



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to SOUTH MOUNTAIN MEMORY CARE LLC
LEGAL ENTITY

To operate SOUTH MOUNTAIN MEMORY CARE
NAME OF FACILITY OR AGENCY

Located at 201 SOUTH SEVENTH STREET, EMMAUS, PA 18049
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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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 28
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 28

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 September 17, 2018 until September 17, 2019,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **227210**

Robert E. Robinson
ISSUING OFFICER

Carolyn K. Ellison
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



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 17 2018

Mr. William S. Wall
Member
South Mountain Memory Care, LLC
201 South Seventh Street
Emmaus, Pennsylvania 18049

RE: South Mountain Memory Care, LLC
License: 227210

Dear Mr. Wall:


As a result of the Department's Bureau of Human Services Licensing annual inspection on August 10, 2018 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 22721 - 08/10/2018 - DeLuca, Amy

PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.42(b) A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

On 7/15/18 Resident #1 pushed Resident #2 on two occasions within a short amount of time. The second time resident #1 pushed Resident #2 it resulted in Resident #2 fracturing the left humerus.

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.

Comment

While the violation correctly sites Resident #1 as the resident who pushed Resident #2, Resident #2 had approached Resident #1 both times prior to the incident insisting he was her husband and trying to hold his hand. Staff separated the residents at that time but were not able to do so in the second episode.

Plan

- 1- Staff were all in-serviced in the need to anticipate unexpected interaction with Memory Care residents at all times but especially in an instances where the interaction is repeated and may result in more assertive behaviors. They were advised on how to intervene in a manner that would reduce further agitation.
- 2- The family of Resident #2 admitted that these behaviors, unreported upon admission, had been a concern while the Resident was at home with her husband. The family was advised that the PCH would attempt to assist in eliminating the concerns but that the safety of all residents is of utmost concern.
- 3- Family agreed to hire private duty aides during the evening hours to monitor Resident #2 one on one.
- 4- The PCP started slow medication changes in an attempt to modify behaviors. The PCP states the medication effects will take time and recommends a period of 6-8 weeks of private duty assistance.

Responsibility

All direct care and non-direct care were made aware of the need to observe future interactions of these two residents and take steps to request any and all assistance, as long as needed, in the event that the incident reoccurred.

The floor supervisors will intercede immediately in the event that there is any noted concerns.

All possible interactions will be reported to the DOW and Administrator immediately.

In the event that the medication and one on one attendance do not modify behaviors the family will be provided assistance by the PCH to find alternative placement.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Victoria B Snyder Date 8/21/18

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

The above plan of correction is approved as of <u>8/22/18</u> (Date)	Plan of correction implementation status as of <u>8/22/18</u> (Date)
The above plan of correction was approved by <u>MM</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

Violation Report: 22721 - 08/10/2018 - Deluca, Amy
 PCH Name: SOUTH MOUNTAIN MEMORY CARE

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
 The exit door located in the North Wing leading to the outside did not open after entering the code on the key pad. It was later discovered that the door was jammed due to the weather stripping around 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.

121.A

Comment

New Construction-weather stripping swelled with humidity.

Plan

Fixed at inspection

Responsible staff

Administrator will check exit doors daily.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Victoria B Snyder*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Victoria B Snyder ED</i>	Date <i>8/21/18</i>
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Violation Report: 22721 - 08/10/2018 - Deluca, Amy
 PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.132(v) - 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.

2a. DESCRIPTION OF VIOLATION

Documentation on the home's fire drill logs indicates that the exit used during the fire drill dated 4/20/2018 was the laundry room. Upon clarification from the staff it was determined that the actual exit used was the south wing of the home. Also, the fire drill logs indicated that on 7/26/2018 there were 11 residents documented in the home during the time the alarm was sounded but only 10 residents evacuated. Upon clarification from the staff it was determined that the actual number of residents in the home during the drill was 10; 1 resident was out of the facility during the drill. The home erroneously recorded the daily census instead of the actual number of residents in the home when the alarm was sounded on 7/26/2018.

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.

132C

Comment

User error.

Plan

Created a new user friendly form for fire drill log for SMMC. (See attached)

Responsible staff

Administrator will visually check after all drills for any errors.

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

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Violation Report: 22721 - 08/10/2018 - Deuca, Amy

PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's DMF dated 5/11/18 was signed by the doctor on 5/11/18 and was a photocopy. On 5/14/18 the document had purple ink written on the document on pg. 1-2 after the doctor signed it.

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.

