

Department of Human Services
Bureau of Human Service Licensing

May 26, 2021

██████████ DIRECTOR OF PERSONAL CARE
THE COMMUNITY AT ROCKHILL
3250 STATE ROAD
SELLERSVILLE, PA 18960

RE: THE COMMUNITY AT ROCKHILL
3250 STATE ROAD
SELLERSVILLE, PA, 18960
LICENSE/COC#: 12687

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2021, 04/06/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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: THE COMMUNITY AT ROCKHILL **License #:** 12687 **License Expiration Date:** 04/02/2022
Address: 3250 STATE ROAD, SELLERSVILLE, PA 18960
County: BUCKS **Region:** SOUTHEAST

Administrator

Name: [REDACTED] **Phone:** 2152572751 **Email:** [REDACTED]

Legal Entity

Name: THE COMMUNITY AT ROCKHILL
Address: 3250 STATE ROAD, SELLERSVILLE, PA, 18960
Phone: 2674293232 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 12/18/1997 **Issued By:** West Rock Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** NaN **Waking Staff:** NaN

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 04/06/2021

Inspection Dates and Department Representative

04/05/2021 - On-Site: [REDACTED]
04/06/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 74 **Residents Served:** 38

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

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

Inspections / Reviews

04/05/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *05/21/2021*

5/21/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/24/2021*

5/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *05/24/2021*

5/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

28e - Death of a Resident

1. Requirements

2600.

- 28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #1 passed away on [REDACTED]. Resident #1's personal belongings were removed from [REDACTED] room on [REDACTED]; however the refund was completed until [REDACTED] more than the 30 days allowed.

Plan of Correction

Accept

- 1) Refund has been completed and sent to resident's POA on [REDACTED]. Billing department was educated on regulatory guidelines (2600.28(e)) and Elder Care Payment restitution act.
- 2) The Director of Personal Care will coordinate with the Business Office after each discharge to ensure that any refunds are returned to the resident's representative or estate within 30 days from the date the living unit is cleared of the consumer's personal property. The refund will be documented in the resident's record.

3) Director will review all discharges/refunds at quarterly Q/A meeting

Apologies for incorrect date in number 1

Completion Date: 04/07/2021

Document Submission

Implemented

date of refund has been updated to correct date of [REDACTED]

85a - Sanitary Conditions

1. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On 04/06/21, the ice machine on the 1st floor (Garden View) in the serving kitchen area has a white residue on the bottom rack. The refrigerator on the 1st floor (Garden View) in the serving kitchen area has what appears to be mold and a white residue on the ice maker on the door. The water fountain on the 2nd floor (Sky View) in the serving kitchen area has a white residue around the drain. The refrigerator on the 2nd floor (Sky View) in the serving kitchen area has a white substance on the ice maker on the door.

85a - Sanitary Conditions (continued)**Plan of Correction****Accept**

- 1) Ice machines/refrigerators, including troughs, were immediately washed and cleaned, as well as water fountains in all affected areas
- 2) Review with staff by manager regarding daily cleaning at end of each shift
- 3) Listed on cleaning report for each area
- 4) Added to twice weekly cleaning assignment
- 5) Supervisor to complete check of area at end of each shift
- 6) Monthly checks to be done by dining manager of each area
- 7) Maintenance department assigned to do a monthly deep cleaning of each affected area.
- 8) POC will be reviewed by Administrator at Q/A meeting

Completion Date: 04/30/2021**Document Submission****Implemented**

as above

85d - Trash Receptacles**1. Requirements**

2600.

- 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 04/06/21, there was a uncovered, unattended trash can in the dining room in the serving kitchen.

Plan of Correction**Accept**

- 1) Cover available for use-closed immediately. However, inspection was being done during time of clean up from a meal.
- 2) Staff retrained by dining manager on importance of closing all covers on trash cans
- 3) Signage added to top of can lids as a reminder to keep lid closed when not in use/unattended. Zip tie added to lid to ensure availability of lid with can at all times.
- 4) Dining manager will do spot audits during routine kitchen checks
- 5) Daily and weekly checks will be completed and documented
- 6) POC will be reviewed at Q/A meetings

Completion Date: 05/19/2021**Document Submission****Implemented**

as above

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

On 4/4/21, at 4:02 pm, resident #2's glucometer read 470. Resident #2's medication administration record was documented as 460.

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

- 1) Documentation was corrected immediately (see attached) [appears to be typographical error]
- 2) Medication documentation inservice held utilizing regulation 182(c), 185(a),185(b), 187(a), and 187(b) (see attached)
- 3) Diabetic recertification class will be held 5/12
- 3) Licensed nurse will review diabetic documentation and accu check machine calibration weekly and keep record of any errors (see attached)
- 4) Director will be notified of any discrepancies
- 5) Ongoing trainings will be held as needed
- 6) Documentation will be reviewed at quarterly Q/A meetings

Completion Date 05/12/2021

Document Submission**Implemented**

as above

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

On 4/6/21, at 8:15 am, resident #3 was administered Hydrocodone Acetaminophen 5 325 MG. Staff person A did not initial or record the date and time of administration on the narcotics log until 4/6/21 at 10:54 am.

Plan of Correction**Accept**

- 1) Medication was signed as given at 0815 in eMAR (see attached)
- 2) Missing signature in house narcotic log was addressed immediately (see attached log sheet)
- 3) Documentation inservice was done with staff (see attached)
- 4) Narcotic signatures will be reviewed during narcotic count at each shift to ensure completion and two staff will sign off as having reviewed same
- 5) POC will be reviewed at quarterly Q/A

Completion Date: 04/13/2021

Document Submission**Implemented**

as above