

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

Facility Information

Name: *QUALITY LIFE SERVICES MERCER* License #: *45029* License Expiration Date: *07/07/2021*
 Address: *8221 LAMOR ROAD, MERCER, PA 16137*
 County: *MERCER* Region: *WESTERN*

Administrator

Name: *Claudia McIntyre* Phone: *724-662-5860* Email: *CJMCINTYRE@QUALITYLIFESERVICES.COM*

Legal Entity

Name: *COUNTRYSIDE CONVALESCENT HOME LIMITED PARTNERSHIP*
 Address: *8221 LAMOR ROAD, MERCER, PA, 16137*
 Phone: *7246625860* Email: *swilliams@qualitylifeservices.com*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/04/2003* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection

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

Inspection Dates and Department Representative

10/15/2020 - On-Site: Debora McConnell, Jan Cutter

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *21*

Special Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

10/15/2020 - Full

Lead Inspector: *Debora McConnell* Follow-Up Type: *POC Submission* Follow-Up Date: *10/29/2020*

Inspections / Reviews (*continued*)

11/10/2020 - POC Submission

Lead Reviewer: *Janine Wenzig*Follow-Up Type: *Document Submission*Follow-Up Date: *11/13/2020*

11/10/2020 - Document Submission

Lead Reviewer: *Janine Wenzig*Follow-Up Type: *Not Required*

41c Rights poster

1. Requirements

2800.

41.c. The Department's poster of the list of resident's rights shall be posted in a conspicuous and public place in the residence.

Description of Violation

The Department's poster of the resident's rights is not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept

At time of Survey Resident Rights Poster was placed on Bulletin Board per regulation. See photo A faxed 10-29-2020

Completion Date: 10/14/2020

Document Submission

Implemented

All documents submitted

54a Direct care staff quals

1. Requirements

2800.

54.a. Direct care staff persons shall have the following qualifications:
 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, hired 9/18/2020, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff person A provided direct care on 10/3/2020, 10/9/2020 and 10/11/2020 on the 2:00 p.m.-10:00 p.m. shift.

Plan of Correction

Accept

Direct Care Staff A quit without notice on 10-15-2020. Unable to obtain a copy of the employees GED or High School Diploma.

Director of Human Resources and PCHA/ALA re-educated on the regulatory qualifications per regulation 2800.54.a Completed 10-26-2020 Attachment faxed 10-29-2020.

All new hires will have a copy of their GED or High School Diploma on file by their new hire date. If a new hire does not provide a copy of their GED or High School Diploma, the new hire will be prohibited from beginning their employment until such time as the appropriate documents are provided to comply with this regulation.

The Director of Human Resources will audit all current employee records to ensure compliance. This was completed by 10-26-2020 The Human Resources Director will then audit all new hires weekly for 1 month. Attachment faxed 10-29-2020

Completion Date: 10/26/2020

Document Submission

Implemented

All Documents submitted

85a Sanitary conditions

1. Requirements

2800.

85a Sanitary conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/14/2020, the inside of the microwave had food particles and the top 2 shelves by the door had brown and yellow food particles on the right side of the shelves in the kitchen.

On 10/14/2020, the ceiling and walls by the small microwave were splattered with orange food particles and the upper cupboard to the right of the sink had three shelves splattered with a brown substance in the serving kitchen in the Redic Wing.

Plan of Correction

Accept

On 10-14-2020, at the time of survey the inside of the microwave, the shelving in cabinets, ceiling and walls were cleaned, removing food particles and splatters from this area noted by the inspector.

The Director of housekeeping will audit these areas by using the Daily Cleaning Schedule. The microwaves, refrigerators and cabinets will be checked and cleaned daily. This will be recorded on the Daily Cleaning Schedule. This Daily Cleaning Schedule will be completed by the Housekeeper assigned to the area after completion of the microwave, refrigerator and cabinet cleaning. Attachment faxed 10-29-2020

The Director of Housekeeping and Housekeeping staff will be educated on Reg. 2800.85.a Sanitary Conditions. Completed 10-26-2020-Attachment faxed 10-29-2020

Completion Date: 10/26/2020

Document Submission

Implemented

All documents submitted

103f Fridge/Freezer Temps

1. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the serving kitchen in the Redic Wing.

