



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 17 2017

Ms. Koryn Gallagher
Executive Director
Highland Park Senior Living LLC
874 Schechter Drive
Wilkes-Barre Township, Pennsylvania 18702

RE: Highland Park Senior Living
License #: 226300

Dear Dugas:

As a result of the Department of Human Services' (Department) annual licensing inspection on August 2, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5/10/17 resident # 3 was experiencing an increase in the following behaviors, becoming "increasingly sexually aggressive" towards female residents by "cat calling, whistling, and calling them beautiful". On 5/11/17 the resident's inappropriate behaviors towards residents continued and the resident was sent out to the hospital for an evaluation. The resident returned to the home the same day. The home did not submit an incident report to the Department.

On 5/13/17 resident # 3 was being "inappropriate with female residents again" by "cat calling, whistling, and calling them beautiful". The resident was transported to the hospital for an evaluation and was admitted. The resident returned to the home on [REDACTED] 17. The home did not submit an incident report to the Department.

On 6/17/17 resident # 3 was sent to the hospital for a "behavioral evaluation due to physical agitation and sexual advances towards both residents and staff". The sexual advances towards resident's consisted of "cat calling, whistling, asking them to sit nearby and calling them beautiful". The resident returned the same day. The home did not submit an incident report to the Department.

On 7/1/17 resident # 3 was sent to the hospital for treatment after a fall on 7/1/17 at 9:45am where the resident suffered a laceration and contusion above the left eye. The resident returned to the facility the same day with the following diagnosis: "Head Injury. It does not appear serious at this time. But symptoms of a more serious problem, such as a mild brain injury (concussion) or bruising or bleeding in the brain, may appear later." The home did not submit an incident report to the Department.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All direct care staff will be re educated on what incidents or conditions need to be reported as well as abuse reporting and the process for reporting events in a timely manner. Administrator will randomly audit charts to ensure incidents that need to be reported are reported in a timely manner.

The Administrator will also ensure there is a process in place to ensure reports are submitted timely. This will include timely reporting on weekends and holidays as well. Three (3) of the four (4) events listed above took place over the weekend(s).
 10/2/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Gump Gallagher, PCHA

Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Thomas Bullashev

Date 9-26-17

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The above plan of correction is approved as of

9
 (Date)
10-2-17

Plan of correction implementation status as of 10/2/17
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 A grassy downward slope measuring approximately a 2 ½ feet drop in height located within 5 feet of Emergency Exit Door A (first floor) poses a potential fall hazard. This hazard affects residents and staff exiting this door in an emergency as they make their way to the home's designated meeting area.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The contractor from LHC Construction fixed the area where the slope was by leveling off the area with concrete to ensure it was no longer a fall hazard. Maintenance will monitor all exit areas of the building weekly to ensure they are in good repair and free of hazards. Administrator will conduct random inspections to ensure the exit areas remain in good repair.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Koryn Gallagher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Koryn Gallagher, PCHA</i>	Date <i>9-26-17</i>
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The above plan of correction is approved as of <i>10/2/17</i> <i>photo sent.</i> (Date)	Plan of correction implementation status as of <i>10/2/17</i> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 8/2/17, mid-morning, scaffolding, lumber, and a cement brick blocked egress from the home's SCDU courtyard exit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Corrected at the time of inspection. Maintenance will monitor stairways, hallways, doorways, passageways and egress routes weekly to ensure they are unlocked and unobstructed. Administrator will conduct random inspections of the building to ensure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Koryn Gallagher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Koryn Gallagher, PCHA</i>	Date <i>9-26-17</i>
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Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.125(a) - Combustible and flammable materials may not be located near heat sources or hot water heaters.

2a. DESCRIPTION OF VIOLATION
 On 8/2/17, at 3:41pm, in the main laundry room, located behind the 2 large industrial clothes dryers, was a lint accumulation varying from 1/8"-1/4" on the motor housing, wires, pipes and hosing. There was also a brown paper like strip loose laying on the floor approximately 1 foot long behind the dryer on the right when facing the dryers. This poses a fire hazard.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 Corrected at the time of inspection. Housekeeping will monitor laundry areas on a daily basis and get rid of any lint accumulation on the motor, wires, pipes and hosing and check to ensure no other combustible/flammable materials are located near any heat sources. All DCS that do laundry are responsible to clean the lint trap after each load of laundry and to monitor the laundry room to ensure lint does not accumulate on other areas of the machines, which can pose a fire hazard. Administrator will monitor for ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Koryn Gallagher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Koryn Gallagher, PCHA</i>	Date <i>9-26-17</i>
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Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The home did not implement procedures for the safe use of medical equipment.

On 8/2/17, resident # 3's glucometer was not calibrated correctly. It read 9:27am when it was turned on and the time was 11:28am.

On 8/2/17, resident # 4's glucometer was not calibrated correctly. It read 9:17am when it was turned on and the time was 11:17am.

Resident # 4's glucometer reading on 7/27/17 at 4:30pm in the resident's glucometer was 253. It was documented on the resident's "Blood Sugar/Insulin Flow Sheet" as 252 and on 7/30/17 the glucometer reading at 11:30am was 247 and documented as 201.

There was no glucometer reading in Resident # 5's glucometer 7/26/17 at 8:30pm. The resident was administered 6 units of insulin based on this reading.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All glucometers were calibrated correctly and when med techs/nursing completes their audits of the machines they will also check to ensure the glucometer is recording the correct time and date. All med tech staff were educated on importance of calibrating machines correctly and transcribing correct blood glucose readings. Director of Wellness will complete random audits to ensure compliance and administrator will also monitor to assure ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/10/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Koryn Gallagher

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page)

Koryn Gallagher, PCHA

Date *9-26-17*

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 (Date)

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- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)

Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

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.

