

Department of Human Services
Bureau of Human Service Licensing

July 26, 2021

██████████ ADMINISTRATOR
OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
333 NORTH SUMMIT STREET
TOLEDO, OH 43604

RE: ARDEN COURTS OF OLD ORCHARD
4098 FREEMANSBURG AVENUE
EASTON, PA, 18045
LICENSE/COC#: 22604

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2021, 06/04/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: ARDEN COURTS OF OLD ORCHARD **Licen e #:** 22604 **Licen e Expiration Date:** 01/17/2022
Addr e : 4098 FREEMANSBURG AVENUE, EASTON, PA 18045
County: NORTHAMPTON **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 4843735135 **Email:** [REDACTED]

Legal Entity

Name: OLD ORCHARD HEALTH CARE CENTER - EASTON PA LLC
Address: 333 NORTH SUMMIT STREET, TOLEDO, OH, 43604
Phone: 4843735135 **Email:** [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 74 **Waking Staff:** 56

Inspection

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Rea on: Complaint, Incident **Exit Conference Date:** 06/07/2021

Inspection Dates and Department Representative

05/19/2021 - On-Site: [REDACTED]
06/04/2021 Off Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 37

Secured Dementia Care Unit

In Home: Yes **Area:** N/A **Capacity:** 64 **Re ident Served:** 37

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 37
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 37 **Have Physical Disability:** 0

Inspections / Reviews

05/19/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*

Follow-Up Date: *07/12/2021*

7/13/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/20/2021*

7/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home routinely has 3 staff members working from 11p 7a. The home has 37 residents that require constant cuing to evacuate during an emergency due to cognitive deficits. 7 of those residents also require physical assistance of one person to transfer and evacuate in the event of an emergency. On 5/15/21 two staff members worked from 11p 4a and on 5/16/17 two staff members worked from 4a 530a. During these times the home did not have enough staff to meet the needs of the residents as identified in their RASPS.

Plan of Correction

Directed

Team will utilize caregiving assignment sheet to ensure that staffing hours coincide with census hours required per state protocol for mobile and immobile residents. During shortage of caregiving team, Nurse supervisor on duty assumes aide role to assist with floor duties. RSC and ED to monitor and initial daily scheduling assignment sheet x30 days to ensure compliance with staffing hours per RASP and resident mobility needs. Please see attachment #1.

Completion Date: 07/12/2021

Update - 07/13/2021

Upon resubmission of the Plan of Correction, the Adm will submit actual timesheets for the 2nd, 3rd and 4th of July with the census and information on mobility needs of the residents.

An explanation of Attachment # 1 must accompany the POC.

AG, 7-13-21

Document Submission

Implemented

Please see the attached caregiver assignment sheets that we are utilizing daily, and calculate staffing hours. Please observe on the upper right hand side our calculation tool based on DHS staffing regulations to ensure that hours align with current census. Also attached are the individual timecards for the dates requested in July for your review. RSC and/or ED monitor and initial daily scheduling assignment sheet x 30 days to ensure continued compliance with staffing hours. Additional staffing agencies have also been contracted with the community to assist with any staffing shortages. ED to monitor for continued compliance.

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

During a routine glucometer audit on 5/10/21 it was discovered that Resident #1's glucometer was used to test Resident #2's blood glucose and Resident #2's glucometer was used to test Resident #1's blood glucose.

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

Following the incident, nursing team was inserviced by corporate Quality Assurance compliance nurse to ensure that all team members are receptive to glucometer protocol. No communicable diseases of residents involved identified by Medical Director and glucometer machines were immediately replaced with new devices. Nursing Director or designee to observe devices three times weekly x 30 days to ensure identification labels are present. ED to ensure continued compliance.

Directed Plan of Correction Follow Up Steps:

Upon Resubmission of the POC, the home will submit verification of lack of communicable diseases by Resident #s 1 & 2. The Home will also submit evidence that the machine's were replaced at the Home's expense, not through the resident's insurance or cost.

Team members are expected to be more than receptive. This topic is essential in the prevention of the possible transmission of blood borne diseases and sharing of equipment and supplies for insulin dependent diabetics is expressly forbidden in Personal Care Homes. Signature Sheets from the training will be submitted to the Regional Office via the Portal following training if this step has not already taken place.

