

Department of Human Services
Bureau of Human Service Licensing

January 15, 2021

BILL KOFRON , OWNER/ADMIN
SYDLYNN INC
5126 STUMP ROAD
PIPERSVILLE, PA 18947

RE: PARADISE MANOR
206 EAST LINCOLN AVENUE
HATFIELD, PA, 19440
LICENSE/COC#: 14446

Dear Mr. Kofron ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2020, 10/20/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *PARADISE MANOR* License #: *14446* License Expiration Date: *04/01/2021*
 Address: *206 EAST LINCOLN AVENUE, HATFIELD, PA 19440*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *William Kofron* Phone: *215-855-2697* Email: *wkofron@paradise-manor.com*

Legal Entity

Name: *SYDLYNN INC*
 Address: *5126 STUMP ROAD, PIPERSVILLE, PA, 18947*
 Phone: *2158552697* Email: *WKOFRON@PARADISE-MANOR.COM*

Certificate(s) of Occupancy

Type: *Other* Date: *12/31/1981* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/20/2020*

Inspection Dates and Department Representative

10/14/2020 - On-Site: Youn Hie Chung, Charlotte Wiley
10/20/2020 - Off-Site: Youn Hie Chung

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *37* Residents Served: *22*

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: *21*
 Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/14/2020 - Full

Lead Inspector: *Youn Hie Chung*Follow-Up Type: *POC Submission*Follow-Up Date: *11/05/2020*

11/12/2020 - POC Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Document Submission*Follow-Up Date: *11/20/2020*

1/15/2021 - Document Submission

Lead Reviewer: *Claire Mendez*Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

- 18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not post influenza information in a conspicuous place as required by INFLUENZA AWARENESS ACT - ENACTMENT Act of Nov. 21, 2016, P.L. 1514, No. 173 Cl.

Plan of Correction

Accept

2600.18

Influenza Poster Missing

Immediate: (11/4/20) Poster was replaced and a second was added to a second location.

Training: Maintenance was instructed to add checking for poster as part of rounds.

On-going monitoring: Maintenance will check to see if poster is still on bulletin boards.

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home does not have a criminal background check on file for direct care staff A, hired on [REDACTED]

Plan of Correction

Accept

2600.51

Criminal Background Checks

Immediate: (11/05/20) Criminal Background checks were done for any employees that were missing in file.

Training: (11/02/20) Resident Care Coordinator and Assistant Resident Care Coordinator were trained on running criminal background checks before employees first day of employment.

On-going monitoring: Administrator will check employee files monthly.

Completion Date: 11/05/2020

Document Submission

Implemented

Attached

57d - Waking Hours

1. Requirements

2600.

- 57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

57d - Waking Hours (continued)

Description of Violation

The home requires a total of 22 hours of direct care with current census of 22 with 0 mobility needs. The home's staffing schedule shows 1 staff each shift (day, evening, and overnight) and 2 staff (resident care coordinator and assistant RCC) on call. On 10/23/2020 at 01:45 PM, only 1 staff was working and neither resident care coordinator was present. It is reasonable to conclude that only 16 of the required hours, or 73 percent, are provided regularly during waking hours.

Plan of Correction

Accept

2600.57(d)

Waking Hours.

Immediate: (10/26/20) RCC and Asst RCC were trained on compliance with 75% rule for staffing hours. Staffing was increased for direct care staff until 10/27/20 when a resident moved out and the previous staffing pattern was put back in place.

Training: (10/26/20) RCC and Asst RCC were trained on compliance with 75% rule for staffing hours.

On-going monitoring: Administrator will monitor staffing numbers as census increases.

Completion Date: 10/26/2020

Document Submission

Implemented

Attached

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

There are 22 residents present in the home and there is only one staff scheduled during the overnight shift. Staff B who worked during the overnight shift on 09/29/2020, 10/01/2020, 10/04~10/08/2020 has no First Aid and CPR training.

Plan of Correction

Accept

2600.63(a)

First Aid and CPR Training

Immediate: (11/4/20) After finally convincing the previous trainer to come out during this pandemic, the RCC scheduled a CPR and First Aid Certification trainer for 11/13/20.

Training: (10/26/20) RCC and Asst RCC were trained on having all staff trained in CPR and First Aid before being put on the schedule. This includes finding another provider if the current trainer refuses to come out during the pandemic.

On-going: New staff will be CPR and First Aid trained before going on schedule.

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

65d - Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], began providing unsupervised ADL services in [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test until 10/14/2020. Direct care staff person B began providing unsupervised ADL service in late [REDACTED] but [REDACTED] has not completed and passed the Department-approved direct care training course.

Plan of Correction

Accept

2600.65(d)

Initial Direct Care Training

Immediate: (10/14/20) All staff with missing training certificate in file were immediately given the training even if they previously had done the training.

Training: (10/14/20) RCC and Asst RCC were trained on having all staff trained before providing direct care and keeping a copy of the training certificate in their personnel files.

On-going monitoring: Management will periodically check employee files for accuracy and compliance.

Completion Date: 10/14/2020

Document Submission

Implemented

Attached

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone for resident use in the 1st floor hallway.

Plan of Correction

Accept

2600.91

Telephone Numbers

Immediate: (10/14/20) Emergency phone numbers which were removed from telephone by a resident were replaced and also added to the bulletin board next to the phone.

Training: (10/26/20) RCC and Asst RCC were trained to make sure the posted emergency phone numbers remain on the phone and if it goes missing to replace immediately.

On-going monitoring: Maintenance will check to see if emergency numbers are still on the phone during daily rounds.

Completion Date: 10/14/2020

91 - Telephone Numbers *(continued)*

Document Submission

Implemented

Attached

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were two small packets of unlabeled, undated meat in the refrigerator.

