



July 2, 2019

Ms. Laura R. Roy
Executive Director
Passavant Retirement and Health Center
105 Burgess Drive
Zelienople, Pennsylvania 16063

RE: Passavant Retirement & Health Center
Newhaven Court
100 Burgess Drive
Zelienople, Pennsylvania 16063
Certificate #: 424060

Dear Ms. Roy:

As a result of the Department's Bureau of Human Services Licensing annual inspection on March 13, 2019 and March 14, 2019, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Received BHSL
6/10/19

Facility Information

Name: PASSAVANT RETIREMENT & HEALTH CENTER NEWHAVEN COURT
Address: 100 BURGESS DRIVE, ZELIENOPLE, PA 16063
County: BUTLER Region: WESTERN

License Number: 424060

Administrator

Name: Christine Macedonia Phone: 7244522894 Email: christine.macedonia@lutheranseniorlife.org

Legal Entity

Name: PASSAVANT RETIREMENT AND HEALTH CENTER
Address: 105 BURGESS DRIVE, PA, 16063

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/16/1993 Issued By: PA Dept of L&I

Staffing Hours

Resident Support Staff: Total Daily Staff: 91 Waking Staff: 68

Inspection

Type: Full Reason: Renewal BHA Docket #: Notice: Unannounced

Inspection Dates and Department Representative

03/13/2019 - On-Site: Vicki Pfaff, Eveges, Joe, Graziano, Belinda
03/14/2019 - On-Site: Vicki Pfaff, Eveges, Joe, Graziano, Belinda

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: ~~168~~ 164 Residents Served: 86

LB

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 86
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 5 Have Physical Disability: 0

25c8 - Smoking

Regulations

2600.

25.c. At a minimum, the contract must specify the following:

- 8. The home's rules related to home services, including whether the home permits smoking.

Description of Violation

The resident-home contract for residents #1, #2, #3 and #4 indicate in Section 14.2 "The Community does not permit smoking anywhere on its premises." However, the home's written smoking policy indicates that "Passavant Community is smoke free for residents, the only exception are those residents who are grandfathered. Smoking is restricted to designated areas of the community. . . ."

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 resident home contract was amended in section 14.2 to state that smoking is allowed in designated areas. (Attachment A)
- All current personal care residents were notified in writing of the contract change. (Attachment B)
- A signed copy of the notification will be kept with the resident home contract.
- A summary of the change and notification was posted in the main lobby area. (Attachment C)
- The personal care smoking policy, #57, was amended to eliminate the verbiage that Passavant Community is smoke free for residents, except those that are grandfathered in, and changed to Passavant Community allows smoking in designated areas only. (Attachment D)
- The Lutheran SeniorLife Passavant Community Administrative Smoking Policy was amended to eliminate the verbiage that Passavant Community is smoke free for residents, except those that are grandfathered in, and changed to Passavant Community allows smoking in designated areas only. (Attachment E)

Legal Entity Representative

Christine Macedonia
Signature

Christine Macedonia, Administrative 6.7.19
Printed Name and Title Date

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The above plan of correction is approved as of

6/11/19
(Date)

Plan of correction implementation status as of

6/11/19
(Date)

The above plan of correction was approved by

EJ
(Initials)

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

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/13/19 at 10:50 a.m., there were in excess of 45 cigarette butts in the grass next to the employee smoking area.

On 3/13/19 at approximately 11:30 a.m., there was a strong odor of (cat?) urine in resident room #206. The resident's cat resides in this room with the resident.

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.)

- Employee smoking area was cleared of all cigarette butts on the day of inspection – 3.13.19.
- Smoking receptacles were weighted down with sand and stone to prevent them from tipping over and spilling on 3.15.19.
- Checks of the employee smoking area began on 3.14.19 and are performed by the Personal Care Specialist a minimum of four times per week. (Attachment F)
- Administrator posted sign on staff bulletin board regarding consequences of any future cigarette butts found on the ground in the employee smoking area. (Attachment G)
- If unsanitary conditions are observed, the Administrator will be notified immediately and the employee smoking area will cease at NHC. Employees will be required to go off campus to smoke.

