

Department of Human Services
Bureau of Human Service Licensing

August 10, 2021

[REDACTED], CHIEF EXECUTIVE OFFICER
[REDACTED]
[REDACTED]
[REDACTED]

RE: FOXDALE VILLAGE
500 EAST MARYLYN AVENUE
STATE COLLEGE, PA, 16801
LICENSE/COC#: 24565

Dear [REDACTED],

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

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: *FOXDALE VILLAGE* License #: *24565* License Expiration Date: *06/14/2021*
Address: *500 EAST MARYLYN AVENUE, STATE COLLEGE, PA 16801*
County: *CENTRE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/01/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/05/2021*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *64* Residents Served: *40*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *40*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

05/04/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2021*

7/19/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/26/2021*

8/10/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3, who resides in room [REDACTED] doesn't have an operable lamp or other source of lighting that can be turned on at bedside.

Plan of Correction

Accept

Tap light was placed on wall beside bed immediately upon discovery of violation.

Read and sign education regarding bedside lighting regulation will be provided to nursing staff and ancillary staff who would be involved monitoring, moving, or adjustment of provided furniture in Personal Care. All current staff will review and return by the end of June 2021.

Education will be provided to all new admissions when PC Administrator and/or designee meets with them after their admission. Education completion will be report and tracked during QAPI.

Quarterly audits will be completed by PC Administrator or designee for all PC resident rooms to check for bedside lighting. This audit will be ongoing to monitor for consistent compliance. Audits will be reported and tracked during QAPI.

PC Administrator will monitor for ongoing compliance.

Completion Date: 06/30/2021

Update - 07/19/2021

Please send/Attach proof of staff training and (picture) of compliance. 7-19-2021 - MM

Document Submission

Implemented

Attachment

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The freezer located in the kitchenette across from the Bistro did not have a thermometer.

Plan of Correction

Accept

Thermometer was placed in the freezer immediately upon discovery of violation.

Audit will be completed daily for 3 weeks to ensure thermometer is in freezer and temperature is being taken. Results will be reported and tracked during QAPI.

Random audits will occur thereafter to monitor and results will be reported and tracked at QAPI

PC Administrator will monitor for ongoing compliance.

Completion Date: 06/28/2021

Update - 07/19/2021

Please send/Attach (picture) of compliance. 7-19-2021 - MM

103f - Refrigerator/Freezer Temps (continued)

Document Submission

Implemented

Attachment

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the kitchenette, single serve boxes of unfrosted mini wheats were in the cabinet, not in its original box. The individual boxes did not have expiration dates.

Located in the refrigerator in the kitchenette across the hall from the Bistro was a package of Cracker Barrel cheddar cheese slices that had expired on 3/28/21 and a 15oz container of Galbani Brand Ricotta Cheese that expired on 4/3/21.

Plan of Correction

Accept

Outdated items were discarded immediately upon discovery of violation.

Audit will be completed daily for 3 weeks to ensure there is no expired foods in the refrigerator and/or cabinets in kitchenettes. Results will be reported and tracked during QAPI.

Random audits will occur thereafter to monitor for ongoing compliance and results will be reported during QAPI.

PC Administrator will monitor for ongoing compliance.

Completion Date: 06/28/2021

Document Submission

Implemented

Attachment

182b - Prescription Medication

1. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Staff person B completed [redacted] medication training with a recertification date of January 2021. However, staff B did not complete the recertification training and [redacted] is still on the schedule as a MedTech.

182b - Prescription Medication (continued)

Plan of Correction

Accept

Medication Technician's recertification was completed in February 2021 in error, annual recertification for next year will be schedule to be completed January 2021 to return to her annual date. Error in recertification occurred during a transition period from previous Medication Technician Trainer to current Medication Technician Trainer (current Personal Care Administrator).

All Medication Technician's recertifications have been audited and placed on the Personal Care Administrator's schedule to be completed in order to maintain compliance with this regulation.

Medication Technician's information will be audited quarterly by PC Administrator and/or designee to monitor for ongoing compliance and reported in QAPI.

