

Department of Human Services
Bureau of Human Service Licensing

March 25, 2021

[REDACTED] CEO
UNIVERSAL HEALTH RECOVERY CENTERS INC
2001 PROVIDENCE AVENUE
CHESTER, PA 19013

RE: UNIVERSAL HEALTH RECOVERY
CENTER
2000 PROVIDENCE AVENUE
CHESTER, PA, 19013
LICENSE/COC#: 18836

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Claire Mendez

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: *UNIVERSAL HEALTH RECOVERY CENTER* **License #:** *18836* **License Expiration Date:** *03/25/2021*
Address: *2000 PROVIDENCE AVENUE, CHESTER, PA 19013*
County: *DELAWARE* **Region:** *SOUTHEAST*

Administrator

Name: [REDACTED] **Phone:** *6108768448* **Email:** [REDACTED]

Legal Entity

Name: *UNIVERSAL HEALTH RECOVERY CENTERS INC*
Address: *2001 PROVIDENCE AVENUE, CHESTER, PA, 19013*
Phone: *6108768448* **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *02/08/1994* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *9* **Working Staff:** *7*

Inspection

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**
Reason: *Renewal* **Exit Conference Date:** *02/11/2021*

Inspection Dates and Department Representative

02/11/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *16* **Residents Served:** *9*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

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

Inspections / Reviews

02/11/2021 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *03/01/2021*

Inspections / Reviews *(continued)*

3/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/14/2021*

3/12/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/09/2021*

3/25/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 02/11/2021, the home did not post influenza information in a conspicuous place as required by INFLUENZA AWARENESS ACT - ENACTMENT Act of Nov. 21, 2016, P.L. 1514, No. 173 Cl.

Plan of Correction

Do Not Accept

influenza information and posters were retrieved and printed from the CDC and posted in the common areas as well as in each of the restrooms.

Completion Date: 02/19/2021

Plan of Correction

Accept

Staff members and housekeeping have been re-educated and re-trained of the importance that this information be posted at all times. Director of Plant Operations and Director of Quality Assurance perform weekly EOC monitoring. Any findings of missing influenza posters will be reported in monthly Patient Safety Committee meetings and immediately remedied to replace the missing poster.

Completion Date: 02/19/2021

Document Submission

Implemented

Find Attached Training Log entitled ECU 3.3021 training.pdf as well as the most recent monthly audit findings entitled Patient Safety Audit Tool - EOC-Safety and RM Tour 2021 ECU.pdf

64a - Admin Training

1. Requirements

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
3. A Department-approved competency-based training test with a passing score.

Description of Violation

Staff person A, who is the home's administrator, has no documentation on file that shows that ■ completed a Department approved competency test with a passing score.

Plan of Correction

Do Not Accept

Certificate of Completion will be provided to the Bureau of Human Service Licensing.

Completion Date: 02/22/2021

64a - Admin Training (continued)

Plan of Correction**Accept**

Administrator [redacted] is the only administrator for Keystone's Personal Care Home. [redacted] completed the test on 12/1/2015. [redacted] certification code on his certificate is [redacted]. Upon acceptance of this plan of correction; a copy of his certificate will be uploaded to the Sans write Portal. Human Resources Department audits employee files for continued education requirements and certifications; findings are reported to the compliance committee quarterly.

Completion Date: 03/12/2021

Document Submission**Implemented**

Find attached certificate entitled Morton Certificate of Completion.pdf

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the 1st floor hallway.

Plan of Correction**Do Not Accept**

An Emergency Directory of phone numbers has been posted near all outgoing telephone on premise.

Completion Date: 02/19/2021

Plan of Correction**Accept**

Staff members and housekeeping have been re-educated and re-trained of the importance that this information be posted at all times. Director of Plant Operations and Director of Quality Assurance perform weekly EOC monitoring. Any findings of missing emergency phone numbers will be reported in monthly Patient Safety Committee meetings and immediately remedied to replace the missing emergency phone numbers.

Completion Date: 02/19/2021

Document Submission**Implemented**

Find Attached Training Log entitled ECU 3.3021 training.pdf as well as the most recent monthly audit findings entitled Patient Safety Audit Tool - EOC-Safety and RM Tour 2021 ECU.pdf

96a - First Aid Kit

1. Requirements

2600.

- 96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the home does not include scissors and tweezers.

96a - First Aid Kit (continued)

Plan of Correction**Do Not Accept**

The Director of Nursing has supplied scissors and tweezers to complete the home first aid kit.

Completion Date: 02/19/2021

Plan of Correction**Accept**

The Chief Nursing Officer will audit all first aid kits on a monthly basis. Any findings of missing first aid kit items will be reported in monthly Patient Safety Committee meetings and immediately remedied to replace the missing supplies. List of necessary items for the kits will also be posted in the location of each first aid kit.

Completion Date: 02/19/2021

Document Submission**Implemented**

Find Attached Training Log entitled ECU 3.3021 training.pdf as well as the most recent monthly audit findings entitled Patient Safety Audit Tool - EOC-Safety and RM Tour 2021 ECU.pdf

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There were two bags of flour opened and unsealed on the kitchen countertop.

Plan of Correction**Do Not Accept**

ZipLock bags were purchased for storage of food after being opened.

Completion Date: 02/19/2021

Plan of Correction**Accept**

Clients who bring their own food to the ECU will be educated prior to arrival and during intake that food must be properly labeled and stored in appropriately sealed containers. KeyStone Dietary will supply labels and containers, as needed. Staff will perform weekly audits of the kitchen to ensure the clients are adhering to this policy. Any items that are not stored properly will be reported to the Home Administrator for re-education of food safety.

Completion Date: 02/19/2021

Document Submission**Implemented**

Find Attached the most recent monthly audit findings entitled Patient Safety Audit Tool - EOC-Safety and RM Tour 2021 ECU.pdf

183d - Prescription Current

1. Requirements

2600.

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

183d - Prescription Current *(continued)***Description of Violation**

On 02/11/2021, [REDACTED] and [REDACTED] prescribed for resident #1 were in the resident's med box locked in the cabinet; however, [REDACTED] is not on the resident's current order.

Plan of Correction**Do Not Accept**

The [REDACTED] prescription was removed immediately on 2/11/2021. Keystone Center ECU staff was provided re-education regarding medication protocols with discontinued medications.

Completion Date: 02/22/2021

Plan of Correction**Accept**

The [REDACTED] was removed immediately on 2/11/2021. Keystone Center ECU staff were re-educated regarding medication protocols with discontinued medications. The Home Administrator will perform weekly medication audits to ensure that client's medications match the current prescribing orders. The home Administrator will report findings of compliance in the monthly Patient Safety Committee Meetings.

Completion Date: 02/22/2021

Document Submission**Implemented**

Find Attached Training Logs entitled ECU 2.22 training and ECU 3.3021 training.pdf as well as the most recent monthly audit findings entitled Patient Safety Audit Tool EOC Safety and RM Tour 2021 ECU.pdf