



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: paulahahn@fritzingertown.com
MAILING DATE: August 21, 2019

Ms. Paula Sagan-Hahn
Executive Director
Lakewood Senior Living-Drums LLC
159 South Old Turnpike Road
Drums, Pennsylvania 18222

RE: Fritzingertown Senior Living Community
License #: 201660

Dear Ms. Sagan-Hahn:

As a result of the Department's Bureau of Human Services Licensing inspection on July 17, 2019 of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "M. Moskalczyk".

Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: *FRITZINGERTOWN SENIOR LIVING COMMUNITY*
 Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222*
 County: *LUZERNE* Region: *NORTHEAST*

License Number: *20166*

Administrator

Name: *Paula Hahn* Phone: *5707884178* Email: *PAULAHAHN@FRITZINGERTOWN.COM*

Legal Entity

Name: *LAKEWOOD SENIOR LIVING DRUMS LLC*
 Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA, 18222*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *161* Waking Staff: *121*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Incident*

Inspection Dates and Department Representative

07/17/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* Residents Served: *119*

Secured Dementia Care Unit

In Home: *Yes* Area: *na* Capacity: *60* Residents Served: *40*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *119*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *42* Have Physical Disability: *0*

FRITZINGERTOWN SENIOR LIVING COMMUNITY

20166

16c - Written Incident Report

Regulations

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 § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/3/2019 resident #1 suffered a fall and required two staples to his head. The home did not report the injury to the Department's regional office as required.

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.)

(Please see attached)

Legal Entity Representative

Paula Sagan Hahn

Signature

Paula Sagan Hahn - Executive Director

Printed Name and Title

Date

08/01/2019

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

8-13-19
(Date)

Plan of correction implementation status as of

8-13-19
(Date)

The above plan of correction was approved by

MM
(Initials)

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

07/17/2019

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16C

Why this deficiency occurred;

This reporter did not receive incident report from nursing supervisor.

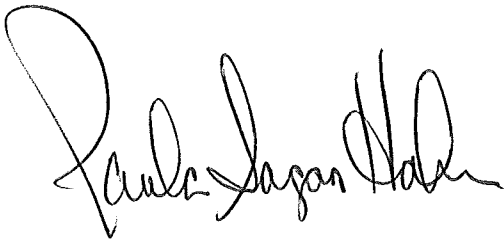
Plan of Correction:

Nursing supervisors were re-in-serviced in the requirements of this regulation.

All nursing staff will be re-in-serviced in the need to ensure all incident reports will be provided to nursing supervisor on a daily basis and Administrator.

Director of Nursing or designee will monitor daily for any incidents and ensure that all reportable incidents are provided to the department.

Administrator or designee will monitor daily for one month for compliance to this regulation.



Paula Sagan-Halsted
Executive Director

08/10/2019

8-13-19

MM

FRITZINGERTOWN SENIOR LIVING COMMUNITY

20166

42b - Abuse

Regulations

2600.

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

Description of Violation

On 6/25/2019 at approximately 2:30am resident #1 was being combative with staff who were trying to assist him back to his room. After being pushed against the door by resident #1 staff person A slapped the resident on the left side of his head.

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.)

(Please see attached)

Legal Entity Representative

Paula Sagan-Hahn
Signature

Paula Sagan - Hahn RD-Exec. Director
Printed Name and Title

08/01/2019
Date

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Plan of correction implementation status as of 8-13-19 (Date)

Fully Implemented

*** Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by MM (Initials)

07/17/2019

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Facility is requesting reconsideration for the following deficiency due to the items listed below.

1. There was no notice that the employee had any tendency to be retaliatory. Her file shows no discipline for acting wrongly to any resident. She worked for us for 2 years with no prior incident or even a hint of this type behavior.

2. Facility took appropriate and immediate action:
 - a) Witnessing employee reported it immediately
 - b) Ensured resident was not otherwise harmed or injured
 - c) Acting employee was immediately suspended pending an investigation
 - d) We have documentation of training that all employees including the acting employee had been given related to abuse prevention and action to take if it is witnessed.
 - e) The fact that the witnessing employee and other employees who responded to the incident were properly trained is evidenced by the immediate and proper intervention action the staff took. The improperly acting employee also admitted that she knew her actions were inappropriate
 - *** f) Upon investigation, during which substantiated the inappropriate act occurred, we terminated
 - g) Properly reported the incident to your agency.

Paula Sagan-Hahn ED

*Paula Sagan-Hahn ED
Exec Director*

08/13/2019

*** Ongoing:

Residents will not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The administrator shall be responsible for ongoing compliance.

