

Department of Human Services
Bureau of Human Service Licensing

February 18, 2021

[REDACTED], PRESIDENT
EMBASSY MERCER LLC
25201 CHAGRIN BOULEVARD, STE 190
Suite 190
BEACHWOOD, OH 44122

RE: THE LAKES AT JEFFERSON
7271 WEST MARKET STREET
MERCER, PA, 16137
LICENSE/COC#: 45151

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/05/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Janine Wenzig

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

November 30, 2020

[REDACTED], PRESIDENT
EMBASSY MERCER LLC
25201 CHAGRIN BOULEVARD, STE 190
Suite 190
BEACHWOOD, OH 44122

RE: THE LAKES AT JEFFERSON
7271 WEST MARKET STREET
MERCER, PA, 16137
LICENSE/COC#: 45151

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 11/05/2020 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Janine Wenzig

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: THE LAKES AT JEFFERSON **Licen e #:** 45151 **Licen e Expiration Date:** 08/04/2021
Addr e : 7271 WEST MARKET STREET, MERCER, PA 16137
County: MERCER **Region:** WESTERN

Administrator

Name: [REDACTED] **Phone:** 7247040039 **Email:** [REDACTED]

Legal Entity

Name: EMBASSY MERCER LLC
Address: 25201 CHAGRIN BOULEVARD, STE 190, Suite 190, BEACHWOOD, OH, 44122
Phone: 7247040039 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/01/2017 **Issued By:** Jefferson County

Staffing Hours

Re ident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 11/05/2020

Inspection Dates and Department Representative

11/05/2020 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 69 **Residents Served:** 32

Secured Dementia Care Unit

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

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 21
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 3 **Have Physical Disability:** 1

Inspections / Reviews

11/05/2020 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/23/2020

Inspections / Reviews *(continued)*

11/30/2020 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *Document Submission*

Follow-Up Date: *12/02/2020*

2/18/2021 Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 11/5/2020, at approximately 3:30 p.m., the hospice and home health care records were unlocked, unattended and accessible in a lgobook on top of the nurses' station desk on the 2nd floor. The book contained confidential information of residents, including resident #1's occupational therapy, physical therapy, and daily health status notes.

On 11/5/2020, at approximately 9:05 a.m., multiple resident medication administration records (MARs), including those of residents #3 and #4, were open on medication carts A and B, in the dining area on the 2nd floor.

Plan of Correction

Accept

Confidentiality of Records Policy was reviewed. Staff will be in-serviced on 12/18/20 on HIPPA & Residents Rights for Confidentiality.

Completion Date: 12/18/2020

Document Submission

Implemented

Confidentiality of Records Policy was reviewed. Staff will be in serviced on 12/18/20 on HIPPA & Residents Rights for Confidentiality.

26b Quality Management Plan Content

1. Requirements

2600.

- 26.b. The quality management plan shall address the periodic review and evaluation of the following:
1. The reportable incident and condition reporting procedures.
 2. Complaint procedures.
 3. Staff person training.
 4. Licensing violations and plans of correction, if applicable.
 5. Resident or family councils, or both, if applicable.

Description of Violation

The home's quality management policy does not address:

- * Reportable incidents and condition reporting conditions*
- * Complaint Procedures*
- * Staff person Training*
- * Licensing violations and plan of correction*
- * Resident and/or family councils*

26b - Quality Management Plan Content (*continued*)**Plan of Correction****Accept**

Quality Management Plan Policy was reviewed and updated to include reportable incidents; complaint procedures; staff person training; licensing violations and plan of corrections. Also Resident or family council or both. Quality Management team was in-serviced on policy on 11/18/2020. Fourth Quality Assurance Meeting schedule for 12/23/2020.

Completion Date: 12/23/2020

Document Submission**Implemented**

Quality Management Plan Policy was reviewed and updated to include reportable incidents; complaint procedures; staff person training; licensing violations and plan of corrections. Also Resident or family council or both. Quality Management team was in-serviced on policy on 11/18/2020. Fourth Quality Assurance Meeting schedule for 12/23/2020.

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

On the overnight shift 10/18/2020, from 7:00 p.m.-7:00 a.m. 10/19/2020, 23 residents were present in the home. During this time, no staff persons present in the home were certified in first aid.

On the overnight shift 10/23/2020, from 11:00 p.m.-7:00 a.m. on 10/24/2020, 23 residents were present in the home. During this time, no staff persons present in the home were certified in first aid.

On 10/31/2020, from 7:00 a.m.-3:00 p.m., 24 residents were present in the home. During this time, no staff persons present in the home were certified in first aid and obstructed airway techniques, and CPR.

On the overnight shift 10/31/2020, from 11:00 p.m.-7:00 a.m. 11/1/2020, 24 residents were present in the home. During this time, no staff persons present in the home were certified in first aid.

Plan of Correction**Accept**

First Aid /CPR Training Policy was reviewed and updated. Care staff was trained on 11/13/20. Staff who are trained in First Aid / and obstructed airway techniques will be on duty at all times. updated

Completion Date: 11/13/2020

Document Submission**Implemented**

First Aid /CPR Training Policy was reviewed and updated. Care staff was trained on 11/13/20. Staff who are trained in First Aid / and obstructed airway techniques will be on duty at all times. updated

66b - Training Plan Content

1. Requirements

2600.

