

Department of Human Services  
Bureau of Human Service Licensing

December 22, 2020

JESSICA SACCARELLI, ADMINISTRATOR  
PETER BECKER COMMUNITY  
800 MAPLE AVENUE  
ATTN:DIRECTOR OF PERSONAL CARE  
HARLEYSVILLE, PA 19438

RE: PETER BECKER COMMUNITY  
800 MAPLE AVENUE, 1ST FLOOR  
HARLEYSVILLE, PA, 19438  
LICENSE/COC#: 12773

Dear Ms. SACCARELLI,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/27/2020, 11/06/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Mia Johnson

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *PETER BECKER COMMUNITY* License #: *12773* License Expiration Date: *06/09/2021*  
 Address: *800 MAPLE AVENUE, 1ST FLOOR, HARLEYSVILLE, PA 19438*  
 County: *MONTGOMERY* Region: *SOUTHEAST*

**Administrator**

Name: *JESSICA SACCARELLI* Phone: *2152569501* Email: *JSACCARELLI@PETERBECKERCOMMUNITY.COM*

**Legal Entity**

Name: *PETER BECKER COMMUNITY*  
 Address: *800 MAPLE AVENUE, ATTN:DIRECTOR OF PERSONAL CARE, HARLEYSVILLE, PA, 19438*  
 Phone: *2152569501* Email: *JSACCARELLI@PETERBECKERCOMMUNITY.COM*

**Certificate(s) of Occupancy**

Type: <i>C-1</i>	Date: <i>07/30/1974</i>	Issued By: <i>COMMONWEALTH OF PENNSYLVANIA</i>
Type: <i>I-1</i>	Date: <i>08/15/2012</i>	Issued By: <i>TOWNSHIP OF FRANCONIA</i>
Type: <i>I-2</i>	Date: <i>08/15/2012</i>	Issued By: <i>TOWNSHIP OF FRANCONIA</i>

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *11/06/2020*

**Inspection Dates and Department Representative**

*10/27/2020 - On-Site: Natasha Braswell, Evelyn Perez*  
*11/06/2020 - Off-Site: Natasha Braswell*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *68* Residents Served: *52*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *MEMORY CARE* Capacity: *11* Residents Served: *10*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>52</i>
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>10</i>	Have Physical Disability: <i>0</i>

## Inspections / Reviews

## 10/27/2020 - Full

Lead Inspector: *Natasha Braswell*Follow-Up Type: *POC Submission*Follow-Up Date: *12/13/2020*

## 12/15/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *12/18/2020*

## 12/22/2020 - Document Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Not Required*



[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

VIOLATION WITHDRAWN

*MJ* 12/22/20

Violation Withdrawn MJ 12/22/20

Completion Date: 12/11/2020

[REDACTED]

[REDACTED]

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 10/27/20, a dented 6lb 9oz can of Hunts Tomato Sauce and a dented 6.63 lb. can of Appezzio Pasta Sauce were located on the self of emergency food.

Plan of Correction

Accept

The above cans were discarded immediately. All cans are to be individually inspected for quality as they are received. If a can in circulation has a dent, it is to be removed and discarded immediately. If a can has been delivered dented, it is to be placed in the Dining Services Manager's office along with the SUPC sticker so management can reach out to the vendor for credit. All dining staff were trained on this process on 12/3/2020. Personal care Administrator will do quarterly checks and will discuss further needs at QAPI. Please see attached supporting documents for this violation.

Completion Date: 12/11/2020

Document Submission

Implemented

There were no further requests for this correction.

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f - Discontinued Medications (continued)

**Description of Violation**

The following medication Nystatin Topical Powder, belonging to resident #1, was discontinued on 10/22/20, was observed on the medication cart. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

**Plan of Correction**

**Accept**

This medication was ordered x 2 weeks only. Weekly med cart checks are completed and the Nystatin Powder had not yet been discarded. Nystatin was discarded upon finding. Weekly med cart checks will continue and staff educated on the importance of discarding discontinued medications/treatments as ordered.

Completion Date: 12/11/2020

**Document Submission**

**Implemented**

There were no further requests for this correction.

187d - Follow Prescriber's Orders

**1. Requirements**

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

**Description of Violation**

Resident #2 is prescribed Tramadol 25 mg. However, resident #2 was administered Tramadol 50 mg on 10/29/19 at 9:00 am.  
Resident #3 is prescribed Tramadol 25 mg. However, resident #3 was not administered Tramadol 25 mg on 7/28/20 at 8:30 am.

**Plan of Correction**

**Accept**

Peter Becker Community would like to withdraw the above violation. Staff receive annual trainings as well as Med Tech Observations as required. The above errors were addressed with the staff at the time of the error. They were each counseled and received additional trainings on how to prevent medication errors as well as additional medication observations. Policy and procedures were followed and appropriate interventions put in place.

Completion Date: 12/11/2020

**Document Submission**

**Implemented**

Please see the attached requested trainings for staff involved in the above medication errors. Additional med observations were completed and the staff had additional training on avoiding common medication errors. These trainings were emailed to the Department on 12/15/2020.

234d - Support Plan Revision

**1. Requirements**

2600.  
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

A support plan for resident #4 was completed on 11/20/19; however, On 6/13/20 and 8/1/20, resident #4 exhibited aggressive and wandering behaviors. The resident's support plan has not been revised to reflect this change.

**234d - Support Plan Revision (continued)****Plan of Correction****Accept**

*The resident's Resident Assessment and support plan was updated for each event listed above after above findings. Resident has a history of aggression and wandering and had previously been updated but, not to each specific event. Resident's RASP now reflects interventions for each specific event. Personal Care Administrator will monitor and ensure that resident support plans show interventions as appropriate. Please see attached document for above addendum to RASP.*

**Completion Date:** 12/11/2020

**Document Submission****Implemented**

*There were no further requests for this correction.*