

Department of Human Services
Bureau of Human Service Licensing

November 17, 2020

PAULA HAHN, ADMINISTRATOR
LAKEWOOD SENIOR LIVING-DRUMS LLC
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA 18222

RE: FRITZINGERTOWN SENIOR LIVING
COMMUNITY
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA, 18222
LICENSE/COC#: 20166

Dear Ms. Hahn,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2020 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)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *FRITZINGERTOWN SENIOR LIVING COMMUNITY* License #: *20166* License Expiration Date: *12/19/2020*
Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

Name: *Paula Hahn* Phone: *5707884178* Email:
PAULAHAHN@FRITZINGERTOWN.COM,
lindscott@pa.gov, mmoskalczy@pa.gov

Legal Entity

Name: *LAKEWOOD SENIOR LIVING-DRUMS LLC*
Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA, 18222*
Phone: *5707884178* Email: *PAULAHAHN@FRITZINGERTOWN.COM*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/23/2003* Issued By: *PAL*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *126* Waking Staff: *95*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *10/14/2020*

Inspection Dates and Department Representative

10/14/2020 - On-Site: Corey Pica

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* Residents Served: *90*

Secured Dementia Care Unit

In Home: *Yes* Area: *Evergreen* Capacity: *60* Residents Served: *36*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *90*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *36* Have Physical Disability: *0*

Inspections / Reviews

10/14/2020 - Partial

Lead Inspector: *Corey Pica*Follow-Up Type: *POC Submission*Follow-Up Date: *11/06/2020*

11/15/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *11/18/2020*

11/17/2020 - Document Submission

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

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 10/13/2020 at 4:07pm, the glucometer of Resident #1 had a blood glucose reading of 231 however the glucometer log for this time and date indicated a blood glucose level of 237.

Plan of Correction

Accept

Nursing staff and Med Techs were re-inserviced in the need for accurate documentation on all Medication Records and glucometer records. The practice will also promote the comfort of residents.
See attached documentation of inservice

Licensed nursing staff and Med Techs were re-inserviced on the requirements of this regulations by Linda Palermo, DON on 10/14/2020.

Director of Nursing will monitor monitor weekly for compliance to this requirement .

Executive Director will monitor monthly to ensure ongoing compliance.

Completion Date: 10/14/2020

Document Submission

Implemented

Plan of Correction

Nursing staff and Med Techs were re-inserviced in the need for accurate documentation on all Medication Records and glucometer records. The practice will also promote the comfort of residents.
See attached documentation of inservice

Licensed nursing staff and Med Techs were re-inserviced on the requirements of this regulations by Linda Palermo, DON on 10/14/2020.

Director of Nursing will monitor monitor weekly for compliance to this requirement .

Executive Director will monitor monthly to ensure ongoing compliance.

Completion Date: 10/14/2020