- 66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:
1. The name, position and duties of each direct care staff person.
 2. The required training courses for each staff person.

66b - Training Plan Content (*continued*)

3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's 2020 staff training plan does not include any of the required information in accordance with 2600.66(b).

Plan of Correction**Accept**

A staff training plan shall be developed annually by Wellness Director. The Annual Training Plan will be presented at 4th quarter meeting to the Quality Management Members for approval. The staff training plan must include the following: The name, position and duties of each direct care staff person; The required training courses for each staff person; and the dates, times and locations of the scheduled training for each staff person for the upcoming year. Documentation of compliance with the staff training plan will be maintained and reviewed by Administrator.

Completion Date: 11/18/2020

Document Submission**Implemented**

A staff training plan shall be developed annually by Wellness Director. The Annual Training Plan will be presented at 4th quarter meeting to the Quality Management Members for approval. The staff training plan must include the following: The name, position and duties of each direct care staff person; The required training courses for each staff person; and the dates, times and locations of the scheduled training for each staff person for the upcoming year. Documentation of compliance with the staff training plan will be maintained and reviewed by Administrator.

100a Exterior Free of Hazards

1. Requirements

2600.

- 100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The water feature on the 1st floor patio area in the rear of the home measures approximately 24 feet X 24 feet. The stone wall surrounding the water feature is approximately 1.5-foot-high and 1 foot wide. The water is approximately 1.5 feet deep. There are no safety barriers to prevent a resident from accessing the water feature, posing a fall/drowning risk. Residents of the home have not been assessed for their ability to safely avoid or navigate the area around the water feature.

Plan of Correction**Accept**

A warning barrier was placed around Water feature located on patio was with warning signs on 11/7/2020. A fence will be installed. Fencing has been ordered with an estimate time frame of 4 to 6 weeks for arrival and completion.

Completion Date 12/08/2020

Document Submission**Implemented**

A warning barrier was placed around Water feature located on patio was with warning signs on 11/7/2020. A fence will be installed. Fencing has been ordered with an estimate time frame of 4 to 6 weeks for arrival and completion.

102i - Soap Dispenser

1. Requirements

2600.

- 102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

102i - Soap Dispenser (continued)

Description of Violation

There were 3 unlabeled used bar of soap on the shared bathroom sink by bedroom # [REDACTED]

Plan of Correction

Accept

Room audits were conducted and completed on 11/18/2020, Soap dispensers are maintained in all residents' bathroom. Bar soap was placed in soap containers with name.

Completion Date: 11/18/2020

Document Submission

Implemented

Room audits were conducted and completed on 11/18/2020, Soap dispensers are maintained in all residents' bathroom. Bar soap was placed in soap containers with name.

144b - Policy on Smoking

1. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

Smoking is permitted behind the home. However, the smoking policy does not indicate the location of the smoking area.

Plan of Correction

Accept

Smoking Policy was reviewed and update to include locations of smoking areas on 11/18/2020.

Completion Date: 11/18/2020

Document Submission

Implemented

Smoking Policy was reviewed and update to include locations of smoking areas on 11/18/2020.

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.

Description of Violation

At approximately 9:05 a.m., medications for multiple residents, including resident #4 were unlocked, unattended, and accessible in medication cart B in the dining area on the 2nd floor.

Plan of Correction

Accept

Staff was in-services on securing medication on 11/24/2020. Wellness Director will randomly audit to ensure medication carts are locked when not attended and reeducate staff as needed.

Completion Date: 11/24/2020

183b - Meds and Syringes Locked (continued)

Document Submission **Implemented**

Staff was in-services on securing medication on 11/24/2020. Wellness Director will randomly audit to ensure medication carts are locked when not attended and reeducate staff as needed.

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

Resident #1 is prescribed Venlafaxine ER 150mg capsule, to be taken with another capsule of Venlafaxine ER 75mg daily. However, the pharmacy label does not include the instruction for the two dosages to be taken together daily.

Resident #2 is prescribed Eliquis 5mg, 1 tablet twice daily. However, the pharmacy label does not include the frequency of twice daily.

Resident #5 is prescribed Primidone, 50mg, 1 tab daily. However, the pharmacy label does not include the dosage of 1 tab daily.

Plan of Correction **Accept**

IOLATION WITHDRAWN - [REDACTED] 11/03/20

Completion Date: 11/05/2020

Document Submission **Implemented**

IOLATION WITHDRAWN [REDACTED] 11/03/20

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

Resident #6's glucometer is not calibrated to the current date and time. On 11/5/2020, at 4:44 p.m., the glucometer indicated 4/14/2020, 7:14 a.m.

Plan of Correction **Accept**

Glucometer Policy was reviewed and updated on 11/10/2020. Staff was in-serviced on the Calibration of glucometer to current date and time. Wellness Director will randomly check glucometers weekly to ensure correct procedure is being followed and re-educate as needed. Wellness Director will report to Quality Management quarterly of any discrepancies.

Completion Date: 11/18/2020

185a - Implement Storage Procedures (*continued*)**Document Submission****Implemented**

Glucometer Policy was reviewed and updated on 11/10/2020. Staff was in-serviced on the Calibration of glucometer to current date and time. Wellness Director will randomly check glucometers weekly to ensure correct procedure is being followed and re-educate as needed. Wellness Director will report to Quality Management quarterly of any discrepancies.