See Page 3A of 8

Legal Entity Representative

Christine Macedonia
Signature

Christine Macedonia, Administrator 6.7.19
Printed Name and Title Date

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85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/13/19 at 10:50 a.m., there were in excess of 45 cigarette butts in the grass next to the employee smoking area.

On 3/13/19 at approximately 11:30 a.m., there was a strong odor of (cat?) urine in resident room #206. The resident's cat resides in this room with the resident.

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.)

- Resident #9's POA will be purchasing a self-cleaning litter box to lessen cat urine odor and researching odor eliminating litter.
- Resident #9's apartment is cleaned once per week and carpet is currently on a monthly schedule to be cleaned by environmental services which will remain effective unless Administrator and Environmental Service Supervisor determine it should increase to biweekly.
- Environmental services collaborated with their supplier on the situation and proceeded to purchase the recommended product called "Odoban" (Attachment J)
- Environmental services has coordinated an ongoing plan that will begin immediately with the toilet being removed to instill "OdoBan" under the base of the toilet.
- Resident #9's entire apartment is scheduled to be thoroughly cleaned and sanitized with the provided product, which is including walls and all contents within once "Odoban" arrives.
- Administrator along with Personal Care Specialist will observe apartment following the initial cleaning and determine if the products were of assist with ensuring compliance with regulation 2600.85a.
- Following the initial cleaning Administrator and Environmental Services supervisor will collaborate to determine if a monthly/bi-weekly/weekly thorough cleaning regimen would be required to meet appropriate sanitation needs.

Legal Entity Representative

Christine Macedonia

Signature

Christine Macedonia, Administrator 6.7.19

Printed Name and Title

Date

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132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 3/14/19 at 3:05 p.m., The fire alarm activated. Residents #5 and #6 did not evacuate their individual rooms to a common fire safe area when the fire alarm sounded.

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.)

- During the exit interview on 3.14.2019, DHS surveyor had mentioned two residents did not exit their apartments when the fire alarm was activated. Administrator and Personal Care Specialist had concerns and discussed this event following the inspection on 3.15.2019. After collaborating both Administrator and Personal Care Specialist went to speak with Resident #5 and #6.
 - Administrator and Personal Care Specialist reeducated both residents of the appropriate response that should transpire when the fire alarm is initiated, while elaborating on the importance of their own safety.
 - Resident #5 and Resident #6 both expressed understanding of the provided information.
 - Separately, both Residents were cooperative and capable of performing the appropriate response and independently locating the designated fire-safe area.
 - A laminated reminder (Attachment I) was secured to the inside of both residents door during this time.
 - After receiving violation report, on 6/6/19 Personal Care Specialist reviewed with Resident #5 and #6 the events that occurred on 3.14.2019 along with a brief reminder of the significance of their involvement of practicing safe exit strategies and how to properly respond to any and all evacuation alerts. (Attachment J)
- Immediately: The administrator shall monitor the fire drill record monthly to ensure all residents are evacuated in accordance with regulation 2600.132(d).
 Legal Entity Representative

Christine Macedonia
Signature

Christine Macedonia
Printed Name and Title

6.7.19
Date

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144c1 - Smoking Area Guidelines

Regulations

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 3/13/19 at 10:48 a.m., there were 2 green lawn chairs with foot rests and fabric seats in the employee smoking area near the dumpster. There was no label or other documentation to demonstrate the items were fire resistant.

On 3/13/19 at 10:55 a.m., there were 2 tan lawn chairs with fabric seats and 1 tan cushion on a table in the resident smoking area in the front of the building. There was no label or other documentation to demonstrate the items were fire resistant.

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.)

