

Department of Human Services
Bureau of Human Service Licensing

December 21, 2020

RUSSELL L. MAST, VP OF OPERATIONS
HUMANGOOD PENNSYLVANIA
2002 JOSHUA ROAD
LAFAYETTE HILL, PA 19444

RE: SPRING MILL POINTE
2002 JOSHUA ROAD
LAFAYETTE HILL, PA, 19444
LICENSE/COC#: 12792

Dear Mr. Mast,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/19/2020, 11/20/2020 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: *SPRING MILL POINTE* License #: *12792* License Expiration Date: *12/15/2021*
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA 19444*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: *Russell L. Mast* Phone: *215-872-1836* Email:
SARA.KELLY@HUMANGOOD.ORG,

Legal Entity

Name: *HUMANGOOD PENNSYLVANIA*
 Address: *2002 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444*
 Phone: *215-872-1836* Email: *RUSS.MAST@HUMANGOOD.ORG*

Certificate(s) of Occupancy

Type: *I-1* Date: *10/15/2007* Issued By: *Whitemarsh Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *75* Waking Staff: *56*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/19/2020*

Inspection Dates and Department Representative

11/19/2020 - On-Site: Dean Gray, Sabrina Freeman
11/20/2020 - Off-Site: Dean Gray

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *107* Residents Served: *46*

Secured Dementia Care Unit

In Home: *Yes* Area: *Cedar Grove* Capacity: *33* Residents Served: *22*

Hospice

Current Residents: *1 / 5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *46*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *29* Have Physical Disability: *0*

Inspections / Reviews

11/19/2020 - Full

Lead Inspector: *Dean Gray*Follow-Up Type: *POC Submission*Follow-Up Date: *12/13/2020*

12/14/2020 - POC Submission

Lead Reviewer: *Mia Johnson*Follow-Up Type: *Document Submission*Follow-Up Date: *12/17/2020*

12/21/2020 - Document Submission

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

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has a video recording system with cameras throughout the home in public gathering areas. Residents sign an agreement informing them of the video recording system at admission. However, on 11/19/2020, there were three camera's noticed in Cedar Grove without a sign indicating the area was being recorded. Another camera, on the second floor, was found without a sign posted nearby.

Plan of Correction

Accept

We installed signs in Cedar Grove and the second-floor hallway, saying "This community is monitored by video surveillance system." Attached you will find pictures.

Completion Date: 12/01/2020

Document Submission

Implemented

We installed signs in Cedar Grove and the second-floor hallway, saying "This community is monitored by video surveillance system." Attached you will find pictures.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 11/19/2020, during the medication audit, it was discovered that resident #1's glucometer was no longer working. When asked, staff informed licensing representative that the battery died and they had been using another glucometer. The last recorded readings on resident #1's glucometer was dated 11/13/2020.

Plan of Correction

Accept

In-house glucometers were checked by Director of Resident Services (DRS)/designee to ensure proper working order. Community will have new back-up glucometers available. Nursing team was educated on this procedure. Director of Resident Services/designee will monitor inventory to ensure back-ups are available. Random audits will be completed by Director of Resident Services/designee to ensure consistent readings between glucometer and MAR; audits will be reported monthly to QA.

Completion Date: 12/05/2020

Document Submission

Implemented

n-house glucometers were checked by Director of Resident Services (DRS)/designee to ensure proper working order. Community will have new back-up glucometers available. Nursing team was educated on this procedure. Director of Resident Services/designee will monitor inventory to ensure back-ups are available. Random audits will be completed by Director of Resident Services/designee to ensure consistent readings between glucometer and MAR; audits will be reported monthly to QA.

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103f - Refrigerator/Freezer Temps (continued)

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

On 11/19/2020, at 2:40 pm, the temperature in the ice cream freezer in Cedar Grove was 22 degrees Fahrenheit.

Plan of Correction

Accept

Please note corrected location: Main Kitchen instead of Cedar Grove. It was noted at time of survey that there were 2 thermometers present in the ice cream freezer. One on top that was reading a higher temperature (due to it being just after lunch service, when the top was opened periodically) and one in the bottom that was reading a temperature within the appropriate temperature range. At the time of survey, the top thermometer was removed. Dining staff were educated on proper placement of thermometer in the ice cream freezer. Director of Dining Services/designee to conduct random audits and report results in monthly QA meeting.