Completion Date: 07/30/2021

Update - 07/19/2021

Please send/Attach staff person B's current medication recertification training. 7-19-2021

Document Submission

Implemented

Attachment

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

Resident 3, has a lock box in room for medications,. However, the resident have vitamins and a bottle of were on bedside table. Resident stated always leaves these medications on table. The residents door does not lock when is not present in room.

Plan of Correction

Accept

Resident was provided education regarding storage of medications in a secure and locked location per the regulations.

A memo citing medication storage regulations was provided to all appropriate residents and will continue to be provided to new residents in the future.

Licensed staff will be re-educated during nursing meetings in June 2021 on, resident self-administration per the regulations. Re-education will also include the need for completion of the quarterly self-administration screening forms on Point Click Care for each resident who self-administers medications. Staff will also be educated that part of the self-administration screening forms includes checking for proper storage of medications.

Routine audits to check for storage of medications that residents self-administer will be completed monthly for 3 months. Audits will then resume quarterly for a one-year period after the violation was received. All audits will be reported and tracked during QAPI.

PC Administrator will monitor for ongoing compliance.

Completion Date: 04/29/2022

Update - 07/19/2021

Please send/attach proof of staff training. 7-19-2021 MM

183b - Meds and Syringes Locked (continued)

Document Submission

Implemented

Attachment

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

Resident #4 is prescribed [redacted]. Give [redacted] by mouth three times a day for Orthostatic Hypotension. The medication label stated give [redacted] pills three times a day,

Plan of Correction

Accept

Sticker stating "directions changed refer to MAR" was placed on the medication immediately upon discovery of violation.

Staff administering medications will be educated to place stickers stating "Directions changed refer to MAR" on medication labels when MD/CRNP Orders change, instead of attempting to update the label to reflect the current order. Some medications are changed frequently as a result of resident's diagnosis, and this would help to ensure that staff refers to the MAR, which would have the updated Order/dosage reflecting. This education will be completed by the end of June 2021 during monthly staffing meetings.

Education will be provided to [redacted] Pharmacy staff to review medication labels during monthly medication exchange to ensure that label information gets carried over monthly correctly. This education will be supplied to Pharmacy Manager by the end of June 2021.

Quarterly audits of random resident's medications/Orders will be completed by PC Administrator and/or designee. These audits will be completed for a 12 month period, and then determine for ongoing need quarterly. Audit results will be reported and tracked during QAPI.

PC Administrator will monitor for ongoing compliance.

Completion Date: 04/29/2022

Update - 07/19/2021

Please send/Attach proof of staff training regarding MAR's and proper medication labeling. 7-19-2021 [redacted]

Document Submission

Implemented

Attachment

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.

185a - Implement Storage Procedures (continued)

Description of Violation

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #1 – At 2100 on 4/29/21 the reading on the glucometer was 489 but was incorrectly transcribed as X and at 1648 on 4/29/21 the reading on the glucometer was HI but was incorrectly transcribed as 601.

Resident #2 - glucometer was not calibrated to the correct date and time.

Plan of Correction

Accept

Glucometer was calibrated to reflect the correct date/time.

Read and sign education will be provided to staff regarding ensuring that calibration occurs immediately upon receipt of a replacement/new glucometer, which was this particular case. Education will be provided by the end of June, 2021.

Monthly education/meeting in June 2021 will include regulations surrounding glucometer use, recording, and storage for all licensed staff and diabetic trained medication technicians. Education will also include process for recording blood sugar readings that trigger as "HIGH" on the Glucometer. Since Point Click Care requires a numeric input for Glucometer readings, staff will be educated to select "Not applicable" in the area that they would typically document the glucometer reading in. They will then be educated to supply a nursing note in the medical record to support the blood sugar reading as being "HIGH".

Quarterly glucometer audits will be completed by PC Administrator and/or designee and results will be tracked and reported during QAPI. These audits will be completed ongoing on a routine basis.

PC Administrator will monitor for ongoing compliance.

Completion Date: 06/30/2021

Update - 07/19/2021

Please send/Attach proof of staff training. 7-19-2021 MM

Document Submission

Implemented

Attachment