

Department of Human Services  
Bureau of Human Service Licensing

April 20, 2021

[REDACTED]  
PHOEBE RICHLAND HEALTH CARE CENTER  
108 SOUTH MAIN STREET  
RICHLANDTOWN, PA 18955

RE: MEADOW GLEN AT PHOEBE  
RICHLAND  
108 SOUTH MAIN STREET  
RICHLANDTOWN, PA, 18955  
LICENSE/COC#: 14225

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/31/2021, 04/01/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *MEADOW GLEN AT PHOEBE RICHLAND* License #: *14225* License Expiration Date: *02/08/2022*  
Address: *108 SOUTH MAIN STREET, RICHLANDTOWN, PA 18955*  
County: *BUCKS* Region: *SOUTHEAST*

**Administrator**

Name: [REDACTED] Phone: *2673714539* Email: [REDACTED]

**Legal Entity**

Name: *PHOEBE RICHLAND HEALTH CARE CENTER*  
Address: *108 SOUTH MAIN STREET, RICHLANDTOWN, PA, 18955*  
Phone: *2673714539* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *11/30/2015* Issued By: *Richland Borough*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *106* Waking Staff: *80*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/01/2021*

**Inspection Dates and Department Representative**

*03/31/2021 - On-Site:* [REDACTED]  
*04/01/2021 - On-Site:* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *100* Residents Served: *68*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *MS* Capacity: *38* Residents Served: *32*

**Hospice**

Current Residents: *4*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *67*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *38* Have Physical Disability: *0*

## Inspections / Reviews

03/31/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/25/2021*

4/19/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2021*

4/20/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/01/2021*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

*Dawn Mist fluoride toothpaste, with a manufacture's label indicating "if more than used for brushing is accidentally swallowed, get medical help or contact a Poison Control Center right away", was unlocked, unattended, and accessible to residents in resident room # [REDACTED]. Not all the residents of the home, including resident #1, have been assessed capable of recognizing and using poisons safely.*

Plan of Correction

Do Not Accept

*Education will be provided to staff for poisonous materials for residents deemed incapable of recognizing and using poisons safely.*

*Staff to perform daily checks in resident rooms and common areas for all poisonous materials*

*Toiletry caddies are stored in a locked cabinet for all residents to ensure resident safety.*

**Completion Date:** 04/06/2021

Plan of Correction

Accept

*An audit of all resident rooms and common areas have been completed on 4/3. Education will be continuously provided to staff for poisonous materials for residents deemed incapable of recognizing and using poisons safely.*

*Staff to perform daily checks in resident rooms and common areas for all poisonous materials*

*Toiletry caddies are stored in a locked cabinet for all residents to ensure resident safety.*

**Completion Date:** 04/03/2021

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 resident room #112.*

Plan of Correction

Do Not Accept

*All telephones are provided a list of the emergency phone numbers. In residents rooms, they are on a laminated card that is adhered to the wall.*

*Administrative Assistant is required to assess every room during monthly safety inspections.*

*NOTE\*\* During exit interview, Licensing Representative, was instructed where cards were placed, she reported not looking in that spot and stated she would remove this violation.*

**Completion Date:** 04/05/2021

91 - Telephone Numbers *(continued)***Plan of Correction****Accept**

*All telephones are provided a list of the emergency phone numbers.*

*In residents rooms, they are on a laminated card that is adhered to the wall near the light switch.*

*Telephones in common areas and not in resident rooms have labels adhered directly to the phone.*

*Administrative Assistant is required to assess every room during monthly safety inspections. Administrative Assistant will*

**Completion Date:** 04/05/2021

## 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 2nd floor med room does not include a thermometer.*

**Plan of Correction****Accept**

*Due to Covid pandemic, residents are having their temperatures taken every shift. Thermometer was taken from the first aid kit due to the pandemic and this practice. There are thermometers readily available on every unit at this time.*

*A thermometer has been placed in the first aid kit.*

*Administrative Assistant is required to assess every first aid kit during monthly safety inspections.*

**Completion Date:** 04/05/2021

## 105f - Labeling/Return of Clothes

**1. Requirements**

2600.

105.f. Measures shall be implemented to ensure that residents' clothing are not lost or misplaced during laundering or cleaning. The resident's clean clothing shall be returned to the resident within 24 hours after laundering

**Description of Violation**

*The home does not have a system to safeguard resident laundry from loss. According to two residents who were interviewed, they lost bed sheets and blankets, which were never found or returned to them.*

105f - Labeling/Return of Clothes *(continued)***Plan of Correction****Accept**

*To ensure resident clothing is not lost or miss placed we will do the following.*

- *Ensure that all clothing from PCF is kept separate from the HCC building.*
  - *A new label press was ordered and put into use on 3/22/2021. The previous label press we had was not adhering labels to the clothing properly.*
  - *Educate staff on the proper procedures for having clothing labeled.*
  - *We will add the below procedures to the weekly focus communication.*
1. *Clothing requiring labeling will be placed in a personal clothing bag marked with the resident's name and room number by nursing. The bags are picked up on a daily basis by laundry for labeling and returned to the resident's room. This applies to those who have chosen to utilize the facility's laundry services*
  2. *All clothing will be returned to the resident's room by the laundry department*
  3. *All clothing that is laundered will be returned the same day that it is washed or within 24 hours.*
  4. *Any unlabeled clothing will be held in the laundry for 30 days and can be claimed by the resident or family members*

**Completion Date:** 04/05/2021

## 141a 1-10 Medical Evaluation Information

**1. Requirements**

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department's request.

**Description of Violation**

*Resident #2's medical evaluation, dated 01/08/2021, did not include the resident's ability to self-administer medications and health status.*

**Plan of Correction****Do Not Accept**

*Every DME will be reviewed by 2 individuals prior to acceptance of form to verify completion of every box. Any incomplete DME will be returned to the appropriate physician, physician assistant or certified registered nurse practitioner for completion.*

*Responsible parties will include Sales manager, Nurse Manager and/or Personal Care Home Administrator.*

**Completion Date:** 04/05/2021

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction****Accept**

*Every DME will be reviewed by 2 individuals prior to acceptance of form to verify completion of every box. Any incomplete DME will be returned to the appropriate physician, physician assistant or certified registered nurse practitioner for completion.*

*Responsible parties will include Sales manager, Nurse Manager and/or Personal Care Home Administrator.*

*An audit of all current DME's will occur and will be completed by 4/30/2021. This audit will be completed by nurse manager and/or administrator*

**Completion Date:** 04/30/2021

## 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's menu posted in the dining area of the SDCU was for the past two weeks, not the current week or the next week.*

**Plan of Correction****Accept**

*Dining services staff and/or dining services supervisors will ensure menu boards are up to date every Sunday. Menu boards will include current week and one week in advance. Dining services supervisors have created a computer calendar reminder to ensure completion.*

**Completion Date:** 04/05/2021

## 183e - Storing Medications

**1. Requirements**

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**Description of Violation**

*On 04/01/2021, there was a bottle of Latanoprost Ophthalmic sol 0.005% prescribed for resident #3 in the 2nd floor B-wing med cart and one prescribed for resident #4 in the 1st floor B-wing med cart. According to the manufacturer's instructions, the medication should be discarded 6 weeks after opening but there was no open date specified.*

**Plan of Correction****Do Not Accept**

*Med Tech or Nurse who opens medications will write date on the label.*

*Weekly audits of med cart will occur to ensure regulations are being followed.*

*See attached Medication Administrator policy*

**Completion Date:** 04/05/2021

183e - Storing Medications (continued)

**Plan of Correction**

**Accept**

*Med Tech or Nurse who opens medications will write date on the label.*

*Weekly audits of med cart will occur to ensure regulations are being followed. The audits will be completed by 11-7 Nurse and Med Tech.*

*See attached Medication Administrator policy*

**Completion Date:** 04/05/2021

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:

4. The prescribed dosage and instructions for administration.

**Description of Violation**

*The pharmacy label for resident #3's Lorazepam 0.5 mg says 1 tab by mouth at bedtime but the order was changed to as needed. There was no direction change sticker on the label.*

**Plan of Correction**

**Do Not Accept**

*Nurses who receive change orders will document accordingly and will affix the appropriate change on a label on the medications as the order is received.*

*Weekly audits of med cart will occur to ensure regulations are being followed.*

**Completion Date:** 04/05/2021

**Plan of Correction**

**Accept**

*Nurses who receive change orders will document accordingly and will affix the appropriate change on a label on the medications as the order is received.*

*Weekly audits of med cart will occur to ensure regulations are being followed. The audits will be completed by the 11-7 nurse and Med Tech.*

**Completion Date:** 04/05/2021

185a - Implement Storage Procedures

**1. Requirements**

2600.

185a - Implement Storage Procedures (continued)

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 #5 is prescribed Nitroglycerin Sub 0.4 mg for chest pain as needed. On 04/01/2021, the medication was not available in the home.*

**Plan of Correction**

**Do Not Accept**

*All orders will be verified and compared with medications on hand. For any order that does not have a medication, medication will be immediately ordered from the pharmacy.*

*Weekly audits of med cart will occur to ensure regulations are being followed.*

**Completion Date:** 04/05/2021

*Who will be responsible for completing the weekly med cart audits?*

**Plan of Correction**

**Accept**

*All orders will be verified and compared with medications on hand. For any order that does not have a medication, medication will be immediately ordered from the pharmacy.*

*An audit of medications has been completed by Nursing Supervisor on 4/8/2021*

*Weekly audits of med cart will occur to ensure regulations are being followed. The audits will be completed by the 11-7 nurse and Med Tech.*

**Completion Date:** 04/08/2021

**2. 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 #6 is prescribed Accu-check in the morning. On 03/15/2021 at 05:55 AM, the resident's glucometer read 135 but it was not logged.*

**Plan of Correction**

**Do Not Accept**

*Med Tech and nurses will be educated on properly documenting all glucometer readings.*

