



**Sent via e-mail mlaign@holyredeemer.com**  
**Sent via e-mail mbauerle@holyredeemer.com**  
**December 3, 2019**

Mr. Michael B. Laign  
President/CEO  
Holy Redeemer Health System  
1616 Huntingdon Pike  
Meadowbrook, Pennsylvania 19046

RE: Holy Redeemer St. Joseph Manor  
License #: 127940

Dear Mr. Laign:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on October 29, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

*Shawn Parker*

Shawn Parker  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

# Violation Report

## Facility Information

Name : HOLY REDEEMER ST. JOSEPH MANOR  
Address : 1616 HUNTINGDON PIKE,, MEADOWBROOK, PA 19046  
County: MONTGOMERY                      Region: SOUTHEAST

License Number : 12794

## Administrator

Name : Megan Bauerle                      Phone : 2159384000                      Email: mbauerle@holyredeemer.com

## Legal Entity

Name : HOLY REDEEMER HEALTH SYSTEM  
Address: 1616 HUNTINGDON PIKE, ATTN CECILE SHOCKET, MEADOWBROOK, PA, 19046

## Certificate(s) of Occupancy

Type : C-1                      Date : 12/23/1998                      Issued By: Dept of Health

## Staffing Hours

Resident Support Staff: 0                      Total Daily Staff: 32                      Waking Staff: 24

## Inspection

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

## Inspection Dates and Department Representative

10/29/2019 - On-Site: Youn Hie Chung, David Carrion

## Resident Demographic Data as of Inspection Dates

### General Information

License Capacity: 69                      Residents Served : 32

### Secured Dementia Care Unit

In Home : No                      Area :                      Capacity:                      Residents Served :

### Hospice

Current Residents : 0

### Number of Residents Who:

Receive Supplemental Security Income : 0                      Are 60 Years of Age or Older : 32  
Diagnosed with Mental Illness : 0                      Diagnosed with Intellectual Disability: 0  
Have Mobility Need : 0                      Have Physical Disability: 0

17 - Record Confidentiality

Regulations

- 2600.
  - 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 10/29/2019 at 10:00am, the nurses station on the 2nd floor was unlocked and unattended. There were 4 resident charts that were accessible to anybody.

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.)

Nurse's station door was closed immediately in front of inspectors. Nursing staff were all reminded to make sure door is shut and locked at all time when unoccupied.

Nurse Manager or designee will conduct regular checks to make sure nursing office is locked when not in use.

Administrator or designee will ensure resident records always remain confidential. Within 15 days receipt of this POC all staff who have access to nurses' station will be in-serviced on resident record confidentiality. In-service to be made available for Department review.

SP 12-02-19

Legal Entity Representative

*Megan Bauerle*  
Signature

Megan Bauerle- Personal Care Administrator  
*Megan Bauerle, PCA 11/21/19*  
Printed Name and Title Date

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The above plan of correction is approved as of 12-02-19 (Date) Plan of correction implementation status as of 12-02-19 (Date)

The above plan of correction was approved by *SP* (Initials)  Fully Implemented  Not Implemented

65g - Annual Training Content

Regulations

- 2600.
- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
  2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
  3. Resident rights.
  4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Direct care staff person A did not receive any training listed above in training year 2018.

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.)

Staff person "A" will receive Fire safety, Emergency preparedness, resident rights, and elder protective service training moving forward. Staff person "A" completed all trainings listed above on 11/19/19.

To ensure future compliance, Nurse Manager along with Administrator will monitor all required trainings on a monthly basis.

Random audits will be conducted to make sure trainings are within compliance.

The administrator or designated staff person will monitor all direct care staff training through the quality management review process to ensure all staff persons receive the required trainings in accordance with regulation 2600.65(g) during each established training year. Home verified staff person A did receive training.

SP 12-02-19  
Legal Entity Representative

*Megan Bauerle*  
Signature

Megan Bauerle- Personal Care Administrator 11/21/19  
Printed Name and Title Date

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		<input checked="" type="checkbox"/> Fully Implemented	
The above plan of correction was approved by	<i>SP</i> (Initials)	<input type="checkbox"/> Not Implemented	

85d - Trash Receptacles

Regulations

2600. 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 10/29/2019 at 4:00pm, the home's kitchen had three trash cans with a hole in the lid.

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.)

Immediately after inspection, trash can lids were replaced with brand new lids. Kitchen staff will be in-serviced on 12/27/19 To make sure trash cans and lids are in good condition. Any future lids with holes will be removed immediately. Dining room manager along with dining room supervisors were inspect trash cans and lids on a regular basis. Monthly kitchen quality checks will be conducted and documented showing that all trash cans and lids are in good condition.