2a. DESCRIPTION OF VIOLATION

The medication administration record (M.A.R.) for resident # 1 was not initialed on 7/28/17 and 7/31/17 at 12:00 Noon. Starlix take 1 tablet orally three times daily with meals.

On 7/9/17 at 2:00 p.m. resident # 2 was administered Xanax (take 1 tab orally twice daily as needed for anxiety). The M.A.R. was incorrectly initialed as adminisitered on 7/8/17.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The importance of medication records is to ensure residents are receiving their medications properly. DCS were educated on importance of initialing the MAR after a medication is given or recording the appropriate exception or refusal on the MAR. Staff were also educated on importance of initialing the correct medication at the correct time and date especially when recording a PRN medication. Director of Wellness will conduct random audits to ensure compliance. Administrator will monitor for ongoing compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/10/2017	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Koryn Gallagher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Koryn Gallagher PCHA</i>	Date <i>9-26-17</i>
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Plan of correction implementation status as of 10/16/17
 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]*
 (Initials)

Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident # 4 has a history of falls on 5/29/17, 6/2/17, 6/4/17, 6/8/17, 6/11/17, 7/23/17, and 7/28/17. The resident's support plan, dated 12/2/16, does not address how the home will assist the resident in meeting these needs. On 6/15/17, the resident was combative with care, attempting to bite staff and yelling at other residents. On 7/14/17 the resident was disruptive in the dining room. The resident's support plan dated 12/2/16 indicates the resident has no problems with irritability, judgment, agitation, or aggression. It was not updated to reflect how the home will address these changes. The resident is also on a mechanical soft diet and the support plan dated 12/2/16 only indicated the resident has a diet of no concentrated sweets and no added salt.

On 2/3/17, resident # 7's physician determined that the "resident requires help eating R/T tremors". The resident's support plan dated 2/6/17 indicates the resident requires no assistance and is independent with eating. On 5/19/17, discharge instructions stated the resident is on the following diet: "Dental Soft with chopped meats". The support plan dated 2/6/17 indicates the resident is on a regular diet. The support plan does not address how the home will assist the resident in meeting these needs.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

All DCS were educated on importance of updating support plans to reflect the residents needs or changes in condition. The Director of Wellness will update the support plans more frequently to reflect the residents needs or changes in condition. Administrator will monitor to assure ongoing compliance.

Administrator will ensure there is an effective flow of communication between Direct Care Staff and Licensed Staff Managers that actually update the records in order to ensure appropriate & timely care to residents.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Konin Gallagher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Konin Gallagher, PCHA* Date *9-26-17*

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Plan of correction implementation status as of 10-16-17 (Date)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by *[Signature]* (Initials)

Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

2a. DESCRIPTION OF VIOLATION
 The directions (code) for operating the home's locking mechanism on the door to the left leading into the courtyard from the SCU are not conspicuously posted near the door.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

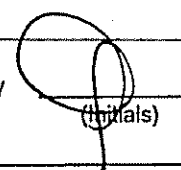
Corrected at the time of inspection. All staff that work in the SDU were educated on importance of having codes for the doors marked in a conspicuous place near the locked doors to allow immediate exit for residents, staff & visitors. Administrator will conduct random audits of all doors and exits in the SDU to ensure the codes are located in a conspicuous place.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Koryn Gallagher*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Koryn Gallagher, PCHA</i>	Date <i>9-26-17</i>
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Violation Report: 22630 - 08/02/2017 - Dumas, Gerald
 PCH Name: HIGHLAND PARK SENIOR LIVING

1. REGULATION 55 Pa.Code §2600
 2600.234(d) - The support plan shall be revised at least annually and as the resident's condition changes.

2a. DESCRIPTION OF VIOLATION
 On 5/10/17 resident # 3 was experiencing an increase in the following behaviors, becoming "increasingly sexually aggressive" towards female residents by "cat calling, whistling, and calling them beautiful". On 5/11/17 the resident's inappropriate behaviors towards residents continued and the resident was sent out to the hospital for an evaluation. The resident returned to the home the same day. On 5/13/17 resident # 3 was being "inappropriate with female residents again" by "cat calling, whistling, and calling them beautiful". When staff attempted to intervene the resident hit a staff person with a cane. The resident was transported to the hospital for an evaluation and was admitted. The resident returned to the home on [redacted] 17. On 6/17/17 resident # 3 was sent to the hospital for a "behavioral evaluation due to physical agitation and sexual advances towards both residents and staff". The sexual advances towards resident's consisted of "cat calling, whistling, asking them to sit nearby and calling them beautiful". The resident returned the same day. On 6/19/17 resident note entry indicates resident # 3 is physically and verbally aggressive towards staff and at times needs 1:1 staff. The resident's support plan, dated 4/4/17, indicates the resident has no problem with irritability, judgement, agitation, and aggression. The resident's support plan has not been revised to reflect how the home will meet the resident's needs with regards to these changes.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.
 All DCS were educated on importance of updating support plans to reflect the residents needs or changes in condition. The Director of Wellness will update the support plans more frequently to reflect the residents current needs or changes in condition. Administrator will monitor to assure ongoing compliance.

The Administrator will ensure there is a process in place to communicate information between the direct care staff and the Wellness Director/Managers & Supervisors. This will assist in developing more detailed support plans to best meet resident's evolving needs.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Konyn Gallagher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Konyn Gallagher, PCHA* Date *9-26-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented