

Department of Human Services
Bureau of Human Service Licensing

September 29, 2021

[REDACTED]
ACADIA ACQUISITION INC
1817 OLD HOMESTEAD LANE,STE 201
LANCASTER, PA 17601

RE: ACADIA ACQUISITION 5
649/653 PATRIOT DRIVE
LANCASTER, PA, 17601
LICENSE/COC#: 33147

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/08/2021, 03/15/2021, 03/16/2021, 03/22/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

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: <i>ACADIA ACQUISITION 5</i>	License #: <i>33147</i>	License Expiration Date: <i>01/01/2022</i>
Address: <i>649/653 PATRIOT DRIVE, LANCASTER, PA 17601</i>		
County: <i>LANCASTER</i>	Region: <i>CENTRAL</i>	

Administrator		
Name: [REDACTED]	Phone: <i>717-598-1175</i>	Email: [REDACTED]

Legal Entity		
Name: <i>ACADIA ACQUISITION INC</i>		
Address: [REDACTED]		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: <i>C-3 SP</i>	Date: <i>06/24/2003</i>	Issued By: <i>Labor and Industry</i>

Staffing Hours		
Resident Support Staff: <i>0</i>	Total Daily Staff: <i>5</i>	Waking Staff: <i>4</i>

Inspection		
Type: <i>Partial</i>	Notice: <i>Unannounced</i>	BHA Docket #:
Reason: <i>Complaint,Inc t</i>		Exit Conference Date: <i>03/15/2021</i>

Inspection Dates and Representative	
03/08/2021 - Off-Site:	[REDACTED]
03/15/2021 - On-Site:	[REDACTED]
03/16/2021 - Off-Site:	[REDACTED]
03/22/2021 - Off-Site:	[REDACTED]

Resident Demograph			
General Information			
License Capacity: <i>5</i>	Residents Served: <i>5</i>		
Secured Dementia Care Unit			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: <i>0</i>			
Number of Residents Who:			
Receive Supplemental Security Income: <i>3</i>	Are 60 Years of Age or Older: <i>0</i>		
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>1</i>		

Inspections / Reviews

03/08/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/05/2021*

8/16/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/23/2021*

9/28/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *10/05/2021*

9/29/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

The following medication errors were not reported to the Department:

- Resident 1 did not receive the prescribed [REDACTED]

- Resident 2 did not receive the prescribed [REDACTED]

Plan of Correction

Accept

Home Supervisor understood the day of the inspection that when medications are not being delivered from the pharmacy that it is to be reported to DHS.

Home Supervisor will notify DHS when there are medication omissions at the home due to the pharmacy not delivering them.

Home Supervisor will track the medication errors and reporting documentation provided to DHS using internal incident date tracking methods as of 4/1/2021.

Home Supervisor communicated with [REDACTED] on 3/26/2021 and explained to the staff the importance of delivering medications on time to avoid omissions.

Completion Date: 08/20/2021

Document Submission

Implemented

All steps have been completed

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

On 3/15/21 at approximately 9:15 am, the home's medications were accessible to residents in the home as evidenced by the unlocked and partially ajar medication cabinet in the living room. The home's controlled substances were also stored in the cabinet in a closed, locking box, however, the combination was already set on the tumblers so it could be opened by flipping a switch. No staff were present in the room with the medications, however, a resident was sitting on a couch next to the cabinet.

183b - Meds and Syringes Locked (continued)

Plan of Correction

Accept

Home Supervisor addressed the staff the day of the inspection when the the Human Services Licensing Representative found the med closet and med box unlocked.

Home Supervisor communicated with the staff immediately about the importance of keeping the medications always locked on 3/16/2021.

Home Supervisor posted a sign on the med closet specifying "Medication shouldn't ever be unattended. Med closet and controlled med box always need to be locked.

Staff in charge of controlled medications always need to keep the med closet key with them. Medication book and empty packets need to be put away after each medication administration" as a reminder on 3/16/2021.

As of 3/16/2021, Home Supervisor will conduct random inspections of the security of the medication storage method by verifying the medication closet is locked and that the dial on the controlled medication locked box is rotated to a lock position.

As of 8/20/21, we have not found medications unattended and/or the locked box without being locked when not administering medications. LO

Completion Date: 08/20/2021

Document Submission

Implemented

All steps have been completed

187a - Medication Record

1. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 1 is prescribed [REDACTED] however, the medication administration record does not include the diagnosis or purpose for the medication.

187a - Medication Record (continued)

Plan of Correction**Accept**

Home Supervisor communicated with the nurse and person responsible for creating the MAR's to make sure they have the diagnoses included on on the them. The communicated was made on 3/16/2021.

Effective 4/1/2021, Home Supervisor and Assistant Home Supervisor will audit the MAR's the first day of the month to make sure the all have the diagnoses included.

Nurse included the diagnoses on the MARs for this month (April 2021) and will do moving forward as verified on 3/30/2021.