8-13-19

MM

FRITZINGERTOWN SENIOR LIVING COMMUNITY

20166

202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

- 5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

Resident # 1, who has a diagnosis of dementia and resides in the home's memory care unit has a habit of frequently urinating in common areas of the home, as documented in the resident's care notes. According to staff interview, staff will dress him in a one piece jumpsuit that buttons and zippers in the back to prevent the resident from being able to urinate in inappropriate areas of the home. The resident is unable to remove the jumpsuit without staff assistance.

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.)

(Please see attached)

Legal Entity Representative

[Handwritten Signature]
Signature

Paula Sagon
Printed Name and Title
Executive Director

08/10/2019
Date

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07/17/2019

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2600 202

Please consider items listed:

Due to advancing dementia resident began to increasingly void inappropriately in many common areas, and with that exposing private parts in the presence of other residents, families, and visitors.

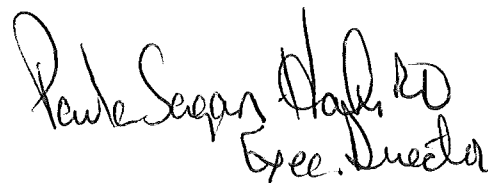
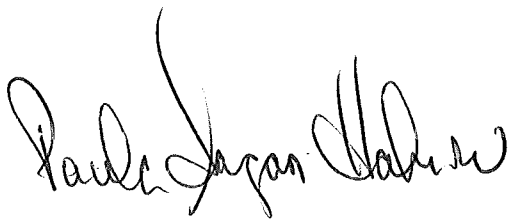
Urine areas were presenting a slip and fall risk for frail residents.

Additionally:

1. We have documentation that we tried less restrictive measures such as redirection, bowel and bladder training and carefully care planned approaches.
2. None of the other approaches worked and the behavior continued.
3. The jumpsuit approach was implemented only after other less restrictive measures failed to change the above described behavior. Without these measures both the resident's dignity and the safety of other frail residents were at peril. These measures were not intended to punish or ridicule.

*** We immediately removed jumpsuit as required and requested by the Department. We have instituted q 1 hour toileting.

4. In the absence of the current approach, the only recourse to ensure residents were not adversely affected was discharge of resident. Discharge would not cause this resident to change behaviors and to whichever appropriate setting the resident could be discharged, the same behavior would remain. Therefore this approach was the least restrictive way to properly address this behavior concern and balance not only the resident's rights, but the rights of others.



08/01/19

***Immediately and Ongoing:

A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.

8-13-19

MM

FRITZINGERTOWN SENIOR LIVING COMMUNITY

20166

234d - Support Plan Revision

Regulations

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident # 1 has a diagnosis of dementia and resides in the home's memory care unit. The care notes document that the resident is often combative and physically aggressive with staff and sometimes with other residents. The resident also has a habit of urinating in inappropriate places in the home. The Resident Assessment and Support Plan (RASP) dated 01/02/2019 was not updated to document these behaviors and a plan to address them.

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.)

SEE ATTACHED...

Legal Entity Representative

Paula Sagon
Signature

Paula Sagon Director
Printed Name and Title

Spec. Dir. 08/10/2019
Date

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07/17/2019

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2600.234 D

Why this deficiency happened.

The original RASP dated 1/02/2019 documented that resident did have episodes of aggression, these episodes were mostly verbal episodes of aggression, but rare episodes of physical aggression were noted. As episodes of physical aggression became more frequent RASP was not updated to address the increased frequency.

In regard to use of jumpsuit for inappropriate voiding, although numerous forms of documentation addressed this concern, actual RASP was not updated.

POC

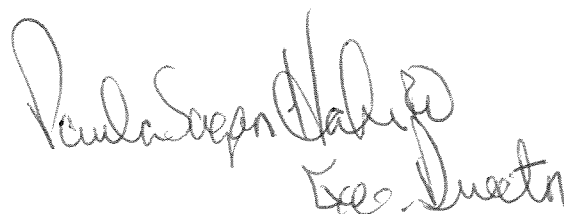
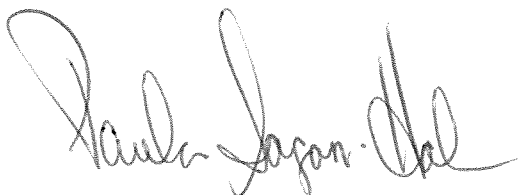
RASP was immediately updated for this resident.

Nursing supervisor was re-in serviced that any change in resident need or plan of care should be addressed in RASP update

Nursing supervisor and all nursing personnel were-in serviced in the requirements of this regulation and the need for Director of Nursing and Administrator to be updated on changes in resident needs as well as required need to update RASP as needs change.

Director of Nursing or designee will monitor daily for any change in resident needs or need to update RASP.

Administrator or designee will monitor weekly for three months for compliance to this regulation.



08/01/2019

8-13-19

MM