141.A2

Comment

Disputed with state on 8/14/18

THIS WAS NOT A PHOTOCOPY IT WAS A FAXED COPY. See attached The documentation, transcribed directly from the 4 pages of orders attached to the 5/11/18 DME was also sent on 5/11/18.

The date at the top of the page was an audit review date and **NOT** the date that the transcription occurred.

Plan

Transcribed documentation is always supported by the MD's notes or orders.

Responsible staff

Administrator/designee

Repeat Violation: No

Date(s) of Previous Violation(s):

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Victoria B Snyder

Printed Name and Title of Legal Entity Representative

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Victoria B Snyder

Date

8/21/18

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Violation Report: 22721 - 08/10/2018 - DeLuca, Amy
 PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

At the time of the medication cart audit the following medications were found unlabeled and with no identification as to whom the medications belonged:
 1 bottle of Melatonin 5mg, 1 bottle of Aspirin 81mg, and 1 bottle of Vitamin D3 1000 u.

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.

184.b

Plan

The DOW will check in all OTC meds and label at the time of arrival.
 The DOW will educate all Med Techs to be aware of the need for labeling of ALL medications stored in the med cart.

Responsible staff

The DOW is responsible for a chart audit of the med cart weekly.
 The Administrator will audit monthly to assure compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22721 - 08/10/2018 - Deluca, Amy
 PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa. Code §2600
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1's pre-admission screening completed on 3/19/18 noted that the home is unable to meet the residents 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.

224A

Comment

User error.

Plan

The DOW will review all screens for error free charting.

Responsible staff

The Administrator will add the audit of screens to the ED review of admission paperwork.

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

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 (Required on EVERY Page) *Victoria B Snyder*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Victoria Snyder, ED* Date *8/21/18*

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Violation Report: 22721 - 08/10/2018 - Deluca, Amy
 PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code 52600

2600.232(d) - The home shall provide a full description of the measures taken to enhance environmental awareness and maximize independence of the residents. The measures to enhance environmental awareness and maximize independence of the residents shall be implemented.

2a. DESCRIPTION OF VIOLATION

The North wing exit door which exits down a ramp on the side of the building into the homes secured dementia courtyard has a gate on the fence that is not equipped with a magnetic locking device. The gate exits to Minor street which is a potentially unsafe area for the residents residing on the memory care unit.

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.

232(d)

Comment

RESIDENT WOULD NOT BE EXITED OUT OF THIS AREA TO THE MINOR STREET AREA UNATTENDED.

THIS EXIT HAS NOT BEEN USED AS A FIRE EXIT.

THIS EXIT IS HAS DOUBLE LOCKS ENTERING THE RAMP-RESIDENTS CANNOT EXIT ON THEIR OWN

RESIDENTS ARE NEVER PERMITTED ON THE WALKING PATH WITHOUT ASSISTANCE.

Plan

In view of the violation a magnetic locking device, with interconnection to the fire alarm system, will be installed on or before 9/15/18.

All specs for the system will be submitted to the NE Regional Director upon installation.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Victoria B Snyder

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Victoria B Snyder ED

Date

8/21/18

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Violation Report: 22721 - 08/10/2018 - Deluca, Amy

PCH Name: SCUTH MOUNTAIN MEMORY CARE

1. REGULATION 65 Pa.Code §2600

2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on 5/11/18; the Resident Assessment and Support Plan (RASP) was not completed until 5/22/18.

Resident #1 was admitted to the home on 3/23/18; the RASP was not completed until 3/27/18.

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.

234a

Comment

Staff was not aware of the difference in the regulation pertaining to SDU residents prior to June. Resident was admitted on 5/11/18. This was corrected on all subsequent admissions.

Plan

The DOW will assure this is done per regulation.

Responsible staff

The Administrator will add this check to admission paperwork review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Victoria B Snyder

Printed Name and Title of Legal Entity Representative

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Victoria B Snyder, ED

Date

8/21/18

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Violation Report: 22721 - 08/10/2018 - Deluca, Amy
 PCH Name: SOUTH MOUNTAIN MEMORY CARE

1. REGULATION 55 Pa.Code §2600

2600.251(b) The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

Resident #2's RASP dated 5/22/18 has correction tape under the informal contact section on pg. 1.

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.

251b

Comment

The electronic software version of the RASP auto inserted the same contacts phone number 4 times.

Plan

All white out has been removed from the clinical area.

Responsible staff

The DOW and Administrator will auto periodically.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Victoria B Sydes

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

Victoria B Sydes, ED

Date

8/21/18

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