Plan of Correction

Accept

On 10-14-2020 at the time of survey a thermometer was placed in the freezer in the serving kitchen in the Redic Wing.

The Dietary Staff and Dietary Supervisor will be educated on this regulation. Completed 10-27-2020 Attachment faxed 10-29-2020.

The Dietary Supervisor will audit the Thermometer Audit Sheet completed by the Dietary Staff daily for completion and appropriate action taken if needed. Attachment faxed 10-29-2020

Completion Date: 10/27/2020

103f Fridge/Freezer Temps *(continued)*

Document Submission **Implemented**
All documents submitted

123b Emerg. procedures posted

1. Requirements

2800.

123.b. Copies of the emergency procedures as specified in § 2800.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the residence and a copy shall be kept.

Description of Violation

The residence's emergency procedures are not posted in a conspicuous and public place in the residence.

Plan of Correction **Accept**

At time of survey Emergency Procedure manual was posted per regulation. See photo faxed 10-29-2020.

Completion Date: 10/14/2020

Document Submission **Implemented**

All documents submitted

183d Current medications

1. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 10/14/2020, the following expired medications for resident #1 were in the medication cart:

- Erythromycin Ointment, 5mg/gm, instill 0.5 inch in right eye in the morning - opened 6/24/2020, expires 30 days after opening*
- Pred Forte Suspension, 1%, instill 1 drop in right eye in the morning - opened 3/17/2020, expires 28 days after opening*

183d Current medications (continued)

Plan of Correction

Accept

On 10-14-2020 the following medications that were expired were found in the medication cart for resident #1- Erythromycin Ointment and Pred Forte Suspension for the eye. These medications were removed from the medication cart and destroyed at the time of inspection on 10-14-2020. Tese medications were then ordered from Quality Pharmacy for resident #1.

The PCA/Med Techs will be educated on Erythromycin Ointment expiring 30 days after opening and Pred Forte Suspension Eye Drops expiring 28 days after opening. Mediations that require a "date opened" sticker will ne placed on the medications at the time they are received from the pharmacy. When these medications are opened theis "date opened" sticker will be completed with the date and initials of the PCA/Med tech administering the newly opened medication. Completed 10-26-2020 Attachment faxed 10-29-2020.

Guideline tools were obtained from Quality Pharmacy advising of expiration timelines for medications including eye drops and ointments, inhaled medications, liquids, suspensions and insulins. These Guideline Tools are now posted on the Bulletin Board of the Nursinf station and also have been placed in each Medication Cart to use for reference. Any medication not found on these Guideline Tools, the PCA/Med techs are to notify Quality Pharmacy and receive direction from a pharmacist. An EXPI-Dater Medication Expiration Date Calculator also has been placed in each Medication Cart. Completed 10-26-2020. Attachment faxed 10-29-2020.

A Medication Cart Audit will be done weekly by the PCA/MedTechs and turned into the Assisted Living Administrator for review of audits and any corrective actions taken. This audit will begin 10-29-2020 and be done weekly for 4 weeks. Attachment faxed 10-29-2020

Completion Date: 10/29/2020

Document Submission

Implemented

All documents submitted

183e Storing Medications

1. Requirements

2800.

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.

183e Storing Medications (continued)

Description of Violation

On 10/14/2020, the following opened medications for resident #1 were not dated to the open date. According to the manufacturer's instructions they expire 28 days after opening.

- Combigan Solution, 0.2-0.5%, 1 drop in both eyes 2 times a day
- Vyzulta Solution, 0.024%, instill 1 drop in both eyes at bedtime
- Brimonidine Tartrate Solution, 0.2%, instill 1 drop in both eye 2 times a day

On 10/14/2020, the following opened medications for resident #2 were not dated to the open date. According to the manufacturer's instructions they expire 28 days after opening.

- Lantus Solution, 100 Units/ML, inject 24 units in the morning
- Humalog Solution, 100 Units/ML, inject as per sliding scale

On 10/14/2020, the opened medication Systane Ultra Solution. 0.4-0.3%, instill 1 drop in both eyes 2 times a day, was not dated to the open date. According to the manufacturer's instructions it expires 3 months after opening.

