Department of Human Services
Bureau of Human Service Licensing

July 16, 2020

CARE HSL BELLE REVE OPCO LLC
404 EAST HARFORD STREET
MILFORD, PA, 18337

RE: BELLE REVE SENIOR LIVING CENTER
404 EAST HARFORD STREET
MILFORD, PA, 18337
LICENSE/COC#: 22513

Dear Mr. Perlock,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2020, 05/28/2020, 06/01/2020, 06/04/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary (LIS)

cs: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSE INSPECTION SUMMARY

Facility Information

Name: *BELLE REVE SENIOR LIVING CENTER* **License #**: *22513* **License Expiration Date**: *06/25/2021*
Address: *404 EAST HARFORD STREET, MILFORD, PA 18337*
County: *PIKE* **Region**: *NORTHEAST*

Administrator

Name: *Michael Perlock* **Phone**: **Email**: *mperlock@bellrevesl.com*

Legal Entity

Name: *CARE HSL BELLE REVE OPCO LLC*
Address: *404 EAST HARFORD STREET, MILFORD, PA, 18337*
Phone: *5704099191* **Email**: *mperlock@bellerevesl.com*

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *03/27/2001* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *58* **Waking Staff**: *44*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *06/04/2020*

Inspection Dates and Department Representative

05/11/2020 - Off-Site: Amy Deluca

05/28/2020 - Off-Site: Amy Deluca

06/01/2020 - Off-Site: Amy Deluca

06/04/2020 - Off-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* **Residents Served**: *45*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *n/a* **Capacity**: *19* **Residents Served**: *13*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *45*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *13* **Have Physical Disability**: *0*

Inspections / Reviews

05/11/2020 - Partial

Lead Inspector: *Amy Deluca* **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/20/2020*

6/23/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk* **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/26/2020*

7/16/2020 - Document Submission

Lead Reviewer: *Michele Moskalczyk* **Follow-Up Type**: *Not Required*

16c - Written Incident Report

1. Requirements

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

Resident #1 was admitted to the home on 4/20/20 at approximately 4:30pm. According to information from a complaint and from the resident's Medication Administration Record (MAR) for April 21, 2020, the resident did not receive the following medications on 4/21/20:
Aspirin 81 mg at 8:00am; Colesevelam 625mg at 10:30am; Glipizide 5mg at 8:00am; Metoprolol 25mg at 8:00am; Pregabalin 100mg morning and afternoon doses missed; Probiotic 250mg at 8:00am.
The home did not report the medication error to the department's regional office.

Plan of Correction - 06/23/2020 **Accept**

The facility will submit an incident report for this medication error.
The Executive Director and Resident Care Director will audit 100% of MARs from January 2020- June 2020 to ensure there were no other medication errors missed.
The Executive Director, Resident Care Director, and Memory Care Director will audit the electronic medical record during daily morning meetings to ensure any medication errors are reported timely.

Completion Date: *07/01/2020*

Update - 07/01/2020

Please submit supporting documentation to ensure ongoing compliance with you submitted POC.

Document Submission - 07/16/2020 **Implemented**

What: Resident was admitted to the community 4/20/2020. did not receive medications on 4/21/2020. The community did not report the medication error to the department's regional office. This was corrected when the medication error was reported on 6/25/2020.

Who: The Executive Director or designee will train the direct care team on Plan of Correction Training: Incident Reporting (Attachment A).
When: July 31, 2020
How: The Med Tech's will utilize the missed meds report in the Quickmar Dashboard at change of shift. Both the leaving Med Tech and the Med Tech coming onto the shift will verify there are no missed meds for the current med pass. Any missed meds will be reported to the resident care director or memory care director and documented using the incident tracker related to medication errors in Tabulapro. Medication errors will be reported to the department's regional office within 24 hours.
Ongoing: The Executive Director or Designee will conduct weekly Quality Assurance audits through at least August 1, 2020 of the incident tracker for missed medication documentation in relationship to reportable incidents. The incident tracker includes a review by the Executive Director or designee. Findings and trends will be reviewed during the regularly scheduled quarterly QA meetings.