Administrator or designee will ensure all trash cans in kitchens and bathrooms have lids that prevent penetration of insects and rodents. Home verified new lids were purchased and replaced lids that had holes in them. Staff Inservice and monthly kitchen check results to be maintained by home and made available for Department review.

SP 12-02-19

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator 11/4/19

Signature

Printed Name and Title

Date

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88a - Surfaces

Regulations

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The wall at the exit door in the stair tower on the east side of the building had paint that was peeling off and there was a hole about 4 inches in diameter.

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 BEFORE AND AFTER PICTURE.**

Maintenance Director was onsite during inspection and began making necessary repairs to the wall exit door in the stair towers. The finished wall was complete on 11/14/19.

Maintenance Director along with Administrator will perform monthly community walk through and audit all inside and outside common areas to make sure areas are clean, in good repair and free of hazards.

Monthly preventative maintenance reports will be submitted by maintenance personnel or designee to make sure all areas inside and outside Personal Care building are clean, in good repair and free of hazards.

Home sent in verification hole was filled in with caulk and wall was repainted in the stair tower. Administrator or designee will ensure floors, walls, ceilings, windows, doors, and other surfaces are clean, in good repair, and free of hazards at all times. Results of monthly community walk throughs and audits will be made available for Department review.

SP 12-02-19

Legal Entity Representative

Megan Bauerle- Personal Care Administrator

11/21/19

Signature

Printed Name and Title

Date

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(Initials)

Not Implemented

10/29/2019

92 - Windows

Regulations

- 2600.
- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The exterior windows around the dining area had paint that was peeling off. One window screen was torn, and some windows did not have screens at all.

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 BEFORE AND AFTER PICTURE.**

Maintenance Director discarded old and damaged window screens and replacements were ordered on 11/8/19 and will be installed when they arrive. Expected delivery date is 11/27/19. Exterior windows around the dining area will be sanded and freshly painted by 11/29/19.

Maintenance Director along with Administrator will perform monthly community walk through and audit all outside windows and screens to make sure areas are clean and in good repair.

Monthly preventative maintenance reports will be submitted by maintenance personnel or designee to make sure all window and screens outside Personal Care building are clean and in good repair.

Administrator or designee will ensure windows and screens are always in good repair. Results of monthly community walk throughs and audits will be made available for Department review. Home sent in photo verification of corrected windows.

SP 12-02-19

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator 11/21/19

Signature

Printed Name and Title

Date

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96a - First Aid Kit

Regulations

2600. 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the 2nd floor nurses station does not include a thermometer.

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.)

After further inspection, nurse's station did have thermometer in first aid kit but was not visible during inspection. All nursing staff were reminded of all necessary supplies listed above are always available and in the homes first aid kit.

To ensure future compliance, Nurse Manager along with Administrator will monitor all first aid kits on a monthly basis. Random audits will be conducted to make sure first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Administrator or designee will ensure all first aid kits contain all the components specified in regulation 2600.96a always. Results of audits to be maintained by home and made available for Department review.

SP 12-02-19

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator 11/21/19

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100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

There was a water hose lying in the home's second floor courtyard, causing a tripping hazard. Also the cement in the same courtyard was uneven.

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 BEFORE AND AFTER PICTURE.**

Maintenance Director was onsite during inspection and began making necessary steps to remove water hose immediately. The uneven surface will be patched on 11/21/19 to create an even walking surface. Maintenance along with Grounds was reminded on 10/29/19 to ensure nothing around the exterior of Personal Care is a tripping hazard without proper security measures in place.

Maintenance Director along with Administrator will perform monthly community walk through and audit all outside common areas to make sure areas are clean, in good repair and free of hazards.

Monthly preventative maintenance reports will be submitted by maintenance personnel or designee to make sure all outside Personal Care building are clean, in good repair and free of hazards.

Administrator or designee will ensure exterior of building is in good repair, and free of hazards at all times. Daily walkthroughs will be conducted of interior and exterior of the home to ensure compliance. Results of monthly community walk throughs and audits will be made available for Department review.

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator

11/21/19

Signature

Printed Name and Title

Date

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10/29/2019

132h - Designated Meeting Place

Regulations

2600.  
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill held on 09/25/2019 at 10:59am, there were 29 residents in the home but only 22 residents evacuated to the fire-safe area. The other 7 residents were not accounted for.

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.)

Fire safety inspector along with Maintenance Director and Administrator will make sure all residents in the home are evacuated and accounted for during all fire drills or other emergencies.

Monthly fire drills will be recorded on DHS approved fire log and will accurately account for all residents in the home during and after each fire drill.

