

Department of Human Services
Bureau of Human Service Licensing

January 5, 2021

SAMANTHA ROOS-MEISER, EXECUTIVE DIRECTOR
PRESBYTERIAN HOMES, INC.
ONE TRINITY DR, EAST,SUITE 201
ATTN: KIRKLAND VILLAGE PCH
DILLSBURG, PA 17019

RE: KIRKLAND VILLAGE
1 KIRKLAND VILLAGE
BETHLEHEM, PA, 18017
LICENSE/COC#: 22050

Dear Ms. Roos-Meiser,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/08/2020 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: *KIRKLAND VILLAGE* License #: *22050* License Expiration Date: *02/19/2021*
 Address: *1 KIRKLAND VILLAGE, BETHLEHEM, PA 18017*
 County: *NORTHAMPTON* Region: *NORTHEAST*

Administrator

Name: *Charon Davis* Phone: *6106914500* Email:
chdavis@psl.org, lindscott@pa.gov,
mmoskalczy@pa.gov

Legal Entity

Name: *PRESBYTERIAN HOMES, INC.*
 Address: *ONE TRINITY DR, EAST,SUITE 201, ATTN: KIRKLAND VILLAGE PCH, DILLSBURG, PA, 17019*
 Phone: *6106914500* Email: *SROOS-MEISER@PSL.ORG*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/21/1994* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *12/08/2020*

Inspection Dates and Department Representative

12/08/2020 - On-Site: Pamela Harris, Ann O'Haire

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *30*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

12/08/2020 - Full

Lead Inspector: *Pamela Harris*Follow-Up Type: *POC Submission*Follow-Up Date: *12/31/2020*

12/30/2020 - POC Submission

Lead Reviewer: *Michele Moskalczyk*Follow-Up Type: *Document Submission*Follow-Up Date: *01/06/2021*

1/5/2021 - Document Submission

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

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The refrigerator located in the serving pantry kitchen was found to have sliced cheese not in the original packaging. One stack of approximately 1/2 pound of white cheese and approximately 1/2 pound of yellow cheese was not labeled with a date the package was opened and removed from the original package.

Plan of Correction

Accept

2600.103(e)

1. The manager immediately removed identified non-dated items from the refrigerator and disposed of them.
2. An immediate audit of the items stored in the pantry was completed to identify any other non-dated items. No further concerns were noted.
3. Service staff was educated on the proper process of rotating, labelling and dating. Audits will be completed each day by the service staff. Variances will be corrected immediately. These audits will be monitored by Culinary Management.
4. The audits will be collected by the Culinary Manager and a summary will be sent to the Personal Care Administrator.

Completion Date: 12/29/2020

Update - 12/30/2020

Please send/ATTACH proof of staff training.

Document Submission

Implemented

Educations are 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 home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu. The home reported that the home maintains an 18 day menu cycle that is given to residents to make daily food item choices. However, the residents do not have advance notification of the homes current week and upcoming week menu choices.

162c - Menus Posted (continued)

Plan of Correction

Accept

2600.162(c)

Residents were receiving 19 days of menus in their rooms and also the daily

They were receiving them in their rooms because we are in the yellow zone and have no communal dining therefore, the menu wasn't posted by the dining rooms because residents would not go there.

We did not keep the menus the residents signed because current food safety guidelines under COVID call for disposing of items that individual diners use

List how many options we have every day plus an always available menu

We would offer alternatives if resident decided not to eat what was served

Inspector interviewed residents and their responses

1. Weekly menus were immediately provided and were handed to the surveyor at the time of the survey.

2. Dating of daily menus was completed by culinary staff.

3. The Culinary department will provide weekly menus to the Personal Care Administrator for posting outside the dining room and in the halls.

Completion Date: 12/29/2020

Update - 12/30/2020

Please send/ATTACH current menu and next week's menu for review.

Document Submission

Implemented

Educations are 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 is prescribed Clonazepam .25 mg twice daily for anxiety. Resident #1's controlled drug record was not completed until the inspector notified the home that the narcotic count was not correct. The home is not maintaining it's controlled substances log appropriately.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept

2600.185a

The home shall establish a safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

On 12/8/2020, Briarholme team member did not follow well established and standard protocols regarding medication administration. Nursing Team member administered the medication in the MAR however, did not document in the medication log.

Team member counseling was completed immediately following the survey.

Education was provided with observations of complete medication pass. Nursing Team members continue to complete checks during the day to observe accuracy of documentation.

Routine monthly education is scheduled for 1/5/2021 and will continue monthly on proper documentation after medication administration

Completion Date: 12/29/2020

Update - 12/30/2020

Please send/ATTACH proof of staff training.

Document Submission

Implemented

Educations are attached