182b - Prescription Medication

1. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

According to information received from a complaint and from an interview with the home's administrator, Staff person A has been administering medications. Staff person A's most recent annual practicum was completed 1/7/2019. Staff person A did not have an annual practicum completed by 1/7/2020 and therefore does not meet the qualifications to pass medications.

Plan of Correction - 06/23/2020 **Accept**

Staff person A has not passed medications since April 4th, 2020 and will be kept off of the cart until can be fully retrained.
The Executive Director will review 100% of active employee medication technician training to ensure all medication technicians are up to date with training.
The Executive Director or designee will audit medication technician training monthly going to forward to ensure compliance with training standards.

Completion Date: *07/01/2020*

Update - 07/01/2020

Please submit supporting documentation to ensure ongoing compliance with you submitted POC.

Document Submission - 07/16/2020 **Implemented**

What: On 6/2/2020 the Executive Director sent requested documents to a BHSL surveyor which indicated that staff person A was administering medications without having the necessary annual practicum items completed. Staff person A has not been serving as a medication technician since 4/4/2020. will not resume these duties until has completed the required training corresponding to medication administration.
Who: A certified Medication Administration trainer will provide the necessary training and confirm that staff person A has successfully completed said training
When: No later than July 15, 2020.
How: The Executive Director, or designee will review 100% of active team members medication technician training to ensure all medication technicians are up to date with the required training. The community med trainer and/or practicum observer will assure all Med Tech's are current with their annual practicum and meet the qualification to pass medications.
Ongoing: The Resident Care Director, or designee will conduct quarterly Quality Assurance audits of the Practicum Observer Binder for compliance Annual Practicum Audit Tool (Attachment B) . Findings and trends will be reviewed at the quarterly QA meetings.

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders *(continued)*

Description of Violation

Resident #1 was admitted to the home on 4/20/20 at approximately 4:30pm. According to information from a complaint and from the resident's Medication Administration Record (MAR) for April 21, 2020, the resident did not receive the following medications on 4/21/20:
Aspirin 81 mg at 8:00am; Colesevelam 625mg at 10:30am; Glipizide 5mg at 8:00am; Metoprolol 25mg at 8:00am; Pregabalin 100mg morning and afternoon doses missed; Probiotic 250mg at 8:00am.

Plan of Correction - 06/23/2020 **Accept**

When the resident was admitted they were not properly profiled in our EMAR which led to the medications being missed on the overnight delivery. The facility immediately contacted our pharmacy on 4/21/20 to correct the area and attempted to have the medications delivered as soon as possible, however they did not arrive in time. The facility passed the evening medications as required.
For all future admissions the facility will utilize a preadmission checklist to ensure all necessary steps have been completed so that residents are properly profiled in the electronic medication administration record and all medications are delivered timely to ensure proper adherence with Dr.'s orders.
The Exeucutive Director and Resident Care Director will audit 100% of January 2020-June 2020 admissions to ensure there were no other missed medications and will audit all new admissions weekly x 4 weeks and monthly thereafter to ensure continued compliance.

Completion Date: *07/01/2020*

Update - 07/01/2020

Please submit supporting documentation to ensure ongoing compliance with you submitted POC.

Document Submission - 07/16/2020 **Implemented**

What: Resident was admitted to the community 4/20/2020. did not receive medications on 4/21/2020. It was discovered that the root cause of the omission was that the resident's medications were not properly profiled by the pharmacy and therefore were not delivered as expected. Upon discovering this omission on 4/21/2020 the community immediately contacted the pharmacy, but the medications in question did not arrive in time to make the corresponding medication pass. This was corrected when the medications were delivered on 4/22/2020 when they were administered as prescribed.
Who: The Resident Care Director (RCD), or designee, will train the direct care team on Plan of Correction Training: Following Prescriber's Orders (Attachment C).
When: At least by August 15, 2020
How: For all future admissions the facility will utilize a pre-admission checklist to ensure all necessary steps have been completed so that residents are properly profiled in the electronic medication administration record and all medications are delivered timely to ensure proper adherence with Dr.'s orders.
Ongoing: The Resident Care Director, or designee, will conduct Quality Assurance audits for new resident medications prior to or at the time of new admissions to the community ensure that all ordered medications are available for administration. Findings and trends will be reviewed at the QA meetings.