

Department of Human Services
Bureau of Human Service Licensing

November 24, 2021

[REDACTED], EXECUTIVE DIRECTOR
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 review on 03/31/2021, 04/01/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]

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*

11/24/2021 - Document Submission

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

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 #112. 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

Document Submission

Implemented

An audit of residents rooms an common areas have been completed on 4/3/2021. Staff is provided a list of all safety precautions for memory support as well as it is posted on the supply closets on the units.

See attached informational document provided to staff and posted in Nursing units

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.

91 - Telephone Numbers (continued)

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, [redacted] reported not looking in that spot and stated [redacted] would remove this violation.

Completion Date: 04/05/2021

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

Document Submission

Implemented

Residents rooms are monitored monthly for phone numbers. Monthly safety sheets now have the phone numbers as an area to check

See attached informational document that was provided to all Staff and posted in nursing Units

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

96a - First Aid Kit *(continued)***Document Submission****Implemented**

Inspection of first aid kits was added to monthly safety inspection sheets

See attached checklist

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.

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

Document Submission**Implemented**

Family communication occurs via the newsletter and resident communication occurs via newsletter and resident counsel to inform families/residents to have laundry labeled to prevent loss. This is ongoing. A new label press was purchased March 21, 2021 see attached.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 0 [REDACTED], 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

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

Document Submission

Implemented

Checklist was created for admission to ensure the DME is completed properly.

First review is the sales manager

Final review is the Administrator

See attached

Full house chart review occurred and was completed on 4/28/2021

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

Document Submission

Implemented

Dietary Supervisor created a calendar reminder weekly to ensure all menus are posted correctly. See attached

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 [redacted] prescribed for resident #3 in the [redacted] med cart and one prescribed for resident #4 in the [redacted] 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

Document Submission

Implemented

Checklist was created and was placed on each med cart with the requirements.

This is audited weekly by nursing manager and/or administrator.

Additionally, a request for pharmacy to provide a label on every bottle so staff who opens the medication can write the expiration date.

see attached checklist

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 [REDACTED] 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

184a - Labeling OTC/CAM (continued)

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

Document Submission

Implemented

Audits of med carts are completed weekly by med tech, 11-7 nurse and/or administrator. PCC is utilized to confirm all orders have a medication available and all medications have a current order. This is ongoing.

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 #5 is prescribed [redacted] 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

185a - Implement Storage Procedures (*continued*)**Document Submission****Implemented**

Audits of med carts are completed weekly by med tech, 11-7 nurse and/or administrator.

PCC is utilized to confirm all orders have a medication available and all medications have a current order.

This is ongoing.

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 [REDACTED] 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

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

Document Submission**Implemented**

Audits of glucometers are performed weekly by 11-7 nursing staff and/or nursing manager. This is ongoing.

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.

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

Description of Violation

Resident #3 is prescribed [REDACTED] twice daily but this medication was not available in the home and was not administered at 06:30 AM on 04/01/2021. A staff initialed the medication administration record (MAR) without administering the med.

Resident #5 is prescribed [REDACTED] 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 [REDACTED] 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

Update - 04/19/2021

First part of the violation will be redacted upon posting to remove that part. The violation stands with Resident #5's lorazepam.

Document Submission

Implemented

We provide ongoing education and monitoring of Med Tech's to ensure they have full understanding of documentation requirements.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED] 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.

187d - Follow Prescriber's Orders (continued)

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

Document Submission

Implemented

All Med Tech's and nurses were provided a copy of the Med Administration policy. New Med Tech's are educated during the training and provided a copy of the policy to refer to.

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 [REDACTED] 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

Document Submission

Implemented

Teepa Snow Relias training occurred 6/30/2021. Attached is the course completion report in Relias

We have partnered with CHE for psychiatric and psychological services.

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 [redacted] and [redacted]. 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

Update - 04/19/2021

Have all resident RASPs been audited to ensure signatures are present where required? Who is responsible for completing RASPs? Will that person be educated in the regulations concerning participation, signing, and documentation regarding refusing or inability to participate in the development of the RASP.

Who will be responsible ongoing to ensure that these regulations continue to be followed? What is the title of that person and how often will this occur?

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

Document Submission**Implemented**

RASP's were audited by Nurse manager and Administrator completed on 4/28/2021.

RASP's and due dates are placed on a calendar and followed by nursing staff to ensure completion.

New RASP's are audited by Administrator and/or 11-7 nurse for completion.