*MAR will be verified at the end of every shift by administering Med Tech or Nurse and will be audited by second nurse or PCHA.*

**Completion Date:** 04/05/2021

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Accept**

*Med Tech and nurses will be educated on properly documenting all glucometer readings.  
Diabetic training occurs through staff Staff Development annually.  
Education was provided to that specific Med Tech on 4/9/2021 by Nursing Supervisor.  
Nursing Supervisor will provide 1:1 education to diabetic trained staff by 4/30/2021.*

*MAR will be verified at the end of every shift by administering Med Tech or Nurse and will be audited by second nurse or PCHA.*

**Completion Date:** 04/30/2021

## 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 #5 is prescribed Lorazepam 0.25 mg as needed. The resident's March MAR does not include the initials of the staff person who administered it on 03/13/2021 at 07:30 AM.*

**Plan of Correction****Accept**

*In Regards to Resident #3 - attached is documentation that this medication was not administered to the resident.  
This violation should be removed.*

*Education provided to MedTechs and nurses. Education occurred for the specific nurse in case of Resident #5, included a copy of the policy for her review.*

*MAR will be verified at the end of every shift by administering Med Tech or Nurse and will be audited by second nurse or PCHA.*

*See attached medication administration policy.*

**Completion Date:** 04/05/2021

## 187d - Follow Prescriber's Orders

**1. Requirements**

2600.

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

187d - Follow Prescriber's Orders (continued)

**Description of Violation**

*Resident #3 is prescribed Pantoprazole 40 mg twice daily. However, this medication was not administered to the resident on 04/01/2021 at 06:30 AM because the medication was not available in the home.*

**Plan of Correction**

**Do Not Accept**

*All orders will be verified with medications on hand to ensure we are following the prescribers orders.*

*Staff is educated to report any missing medications to the nurse manager or nurse supervisor.*

*Weekly audits of med cart will occur to ensure regulations are being followed.*

**Completion Date:** 04/05/2021

**Plan of Correction**

**Accept**

*All orders will be verified by the nurse receiving order and again by the nurse receiving the medications, to ensure every medication has an order and every order has a medication on hand.*

*Nursing staff to be educated to report any missing medications to the nurse manager or nurse supervisor. Training to occur by 4/30/2021 for existing nurses and med techs and will be implemented in future Med Tech training courses*

*Weekly audits of med cart will occur to ensure regulations are being followed. Audits will be completed by 11-7 nurse.*

**Completion Date:** 04/30/2021

202 - Prohibitions

**1. Requirements**

2600.

202. The following procedures are prohibited:

- 4. A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited. A chemical restraint does not include a drug ordered by a physician or dentist to treat the symptoms of a specific mental, emotional or behavioral condition, or as pretreatment prior to a medical or dental examination or treatment.

**Description of Violation**

*Resident #7 is prescribed Lorazepam gel 0.5 mg every 6 hours as needed for agitation. According to the resident's March MAR, this gel was administered to the resident to control behaviors on 03/05, 06, 07, 10, 16, 19, 20, and 21/2021.*

202 - Prohibitions (*continued*)**Plan of Correction****Do Not Accept**

*Education to nurses, physician and pharmacy to ensure all medication orders have the appropriate diagnosis.*

*Weekly audit of orders will occur to ensure proper diagnosis for each medication.*

**Completion Date:** 04/05/2021

**Plan of Correction****Accept**

*Residents with behaviors will be provided psychiatric or psychological treatment prior to medication use.*

*Medications will not be used to control behaviors.*

*Nursing and community life staff will be provided education on techniques to safely manage behaviors by Staff development by 5/31/2021.*

**Completion Date:** 05/31/2021

## 234e - Involvement/Participation

**1. Requirements**

2600.

234.e. The resident or the resident's designated person shall be involved in the development and the revisions of the support plan.

**Description of Violation**

*Resident #8's support plan was finalized on 02/10/2020 and 01/23/2021. Neither the resident nor the resident's designated person was involved in the development or revision of the support plan.*

**Plan of Correction****Do Not Accept**

*Resident will be included in the development / revision of RASP. In the event the resident is unable, such as a memory support resident, RASP will be completed with the assistance of designee.*

**Completion Date:** 04/05/2021

234e - Involvement/Participation (*continued*)**Plan of Correction****Accept**

*Nursing staff and Community life coordinator will work in conjunction with the resident or the resident's designee to develop / revise of RASP. Every attempt will be to have the resident participate, In the event the resident is unable, such as a memory support resident, RASP will be completed with the assistance of designee.*

*Nurses and Community life coordinator will be educated on the regulations regarding the completion, refusal and inability to participate in the RASP development. Education will be provided by the administrator at a nurse meeting on 4/28/2021. Community life coordinator was educated on 4/6/2021 by administrator.*

*All Current RASP's will be audited by the nurse manager and Administrator by 4/30/2021. RASP's will be audited by nurse manager and/or administrator within 24 hours of completion to ensure regulations are being adhered to.*

**Completion Date: 04/30/2021**