

Department of Human Services
Bureau of Human Service Licensing

October 8, 2020

DANIA WEST, PERSONAL CARE ADMINISTRATOR
HUMANGOOD PENNSYLVANIA
2000 JOSHUA ROAD
LAFAYETTE HILL, PA 19444

RE: RYDAL PARK PERSONAL CARE
1515 THE FAIRWAY
RYDAL, PA, 19046
LICENSE/COC#: 13812

Dear Ms. West,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2020, 09/17/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY**

Facility Information

Name: *RYDAL PARK PERSONAL CARE* License #: *13812* License Expiration Date: *02/19/2021*
Address: *1515 THE FAIRWAY, RYDAL, PA 19046*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Dania West* Phone: *2153766278* Email:
danial.west@humangood.org; shparker@pa.gov

Legal Entity

Name: *HUMANGOOD PENNSYLVANIA*
Address: *2000 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444*
Phone: *2153766278* Email: *danial.west@humangood.org*

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *09/17/2020*

Inspection Dates and Department Representative

09/11/2020 - Off-Site: Michele Swisher
09/17/2020 - On-Site: Michele Swisher, Alexander Goldstein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *47*

Secured Dementia Care Unit

In Home: *Yes* Area: *4th floor* Capacity: *22* Residents Served: *19*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *47*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *21* Have Physical Disability: *0*

Inspections / Reviews

09/11/2020 - Partial

Lead Inspector: *Michele Swisher*Follow-Up Type: *POC Submission*Follow-Up Date: *10/08/2020*

10/6/2020 - POC Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Document Submission*Follow-Up Date: *10/13/2020*

10/8/2020 - Document Submission

Lead Reviewer: *Shawn Parker*Follow-Up Type: *Not Required*

65a - FS Orientation 1st Day

1. Requirements

2600.

- 65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
1. Evacuation procedures.
 2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 5. The location and use of fire extinguishers.
 6. Smoke detectors and fire alarms.
 7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was 01/07/2019, did not receive orientation on the following topics: smoke detectors and fire alarms, evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, telephone use and notification of emergency services.

Plan of Correction

Accept

Staff person A, did not receive orientation prior to or during the first day of work on general fire safety and emergency preparedness.

Human Resources Director and Personal Care Administrator met and discuss plans on moving forward to ensure all incoming staff will receive orientation on emergency preparedness and general fire safety on the first day of employment. Personal Care Administrator or designee to ensure all staff to receive orientation prior to or on the first day of work by auditing and reviewing all employees training file to ensure compliance.

Completion Date: 10/05/2020

Document Submission

Implemented

See attached document

65f - Training Topics

1. Requirements

2600.

- 65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 3. Care for residents with dementia and cognitive impairments.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, care for residents with dementia and cognitive impairments, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during training year January 2019 to December 2019.

65f - Training Topics *(continued)*

Plan of Correction

Accept

Staff person B did not receive annual training for direct care staff on:

- 1. Medication self-administration training.*
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- 3. Care for residents with dementia and cognitive impairments.*

Corporate Director of Human Resources, Community Director Of Human Resources and Personal Care Administrator met and discussed Training Requirement for all staff. All training were audited and missing training were added to ensure compliance. (Attachment A). The Personal Care Administrator or designee will audit training topics quarterly to ensure compliance.

Completion Date: 10/05/2020

Document Submission

Implemented

See attached document

65g - Annual Training Content

1. Requirements

2600.

- 65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

Description of Violation

Staff person B did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations during training year January 2019 to December 2019.

Plan of Correction

Accept

Staff person B did not receive annual training on: Emergency preparedness procedures and recognition and response to crisis and emergency situations.

Corporate Director of Human Resources, Community Director Of Human Resources and Personal Care Administrator met and discussed Training Requirement for all staff. All training were audited and missing training were added to ensure compliance. The Personal Care Administrator or designee will audit annual training contents quarterly to ensure compliance.

Completion Date: 10/05/2020

Document Submission

Implemented

See attached document

183b - Meds and Syringes Locked

1. Requirements

2600.

- 183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

183b - Meds and Syringes Locked (continued)

Description of Violation

On 9/17/2020 at approximately 11:00 am, a bottle of Systane Eye Drops was unlocked, unattended, and accessible in resident #1's living room area in a bowl on an shelf by the front door. A second bottle of Systane Eye drops was unlocked, unattended, and accessible in a clear plastic bag on an end table next to residents recliner chair.

On 9/17/2020 at approximately 11:00 am, a tube of clotrimazole cream was unlocked, unattended and accessible on the sink counter of resident #1's bathroom. A second tube of clotrimazole cream and a tube of triamcinolone cream were also located in the top drawer of a clear plastic chest of drawers in the bathroom next to the sink counter.

Plan of Correction

Accept

Staff will complete monthly audits of residents room to ensure compliance of this regulation: Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Nurse Manager and Administrator will complete quarterly audits of residents rooms for unauthorized medications. They will also ensure that upon admission resident and Power of Attorney is informed of the regulations relating to self administration of over the counter and prescription medication, information will be provided on violation of the rules.

Completion Date: 10/05/2020

Document Submission

Implemented

See attached document

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 9/17/2020 at approximately 11:00am, two bottles of Systane eye drops, two tubes of clotrimazole cream and one tube of triamcinolone ointment were observed in resident #1's room. These medications were not labeled with resident name or any other identifying information or directions for use.

Plan of Correction

Accept

Staff will complete monthly audits of residents room to ensure compliance of this regulation: Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Nurse Manager and Administrator will complete quarterly audits of residents rooms for unauthorized medications. They will also ensure that upon admission resident and Power of Attorney is informed of the regulations relating to self administration of over the counter

Completion Date: 10/05/2020

Document Submission

Implemented

See attached document

186a - Authorized Prescriber

1. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

186a - Authorized Prescriber (continued)

Description of Violation

The prescription medication Triamcinolone cream observed in resident #1's room was not prescribed by an authorized prescriber. According to staff persons, the medications were obtained by resident, who did not inform the staff that she had obtained the medication and brought it into the home. Since September 2019 there is no order for this medication on file in residents record.

Plan of Correction

Accept

Staff will complete monthly audits of residents room to ensure compliance of this regulation: Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Nurse Manager and Administrator will complete quarterly audits of residents rooms for unauthorized medications. They will also ensure that upon admission resident and Power of Attorney is informed of the regulations relating to self administration of over the counter

Completion Date: 10/05/2020

Document Submission

Implemented

See attached document

236 - Staff Training

1. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct care staff persons B, C, and D, all who work in the Secure Dementia Care Unit (SDCU), had only approximately 1.5 hours of training in dementia care during the January 2019 to December 2019 training year.

Plan of Correction

Accept

Direct care staff persons B, C and D did not complete 6 hours of annual training relating to dementia care and services, in addition to the 12 hours of annual training specified in 2600.65 (relating to direct care staff person training and orientation).

Corporate Director of Human Resources, Community Director Of Human Resources and Personal Care Administrator met and discussed Training Requirement for all staff, that works in a secured dementia care unit. All dementia training were audited and missing dementia training were added to ensure compliance. (Attachment). The Personal Care Administrator or designee will audit annual dementia care services and training contents quarterly to ensure compliance.

Completion Date: 10/05/2020

Document Submission

Implemented

See attached document