Plan of Correction

Accept

2600.103(e)

Leftovers

Immediate: (10/14/20) Meat was removed and placed in trash.

Training: (10/14/20) Kitchen Staff was trained and reminded to label and date all food when put back in the freezer/refrigerator.

On-going monitoring: Management will periodically check to make sure staff is labeling and dating leftovers.

Completion Date: *10/14/2020*

Document Submission

Implemented

Attached

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation, dated 02/19/2020, is missing medication addendum.

Resident #2's medical evaluation, dated 08/15/2020, is incomplete for section 2 medical diagnoses, section 4 special health or dietary needs, and medical professional license #.

141a 1-10 Medical Evaluation Information *(continued)*

Plan of Correction

Accept

2600.141(a)

Medical Evaluation Information

Immediate: (11/04/20) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out.

Training: (11/04/20) RCC and Asst RCC were trained to make sure medical evaluation is filled out completely by physician or registered nurse with ALL required information filled out.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety.

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

183e - Storing Medications

1. Requirements

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 10/14/2020, there was an open box of Anoro Ellipta Aer 62.5-25 prescribed for resident #3 in the home's medication cart. According to the manufacturer's instructions, this medication should be discarded 6 weeks after opening. There was no open date written anywhere.

Plan of Correction

Accept

2600.183(e)

Storing Medications

Immediate: Medication was discarded (10/14/20) and staff was re-trained(11/04/20) to properly date opened medication so to be able to follow manufacturer's instructions.

Training: (11/04/20) Staff was re-trained to properly date opened medication so to be able to follow manufacturer's instructions.

On-going monitoring: Management will periodically observe staff to make sure they are following the proper medication administration procedures.

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

187b - Date/Time of Medication Admin.

1. Requirements

2600.

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

187b - Date/Time of Medication Admin. (continued)

Description of Violation

Staff C initialed resident #3's MAR on 10/01/2020 at 08:00 PM without administering [redacted] scheduled Carisoprodol 350 mg 1/2 tab.

Plan of Correction

Accept

2600.187(b)

Date/Time of Medication Admin

Immediate: (11/04/20) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

Training: (11/04/20) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

On-going monitoring: Management will periodically observe staff to make sure they are following the proper medication administration procedures.

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed Carisoprodol 350 mg 1/2 tab twice a day. However, resident #3 was not administered this medication at 08:00 PM on 10/01/2020.

Plan of Correction

Accept

2600.187(d)

Following Prescribers orders

Immediate: (11/04/20) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

Training: (11/04/20) Staff was reminded and re-trained of properly recording medications and following prescriber orders.

On-going monitoring: Management will periodically observe staff to make sure they are following the proper medication administration procedures.

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

224a - Preadmission Screen Form

1. Requirements

2600.

224a - Preadmission Screen Form (continued)

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 #4 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

Accept

2600.224(a)

Preadmission Screen Form

Immediate: (11/04/20) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

Training: (11/04/20) RCC and Asst RCC were trained to make sure pre-admission screening is filled out completely within 30 days prior to admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1 was admitted on [redacted]; however, the resident's assessment was not completed until [redacted]
Resident #4 was admitted on [redacted]; however, the resident's assessment was completed on [redacted]

Plan of Correction

Accept

2600.225(a)

Assessment 15 days

Immediate: (11/04/20) RCC and Asst RCC were trained to make sure initial assessment is filled out completely within 15 days of admission.

Training: (11/04/20) RCC and Asst RCC were trained to make sure initial assessment is filled out completely within 15 days of admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #4 was admitted on [REDACTED]; however, the resident's initial support plan was completed on [REDACTED].

Plan of Correction

Accept

2600.227(a)

Support Plan 30 days

Immediate: (11/04/20) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission.

Training: (11/04/20) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

227d - Support Plan Medical/Dental

1. Requirements

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

The assessment for resident #2 dated [REDACTED] is incomplete on page 4 and 6.

The assessment for resident #4, dated [REDACTED], indicates the resident has needs for short term memory loss, irritability, and aggression. The resident's support plan, dated [REDACTED], does not document how these needs will be met.

Plan of Correction

Accept

2600.227(d)

Support Plan Medical/Dental

Immediate: (11/04/20) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission.

Training: (11/04/20) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates).

Completion Date: 11/04/2020

227d - Support Plan Medical/Dental (continued)

Document Submission

Implemented

Attached

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's assessment-support plan or RASP, finalized [REDACTED], was signed by staff D, the assessor and resident care coordinator and by the resident on [REDACTED]. However, staff D was hired on [REDACTED].

Plan of Correction

Accept

2600.227(g)

Support Plan Signatures

Immediate: (11/04/20) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission with proper signatures.

Training: (11/04/20) RCC and Asst RCC were trained to make sure support plan is filled out completely within 30 days of admission with proper signatures.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates) and signatures.

Completion Date: 11/04/2020

Document Submission

Implemented

Attached

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The evaluation date on resident #2's initial DME was written over. The assessment finalized date on resident #4's RASP was written over.

251b - Record Entries Legible (*continued*)**Plan of Correction****Accept**

2600.251(b)

Record Entries Legible

Immediate: (11/04/20) RCC and Asst RCC were trained to make sure all documents and forms are filled out completely and the entries are permanent, legible, dated and signed by the staff making the entry with no entries written over.

Training: (11/04/20) RCC and Asst RCC were trained to make sure all documents and forms are filled out completely and the entries are permanent, legible, dated and signed by the staff making the entry with no entries written over.

On-going monitoring: Administrator will double check resident files for all required documentation to be completed in its entirety and within proper time frames(dates) and the entries are permanent, legible, dated and signed by the staff making the entry with no entries written over.

Completion Date: 11/04/2020

Document Submission**Implemented***Attached*