As of today 8/20/2021, we do not use paper MARs when administering medications. We started to use eMAR system in August 1st, 2021. On the eMAR system, we have all the clients' medications listed. Acadia's Nursing Department, PCHAs, and Assistant Home Supervisors are to make sure the diagnoses are included by communicating any discrepancies and fixing the eMAR right away. If there are any discrepancies, only the Nursing Department and the PCHA are to fix them on the eMAR system.

Completion Date: 08/20/2021

Document Submission**Implemented**

All steps have been completed

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed [REDACTED] Resident 1's medication administration record (MAR) does not include the initials of the staff person who administered the rinse on 12/17/20 at 8am.

Resident 3 is prescribed [REDACTED] Resident 3's MAR does not include the initials of the staff person who administered this medication on 1/28/21 at 8am.

Resident 3 is prescribed [REDACTED] Resident 3's MAR does not include the initials of the staff person who administered this medication on 12/30/20 at 8pm.

187b - Date/Time of Medication Admin. (continued)

Plan of Correction**Accept**

Home Supervisor and Assistant Site Supervisor will audit MAR's daily.

Home Supervisor will communicate with staff immediately when finding missing initials on the MARs and will have Assistant Site Supervisor do audits daily to find errors and missing initials. Results of the audits will be reviewed at the home's next quality management review.

Home Supervisor, Assistant Site Supervisor, and Direct Care Staff will have the MARs scanned if the house is in COVID-19 locked down to make sure audits are getting done. This will avoid errors not being reported to the Department of Human Services.

As of 8/1/2021, we are using the eMAR system which will let all DCS, PCHAs, and Nursing Department know when whoever administers meds does not mark the medications given.

Completion Date: 08/20/2021

Document Submission**Implemented**

All steps have been completed

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed [REDACTED] This medication was not administered to Resident 1 on 2/1/21 at 8pm because it was not available in the home.

Resident 2 is prescribed [REDACTED] This medication was not administered on 2/1/21 and 1/31 at 8pm because it was not available in the home.

Resident 2 is prescribed [REDACTED] This medication was not administered on 1/30 and 1/31 at 8pm because it was not available in the home.

187d - Follow Prescriber's Orders (continued)

Plan of Correction**Accept**

Home Supervisor understood the day of the inspection that when medications are not being delivered from the pharmacy that it is to be reported to DHS.

Home Supervisor will notify DHS when there are medication omissions at the home due to the pharmacy not delivering them.

Home Supervisor will track the medication errors and reporting documentation provided to DHS using internal incident date tracking methods as of 4/1/2021.

Home Supervisor communicated with [REDACTED] on 3/26/2021 and explained to the staff the importance of delivering medications on time to avoid omissions.

Home Supervisor, Assistant Site Supervisor, and Direct Care Staff will call pharmacy for refills and follow up to ensure medications get delivered on time for administration. Immediately, Direct Care Staff will perform, on a weekly basis, a medication audit checking counts of required medications to ensure they are refilled in a timely manner.

Completion Date: 08/20/2021

Document Submission**Implemented**

All steps have been completed

2. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed [REDACTED] This medication was not administered on 12/31/20 at 9pm.

Plan of Correction**Accept**

Home Supervisor addressed the staff by counseling and having her complete a medication education form. Home Supervisor will communicate with staff immediately when finding missing initials on the MARs and will have Assistant Site Supervisor do audits daily to find errors and missing initials. Results of the audits will be reviewed at the home's next quality management review.

As of 8/1/2021, we are using the eMAR system which will let all DCS, PCHAs, and Nursing Department know when whoever administers meds does not mark the medications given.

Completion Date: 08/20/2021

Document Submission**Implemented**

All steps have been completed

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

190a - Completion Medication Course (*continued*)**Description of Violation**

Staff person A administered medications on [REDACTED]/21, however, [REDACTED] initial training occurred [REDACTED] 19 and [REDACTED] has not completed any annual practicums since [REDACTED] initial certification.

Staff person B administered medications on [REDACTED] and [REDACTED] 20, however, [REDACTED] initial training occurred on [REDACTED] 19 and [REDACTED] has not completed any annual practicums since [REDACTED] initial certification.

Plan of Correction**Accept**

Four additional Practicum Observers were trained and certified in order to ensure sufficient resources for recertifying staff. With the implementation of this change there will be increased oversight of the compliance of Direct care Support. This is in effect beginning March 2021, and the level of observers available will continue to be maintained thereafter.

Home Supervisor immediately ensured the suspension of the medication administration abilities of staff person A and B. The two staff members cited in the violation were scheduled for recertification at soonest availability of trainers and scheduled staff. Certifications were completed on 3/17/2021 and 3/28/2021.

Staff training needs will be addressed at the home's next quality management review.

Completion Date: 08/20/2021

Document Submission**Implemented**

All steps have been completed