Completion Date: 11/23/2020

Document Submission

Implemented

Please note corrected location: Main Kitchen instead of Cedar Grove. It was noted at time of survey that there were 2 thermometers present in the ice cream freezer. One on top that was reading a higher temperature (due to it being just after lunch service, when the top was opened periodically) and one in the bottom that was reading a temperature within the appropriate temperature range. At the time of survey, the top thermometer was removed. Dining staff were educated on proper placement of thermometer in the ice cream freezer. Director of Dining Services/designee to conduct random audits and report results in monthly QA meeting. Please see attached.

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The posted menu was referred to as the "Spring Menu" and did not accurately reflect the meals being served.

Plan of Correction

Accept

Accurate menus are displayed on multiple scrolling digital screens throughout the community. Immediately following survey, the paper version of menu was updated and posted in a conspicuous area. Director of Dining Services or designee will verify placement of up-to-date menus on a bi-weekly basis and report monthly to QA.

Completion Date: 11/20/2020

Document Submission

Implemented

Accurate menus are displayed on multiple scrolling digital screens throughout the community. Immediately following survey, the paper version of menu was updated and posted in a conspicuous area. Director of Dining Services or designee will verify placement of up-to-date menus on a bi-weekly basis and report monthly to QA. See Attached.

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:

- 1. The resident's name.

184a - Labeling OTC/CAM (continued)

- 2. The name of the medication.
- 3. The date the prescription was issued.
- 4. The prescribed dosage and instructions for administration.
- 5. The name and title of the prescriber.

Description of Violation

The pharmacy label for resident #2's Aspercreme (lidocaine) 4% topical states "apply to lower extremities twice daily to both knees". Resident #2's November 2020 medication administration record (MAR) reads "apply to right knee for pain" for the same medication.

The pharmacy label for resident #2's Muro 128 5% eye ointment states "1 application 3 times daily to both eyes". Resident #2's November 2020 MAR reads "Both eyes one time daily". This order was discontinued 10/16/19.

Plan of Correction

Accept

Audit completed to ensure the directions on the MAR match the directions on medications. Nursing team re-educated on regulation 184a. Moving forward, a second check has been implemented to ensure that directions match. Weekly audits will be completed by the Director of Resident Services/designee, and results will be reported monthly to QA.

Completion Date: 11/25/2020

Document Submission

Implemented

Audit completed to ensure the directions on the MAR match the directions on medications. Nursing team re-educated on regulation 184a. Moving forward, a second check has been implemented to ensure that directions match. Weekly audits will be completed by the Director of Resident Services/designee, and results will be reported monthly to QA. See Attached

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 #1's glucometer was not set to the correct date and time.

Plan of Correction

Accept

Glucometers were checked to ensure accurate date and time. Nursing team was re-educated on regulation 185A. Weekly audits will be performed by the Director of Residents Services/designee and results will be reported monthly to QA.

Completion Date: 12/08/2020

Document Submission

Implemented

Glucometers were checked to ensure accurate date and time. Nursing team was re-educated on regulation 185A. Weekly audits will be performed by the Director of Residents Services/designee and results will be reported monthly to QA. See Attached

187a - Medication Record

1. Requirements

2600.

187a - Medication Record (continued)

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed multiple medications, including Lumigan 0.01% eye drops, Symbicort 160 mcg-4.5/actuation HFA aerosol inhaler, Metoprolol Succinate ER 25 mg tablet, Timoptic 0.5% % eye drops, Trazodone 50 mg tablet, Neurontin 300 mg capsule, Tamsulosin 0.4 mg capsule, Protonix 40 mg tablet, Spiriva Respimat 2.5 mcg actuation solution for inhalation. However, resident's November 2020 medication administration record (MAR) does not indicate diagnosis or purpose for the medication, including pro re nata (PRN), instead the MAR reads "diagnosis exempt".

Resident #3 is prescribed Sertraline 50 mg tablet - one time daily. However, resident's November 2020 medication administration record (MAR) does not indicate diagnosis or purpose for the medication, including pro re nata (PRN), instead the MAR reads "diagnosis exempt".

Plan of Correction

Accept

Diagnosis audit was conducted to ensure that the medications are associated with proper diagnosis. Nursing team has been re-educated on components of medical record as listed on 187a. Moving forward Director of Resident Services/designee will conduct weekly audits and report monthly to QA.

Completion Date: 12/07/2020

Document Submission

Implemented

Diagnosis audit was conducted to ensure that the medications are associated with proper diagnosis. Nursing team has been re-educated on components of medical record as listed on 187a. Moving forward Director of Resident Services/designee will conduct weekly audits and report monthly to QA. See Attached