Plan of Correction

Accept

On 10-14-202 the medications for resident #1 Combigan Solution, Vyzulta Solution and Brimonidine Tartrate Solution were looked up on pharmacy delivery sheets for delivery date and a "date opened" sticker was completed with date and initials and placed on the appropriate medication. These medications will be destroyed and new medications ordered upon expiration of these medications in 28 days.

On 10-14-2020 the medications for resident #2 Lantus Solution, Humalog Solution and Systane Ultra Solution were looked up on the Pharmacy Delivery Sheets for delivery date and a "date opened" sticker was completed with a date and initials and placed on the appropriate medication. The Lantus Solution and Humalog medications will expire in 28 days and will be destroyed and new medications ordered upon expiration of these medications. The Systane Ultra Solution expires in 3 months and will be destroyed and new medication ordered upon expiration of this medication.

The PCA/Med techs will be educated on all the expiration date timelines for all the above medications. All medications that require a "date opened" sticker will be placed on the medications at the time they are received from the pharmacy. When these medications are opened the "date opened" sticker will be completed with the date and initials of the PCA/Med Tech administering the newly opened medication. This education completed on 10-26-2020 Attachment faxed 10-29-2020.

Quality pharmacy Guideline Tools and EXPI-DATER Medication Expiration Date Calculator are now placed in each medication cart for the PCA/Med Techs reference. This was completed on 10-26-2020. Attachment faxed 10-29-2020.

A Medication Cart Audit will be done weekly by the PCA/Med techs, all corrective action needed will be completed by the PCA/Med Techs and the audits then turned into the Assisted Living Administrator for review of audits and the corrective action taken. This audit will begin on 10-29-2020 and will be done weekly for 4 weeks. Attachment faxed 10-29-2020

Completion Date: 10/29/2020

Document Submission

Implemented

All documents submitted

184a Labeling

1. Requirements

2800.

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

Description of Violation

Resident #1 is prescribed Cholecalciferol, 25MCG, 1 tab daily. The resident's medication administration record (MAR) indicates Cholecalciferol, 25MCG, 1 tab daily, however, the prescriber's label indicates Vitamin D3 25MCG, 1 tab daily.

The pharmacy label for resident #2's Humalog Solution, 100 Units/ML, inject as per sliding scale, does not include the sliding scale.

Plan of Correction

Accept

On 10-15-2020 following DHS AL 90-day follow up initial survey, the order for resident #1, Cholecalciferol 25 mcg take 1 tablet by mouth in the morning for supplement was updated in the e-mar Point-Click-Care system to match the label on the medication to Vitamin D3 25 mcg Tablet-Give 1 tablet by mouth in the morning for supplement. the MD order and medication now match. Completed 10-26-2020. Attachment faxed 10-29-2020.

On 10-15-2020 Quality Pharmacy was notified that sliding scale insulin labels perimeters need to be on all sliding scale insulin labels provided to the facility. Quality pharmacy provided new labels with those perimeters that were attached to the insulins by a Quality Pharmacy Pharmacist that came to facility to adhere the correct labels to the insulins. Quality Pharmacy going forward will provide the sliding scale perimeters on all insulins labels with the sliding scale orders provided for this facility. Attachment faxed 10-29-2020

The PCA/Med Techs will be educated on labeling and what is included on each pharmacy label. Pharmacy is to be notified if a medication label is incorrect or incomplete by the PCA/Med Techs. Quality Pharmacy will now provide all sliding scale insulin labels with the sliding scale perimeters per MD order. If there is a new order for a change in the current sliding scale order, a "change of direction" sticker will be completed and placed on the label indicating a change in the sliding scale perimeters. Attachment faxed 10-29-2020

A Medication Audit will be done weekly by the PCA/Med techs and then turned into the ALA for review of audits and corrective action taken. This audit to begin 10-29-2020 and will be done weekly for 4 weeks. Attachment faxed 10-29-2020.

Completion Date: 10/29/2020

Document Submission

Implemented

All documents submitted