- On 3/13/19 the unlabeled furniture in the smoking areas was removed and disposed of. The remaining furniture in each area is made of metal and/or hard plastic.
- The Personal Care Specialist will monitor the smoking areas at a minimum of four times per week to check for any furniture that may have been moved to the areas which is not fire resistant. She will also be checking that the fire resistant smoking receptacles and fire extinguishers are in place. (Attachment K)
- A Smoking- Fire Safety Policy was created to ensure safety of all residents, staff and visitors. The policy will be displayed in the main lobby area as well as staff communication area. (Attachment L)

Legal Entity Representative

Christine Macedonia
Signature

Christine Macedonia, Administrator 6.7.19
Printed Name and Title Date

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185a - Implement Storage Procedures

Regulations

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 3/14/19 at 11:44 a.m., resident #7's glucometer was not calibrated to current date and time. The resident's glucometer indicated that it was 3/14/19 at 7:37 a.m.

Resident #7's March 2019 medication administration record (MAR) included the following blood glucose values that were not in the resident's glucometer:

3/7/19 at 7:30 a.m. - 128

3/12/19 at 4:00 p.m. - 215

Repeat violation 3/14/18, et al

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.)

- Calibration for Resident #7 was corrected on 3.14.2019 and an audit was completed by a licensed nurse on 3.15.2019 of all resident glucometers to ensure proper calibration
- On 3.19.2019 a treatment was created and substituted the current monthly glucometer calibration to weekly calibration in all resident's EMAR that utilize glucometers. (Attachment M)
- A process was created on 3.19.2019 for all new admissions with glucometers will be immediately assessed for proper calibration along with adding the weekly calibration treatment into their EMAR. (Attachment N)
- Upon further review Administrator and Personal Care Specialist have assigned ownership of weekly checks to one specific licensed nurse (or designee if not on site).
- Assessment was created for the licensed nurse to monitor and provide proper documentation of calibration occurring per each resident. (Attachment O). Within the assessment it is required to match the glucometer readings on the EMAR to the readings on the glucometer. In the event that the numbers are not matching with the MAR or are not indicated on the glucometer the administrator is to be notified immediately for further review.

Legal Entity Representative

Christine Macedonia
Signature

Christine Macedonia, Administrator 6.7.19
Printed Name and Title Date

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191 - Resident Right to Refuse

Regulations

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

There is no documentation that resident #9, admitted 10/1/11, was educated on the resident's right to question or refuse a medication if the resident believes there may be a medication error.

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.)

- On 3/13/19 Personal Care Specialist reviewed Resident Rights with resident #9. Resident #9 was aware of the Resident Rights and demonstrated understanding.
- Resident #9 signed and received a copy of the Resident Rights. (Attachment P)
- DHS Inspector was given the signed copy on 3/14/19.
- An audit of all resident contracts was done by the Administrator to ensure that each resident had a signed copy of the Resident Rights that includes the right to refuse medication if the resident believes there may be a medication error.
- The week of 3/18/19 each resident was given a copy of the Resident Rights which included the right to refuse medication if the resident believes there may be a medication error to ensure the re-education of all residents. A signed copy has been placed in each resident's administrative file. (Attachment Q)

Legal Entity Representative

Christine Macedonia
Signature

Christine Macedonia, 6-7-19
Printed Name and Title *Administrator* Date

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(Initials)

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225c - Additional Assessment

Regulations

2600.

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

Description of Violation

Resident #2's annual assessment completed 5/10/18 was not updated to include the diagnoses of anxiety-depression and cataracts as indicated on the resident's annual medical evaluation completed 5/14/18.

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.)

- On 3/13/19 a screen shot of resident #2's RASP which was on our EMAR was given to DHS Inspector for review. Screen shot showed that both anxiety – depression and cataracts were addressed on the electronic RASP. (Attachment R)
- Viewing resident #2's RASP on the EMAR shows all of the required information per 225c, however due to on-going issues when printing the RASPs from the EMAR system we have elected to use paper RASPs to prevent any future printing issues.
- On 3/15/19 resident #2's RASP was converted back to original paper formatting.
- All resident RASPs were printed from the EMAR and audited to ensure all required information is readily available. (Attachment S)
- Going forward no resident RASPs will be completed on the EMAR until such time proper formatting can be designed to ensure all information is viewable when printed.

Legal Entity Representative

Christine Macedonia
Signature

Christine Macedonia, Administrator 6.7.19
Printed Name and Title Date

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