AG, 7-13-21

Completion Date: 07/12/2021

Document Submission**Implemented**

Please review attached documentation by Medical Director regarding residents involved and lack of communicable disease. Also attached is the invoice of the community purchase of additional new glucometer machines, which were solely at the community expense. Also attached is documentation of the thorough training received by our nursing team, ensuring full comprehension of glucometer use, infection control, and protocol. ED and RSC to ensure continued compliance.

Update - 07/21/2021

verifications provided 7-21-21, AG

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

Resident #3's glucometer was not calibrated to the correct date.

Resident #2's glucometer was not calibrated to the correct time.

Resident #1's blood glucose reading was not completed on 5/18/21 however a reading of 168 was noted on the MAR.

Plan of Correction

Directed

Following the incident, nursing team was inserviced by corporate Quality Assurance compliance nurse to ensure that all team members are receptive to glucometer protocol. Nursing Supervisor to ensure that calibration of glucometer is completed at least twice weekly and documented in glucometer log x30 days, and as needed. ED to ensure continued compliance. See attachment #2.

Directed POC Follow Up Steps:

Upon Resubmission of the Plan of Correction, the Home will show Attachment # 2 sheets actually IN USE to demonstrate compliance

Staff Training - signature sheets will also be submitted upon resubmission of the POC.

AG, 7 13 21

Completion Date: 07/12/2021

Document Submission

Implemented

Please review attached audit form resident MAR sheets that highlight RSC/RSS continued audit of glucometer order and utilization compliance. Also attached is documentation of the thorough training received by our nursing team, ensuring full comprehension of glucometer use, infection control, and protocol. ED and RSC to ensure continued compliance.

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:

Description of Violation

Resident #3 has an order for blood glucose readings twice daily. On 5/19/21 at 6am the reading was not documented on the MAR.

187a - Medication Record (continued)

Plan of Correction**Accept**

Following the incident, nursing team was inserviced by corporate Quality Assurance compliance nurse to ensure that all team members are receptive to glucometer protocol. Nurse Supervisor on this shift completed reading but did not write the value on the MAR. The reading was located on the glucometer machine per MD order during inspection visit. Administration protocol reviewed with nurse and nurse was receptive. Nursing Director or designee to observe MAR and sign three times weekly x 30 days, ensuring that values are noted accordingly. ED to ensure continued compliance.

Completion Date: 07/12/2021

Update - 07/13/2021

Upon Resubmission of the POC, the Home will submit evidence of compliance via an audit process.

AG, 7-13-21

Document Submission**Implemented**

Please review attached audit form resident MAR sheets that highlight RSC/RSS continued audit of glucometer order and utilization compliance. Audit to continue x 30 days to ensure continued compliance.

Update - 07/21/2021

Verifications provided 7-21-21

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 has an order for blood glucose readings twice daily. The reading was not completed on 5/18/21 at 6am.

Plan of Correction**Accept**

Following the incident, nursing team was inserviced by corporate Quality Assurance compliance nurse to ensure that all team members are receptive to glucometer protocol and following MD orders per MAR. Nursing Director or designee to observe MAR and sign three times weekly x 30 days, ensuring that reading are noted accordingly. ED to ensure continued compliance.

Completion Date: 07/12/2021

Update - 07/13/2021

Upon Resubmission of the POC, the Home will submit evidence of compliance via an audit process.

AG, 7-13-21

Document Submission**Implemented**

Please review attached audit form resident MAR sheets that highlight RSC/RSS continued audit of glucometer order and utilization compliance. Audit to continue x 30 days to ensure continued compliance.

187d - Follow Prescriber's Orders (continued)**Update - 07/21/2021**

Verifications received 7-21-21.

The Adm will be mindful that there are other types of Dr orders that will require other types of oversight in order to be compliant with the orders and will require other types of supervision of med techs and licensed staff in order to ensure that residents needs are met and Dr orders are filled and met according to instructions.

The Adm will continue to ensure that med techs are trained to meet resident needs as Dr orders come into the home. If a resident need cannot be met the Adm will review situations on a case by case basis and issue a 30 notice notice to discharge the resident.

AG, 7-21-21