Resident Care Coordinator will audit the resident charts weekly to ensure proper documentation using a checklist.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented [REDACTED] - 07/22/2024)

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

Facility Information

Name: PARADISE MANOR **License #:** 14446 **License Expiration:** 06/26/2024
Address: 206 EAST LINCOLN AVENUE, HATFIELD, PA 19440
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: SYDLYNN INC

Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 12/31/1981 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 21 **Waking Staff:** 16

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Monitoring **Exit Conference Date:** 07/02/2024

Inspection Dates and Department Representative

07/02/2024 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37 **Residents Served:** 21

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 21
Diagnosed with Mental Illness: 8 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

07/02/2024 - Partial

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 08/01/2024

Inspections / Reviews (*continued*)

08/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/11/2024

08/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/07/2024

09/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2024

Reviewer: [REDACTED]

Follow Up Type: Enforcement

103i - Outdated Food**1. Requirements**

2600.

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

Description of Violation

On July 2, 2024, at 11 a.m., 14 cans of tomato soup, which have an expiration date of March 3, 2023, were in the food pantry. Repeat Violation Date: 8/2/23 et al.

Plan of Correction

Accept () - 08/06/2024)

Immediate: (7/2/24) All outdated food was thrown out.

Training: (7/31/24) The Cook/Chef was trained to make sure all outdated food is disposed of.

How trained: Inservice by Administrator using Regulatory Compliance Guide.

Responsible Staff: Cook/Chef

On-going: (7/31/24) Cook/Chef will check that a sure all outdated food is disposed of daily using a checklist.

Licensee's Proposed Overall Completion Date: 08/01/2024

Not Implemented () - 09/23/2024)

183b - Meds and Syringes Locked**2. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [REDACTED] at [REDACTED], [REDACTED] was unlocked, unattended, and accessible in Resident#1's room.

Repeat Violation Date: 8/2/23 et al.

Plan of Correction

Accept () - 08/13/2024)

Resident 1 bought the cream without the knowledge of the community. He has been told not to do so in the future.

Immediate: (7/2/24) Resident 1 disposed of the cream.

Training: (8/7/24) Med techs, caregivers, and housekeepers were trained to report any medications they see in resident rooms to management so they can be removed.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Housekeeping

On-going: (7/31/24) Housekeeping will notify administrator if any resident has any medications in their room.

Resident Care Coordinator will check the rooms weekly to look for medications residents bring in from the outside using a checklist.

Licensee's Proposed Overall Completion Date: 08/07/2024

Not Implemented (MS - 09/23/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1's [REDACTED] was not in the original box, and the medication lacked labeling that included the resident's name, the medication's name, the issuance date of the prescription, the prescribed dosage, administration instructions, and the prescriber's name and title.

Plan of Correction

Accept ([REDACTED]) - 08/13/2024

Resident 1 bought the cream without the knowledge of the community. [REDACTED] has been told not to do so in the future.

Community was not able to properly label meds if we are unaware resident 1 brought into the community.

Immediate: (7/2/24) Resident 1 disposed of the cream.

Training: (8/7/24) Med techs, caregivers, and housekeepers were trained to report any medications they see in resident rooms to management so they can be removed.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Housekeeping

On-going: (7/31/24) Housekeeping will notify administrator if any resident has any medications in their room.

Resident Care Coordinator will check the rooms weekly to look for medications residents bring in from the outside using a checklist.

Licensee's Proposed Overall Completion Date: 08/07/2024

Not Implemented ([REDACTED]) - 09/23/2024

186a - Authorized Prescriber

4. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

The prescription medication [REDACTED], which belongs to resident #1, was not prescribed by an authorized healthcare provider. Staff member A reported that the medication was acquired without their knowledge.

Plan of Correction

Accept ([REDACTED]) - 08/13/2024

Resident 1 bought the cream without the knowledge of the community. [REDACTED] has been told not to do so in the future.

There was no prescriber of the medication as the community did not know where it came from.

Immediate: (7/2/24) Resident 1 disposed of the cream.

Training: (8/7/24) Med techs, caregivers, and housekeepers were trained to report any medications they see in resident rooms to management so they can be removed.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Housekeeping

186a Authorized Prescriber (continued)

On-going: (7/31/24) Housekeeping will notify administrator if any resident has any medications in their room. Resident Care Coordinator will check the rooms weekly to look for medications residents bring in from the outside using a checklist.

Licensee's Proposed Overall Completion Date: 08/07/2024

Not Implemented - 09/23/2024)

187a - Medication Record**5. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed [REDACTED]. This medication was administered on [REDACTED]; however, it is not included on resident #1's medication administration record.

Repeat Violation Date: 1/18/24, 8/2/23 et al, 5/22/23

Plan of Correction

Accept - 08/06/2024)

Immediate: (7/2/24) Med Techs were immediately told by RCC to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.

Training: (7/31/24) Med Techs were trained by Administrator to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Med Techs

On Going: (7/31/24) RCC will do weekly checks of the MAR's to make sure medication record contains for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication. RCC will use a checklist for the audit.

Licensee's Proposed Overall Completion Date: 07/31/2024

Not Implemented - 09/23/2024)

187c - Refusal of Medication

6. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On July 1st, 2024 at 8am and 4pm, on July 2, 2024 at 8am, resident #2 refused to take a scheduled dose of Insulin ASPA INJ Flexpen. The home did not report the refusal to the resident's doctor as required.

Repeat Violation Date: 5/22/23

Plan of Correction

Accept () - 08/06/2024)

Immediate: (7/23/24) Lead Med Tech spoke with the prescribing physician who changed the blood sugar checks prescription for resident 2 that resident 2 found agreeable.

Training: (7/31/24) Med Techs were trained to report medication refusals to the physician.

How trained: Inservice by Administrator using the Regulatory Compliance Guide

Responsible Staff: Med Techs

On-Going: (7/31/24) Med Techs or Resident Care Coordinator will report resident refusals to their physician. RCC will do random spot checks of carts, MAR's, and blood sugar logs to make sure glucometers are calibrated, and resident information is being logged correctly. This will be done weekly to make sure the staff is complying with the regulations using a checklist.

Licensee's Proposed Overall Completion Date: 07/31/2024

Not Implemented () - 09/23/2024)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

Description of Violation

Resident #2 is scheduled to check their blood sugar four times a day at [REDACTED]. However, the blood sugar for resident #2 was recorded on [REDACTED] and [REDACTED].

Resident #3 is prescribed to test blood sugar three times daily at [REDACTED]. However, resident #3 was checked blood sugar on [REDACTED].

Repeat Violation Date: 1/18/24; 8/2/23 et al, 6/13/23; 5/22/23

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept ([REDACTED] - 08/06/2024)**

Resident 2 both prescriptions were DC'd by the physician.

Resident 3 had a new censor and the sensor takes time to operate after installing so the reading was late.

Immediate: (7/2/24) Resident Care Coordinator verbally spoke with all med techs regarding following directions of the prescriber and paying close attention.

Training: (7/31/24) Med techs were trained to follow the directions of the prescriber and pay close attention.

How trained: Inservice by Administrator using Regulatory Compliance Guide

Responsible Staff: Med Techs

On-Going: (7/31/24) Resident Care Coordinator will audit the resident charts weekly to ensure proper documentation and to ensure staff is following the directions of the prescribing physicians to prevent recurrence using a checklist.

Licensee's Proposed Overall Completion Date: 07/31/2024

Not Implemented ([REDACTED] - 09/23/2024)