The Administrator or designee will review each fire inspection and make sure all residents in the home during the fire drill participated And all were accounted for.

Administrator or designee will ensure all residents evacuate during fire drills. The administrator or designee will monitor fire drills and the fire drill record at least monthly to ensure all residents are evacuated to a designated meeting place away from the building for all fire drills and fire alarm activations. SP 12-03-19

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator

11/21/19

Signature

Printed Name and Title

Date

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Fully Implemented

Not Implemented

183e - Storing Medications

Regulations

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/29/2019 at 3:30pm, there were two loose pills in the home's 4th floor med-cart.

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.)

Immediately during inspection medication found in the med-cart was disposed. Nurse Manager completed a med cart audit on 10/30/19 to make sure all medication was accounted for properly. Nursing department staff will continue with monthly medication cart audits to help ensure that all medication is accounted for and no loose pills are in the med-carts.

To ensure ongoing compliance, Nurse Manager will audit all medication carts monthly to make sure all medication is stored in an organized manner and available for all resident orders.

All staff persons administering medications will be educated on the policy and procedures for the safe and secure storage of medications and controlled substances including that all medications are properly packaged and stored including that there are no unpackaged or loose medications in the medication cart within 30 days receipt of POC. Inservice to be made available for Department review.

SP 12-02-19

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator

11/21/19

Signature

Printed Name and Title

Date

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SP  
(Initials)

Fully Implemented  
 Not Implemented

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Tramadol 50 mg 1/2 tab every 6 hours as needed. According to the narcotic sheet, this med was signed out on 10/13/2019 at 6:00pm. However, the resident's medication administration record does not include the initials of the staff person who administered this medication.

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.)

Staff person who administered medication yet failed to properly record administration was counseled and disciplined on 10/31/19 and educated on 11/15/19.

The Nurse Manager or designee whom is qualified to administer medication shall complete an initial audit of all resident MARs To ensure all prescribed medication are available, administered as prescribed, and the administration of medication recorded on the MARs. This audit was conducted on 10/30/19

To ensure future compliance, Nurse Manager or designee will conduct random audits to ensure regulation 2600.187b is being followed.

Home provided verification of educated staff person which occurred on 11/15/19. Immediately, the administrator or designee qualified to administer medications will complete an initial audit of all resident MARs to ensure all prescribed medications are available, administered as prescribed, and the administration of the medication is documented on the MARs in accordance with the regulation. All staff who administer medications will be trained within 15 days receipt of this POC on documentation on MARs. Training to be kept for Department review.

SP 12-02-19

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator 11/21/19

Signature

Printed Name and Title

Date

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The above plan of correction was approved by 10/29/2019

SP (Initials)

Fully Implemented

Not Implemented

224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident #2's preadmission screening form, dated 10/01/2019, does not include a determination that the needs of the resident can be met by the services provided by the home.

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 "2" prescreen was checked appropriately immediately during inspection. Resident was a current Personal Care Resident at time of inspection. Nurse Manager or designee have completed audits on 10/30/19 to make sure all prescreens are properly filled out and each box specifically that the needs of the home of the resident can be met by the service provider.

Administrator or designee will conduct monthly audits of all new residents admitted to home to make sure preadmission screen form has been completed accurately with all necessary information filled in and all required boxes checked.

Administrator or designee will ensure all current and new residents have a prescreen form that is filled out completely and indicates the residents needs can be met by the home. SP 12-02-19

Legal Entity Representative

Megan Bauerle

Megan Bauerle- Personal Care Administrator 11/21/19

Signature

Printed Name and Title

Date

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The above plan of correction was approved by SP (Initials) [Redacted]

[Checked] Fully Implemented [ ] Not Implemented

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 uses an enabler to help sitting up on bed, However, the home failed to document this on her assessment/support plan (RASP), dated 04/19/2019 and 05/01/2019.

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 "3" RASP has been updated to show resident uses enabler to help sitting up in bed. Please see attached RASP.

All residents whom use enabler bars have been reviewed to make sure documentation of use is listed on each RASP.

Nurse Manager or designee will make sure all residents whom use enabler bars has this need recorded accurately on their individual RASP. Random monthly audits of enabler bar use and documentation will occur by Nurse Manager, Administrator or designee.

Within 30 days of receipt of the plan of correction, the administrator or designee will review all current completed support plans for accuracy and completion. The support plans will address all aspects of regulation 2600.227d.

SP 12-02-19

Legal Entity Representative

*Megan Bauerle*

Megan Bauerle- Personal Care Administrator 11/21/19

Signature

Printed Name and Title

Date

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