

Department of Human Services
Bureau of Human Service Licensing

May 28, 2021

[REDACTED], ADMINISTRATOR
LEEDS HEALTH CARE SERVICES INC
PO BOX 32
NORTHUMBERLAND, PA 17857

RE: NOTTINGHAM VILLAGE
RETIREMENT CENTER
60 NEITZ ROAD, PO BOX 32
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 20213

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,
Anne Graziano

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: NOTTINGHAM VILLAGE RETIREMENT CENTER **Licen e #:** 20213 **Licen e Expiration Date:** 04/26/2021
Addr e : 60 NEITZ ROAD, PO BOX 32, NORTHUMBERLAND, PA 17857
County: NORTHUMBERLAND **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 5704738356 **Email:** [REDACTED]

Legal Entity

Name: LEEDS HEALTH CARE SERVICES INC
Address: PO BOX 32, NORTHUMBERLAND, PA, 17857
Phone: 5704738356 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/02/2002 **Issued By:** LABOR & INDUSTRY

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 42 **Waking Staff:** 32

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: 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: 90 **Residents Served:** 42

Secured Dementia Care Unit

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

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 42
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

02/11/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *03/26/2021*

4/1/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/12/2021*

5/28/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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 on a sliding scale. Blood glucose readings are to be completed 3 times daily before meals. On 2/10/21 at 5:11 p.m. the resident #1's blood glucose was recorded as 216. The glucometer indicated a reading of 215. On 2/7/21 at 12:52p.m. the residents blood glucose was recorded as 278. The resident's glucometer indicated a reading of 239.

Additionally, the resident # 1's glucometer was not calibrated to reflect the correct date/time.

Plan of Correction

Accept

Staff have been educated on the importance of transcribing glucometer readings into EMAR software. Staff were also educated on the importance of replacing any glucometers that are not working properly.

Ongoing audits to ensure documentation is correct will occur every 2 weeks to ensure compliance.

Administrator will monitor for compliance.

Attached are the signature sheets from staff on the education and proof of purchase for new glucometer for resident whose machine was not able to record date and time.

Completion Date: 03/25/2021

Update - 04/01/2021

Upon Resubmission of the Plan of Correction, the Home acknowledges they will be retaining their Audits.

AG, 4-1-21

Document Submission

Implemented

Documents were uploaded with staff signatures on training and proof of purchase for new glucometer.

Audits of readings are ongoing.