

Department of Human Services  
Bureau of Human Service Licensing

August 19, 2021

[REDACTED], EXECUTIVE DIRECTOR  
PASSAVANT RETIREMENT AND HEALTH CENTER  
105 BURGESS DRIVE  
ZELIENOPLE, PA 16063

RE: PASSAVANT RETIREMENT & HEALTH  
CENTER - NEWHAVEN COURT  
100 BURGESS DRIVE  
ZELIENOPLE, PA, 16063  
LICENSE/COC#: 42406

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/23/2021, 06/24/2021, 06/25/2021 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 - PUBLIC**

**Facility Information**

Name: *PASSAVANT RETIREMENT & HEALTH CENTER - NEWHAVEN COURT* License #: *42406* License Expiration Date: *09/19/2021*  
Address: *100 BURGESS DRIVE, ZELIENOPLE, PA 16063*  
County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *02/16/1993* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *65* Waking Staff: *49*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *06/25/2021*

**Inspection Dates and Department Representative**

06/23/2021 - On-Site: [REDACTED]

06/24/2021 - On-Site: [REDACTED]

06/25/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *164* Residents Served: *60*

**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: *60*  
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*  
Have Mobility Need: *5* Have Physical Disability: *1*

Inspections / Reviews

06/23/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/31/2021*

8/3/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/13/2021*

8/19/2021 - Document Submission

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

## 18 - Compliance With Laws

### 1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

#### Description of Violation

*The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." The carbon monoxide detector for the gas hot water boiler on the first floor of home is approximately 6 inches above the tank on the ceiling. Also, the carbon monoxide detector for gas hot water boiler across from the home's business office is approximately 2 ½ feet above tank on the ceiling.*

#### Plan of Correction

Accept

*Maintenance Director contacted [REDACTED] regarding the relocation of the carbon monoxide detectors. [REDACTED] came on site to recommend new locations and submitted a quotation for services (see attachment A). A purchase order was obtained and the contract for services signed on 7.27.21. Lead time for the relocation is based upon equipment delivery time - approximately 4-6 weeks.*

**Completion Date:** 09/07/2021

#### Document Submission

Implemented

*Documentation submitted*

## 81b - Resident Personal Equipment

### 1. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

#### Description of Violation

*Residents #1, #2, #3, #4, #5, #6, #7 and #8 have enabler bars on their beds; however, they are not secured to the beds. The bars are attached to a wooden board that is positioned between the mattress and bed frame and can be moved significantly from the bed, posing an entrapment hazard.*

*In addition, residents #1's and #4's enabler bars have an opening of approximately 6 inches by 10 inches.*

*Resident #3's enabler bar has two openings of approximately 6 inches by 10 inches and 6 inches by 18 inches. Resident #6's enabler bar has an opening of approximately 12 inches by 8 inches. Resident #7's enabler bar has an opening of approximately 6 inches by 4 inches. These pose entrapment hazards.*

#### Plan of Correction

Accept

*Enabler bars on Resident #1,2,3,4,5,6,7 and 8 were immediately on day of inspection (June 23, 2021) attached to the bed frames by ratchet straps by our maintenance department. Resident #1,3,4,6 and 7 enabler bars had new covers ordered for them on June 30, 2021 (see attachment B). Covers were placed on resident #1,3,4,6 and 7 enabler bars on July 2, 2021.*

*A monthly safety check will be performed by the Personal Care Specialist and Administrator or designee to ensure all enablers are properly secured and all covers are in place. (see attachment C)*

**Completion Date:** 07/02/2021

81b - Resident Personal Equipment (*continued*)

**Document Submission**

**Implemented**

*Documentation submitted*

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**

*On 6/23/2021, there are no emergency telephone numbers posted on or near the following telephones:*

*Beige corded phone in resident room 127*

*Beige corded phone in resident room 203*

*Black cordless phone in resident room 243*

*Gray cordless phone in resident room 278*

*White corded phone in resident room 285*

**Plan of Correction**

**Accept**

*On day of inspection, June 23, 2021 staff placed emergency telephone numbers on phones in resident room 127, 203, 243, 278 and 285. On day of inspection, staff checked all resident room phones to ensure that emergency telephone numbers were in place.*

*A monthly audit of all resident room phones will be performed by the Personal Care Specialist and Administrator or designee to ensure all resident phones have emergency telephone numbers in place. (see attachment C)*

**Completion Date:** *06/23/2021*

**Document Submission**

**Implemented**

*Documentation submitted*

95 - Furniture and Equipment

**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*There was an approximate 6 inch by 3 inch tear in the wire mesh in the lint trap of the dryer in the laundry room across from the Oaks. The metal wire was sharp and protruding out causing a possible skin tear hazard to residents who use the dryer.*

95 - Furniture and Equipment (*continued*)

**Plan of Correction**

**Accept**

*On day of inspection, June 23, 2021 the torn lint trap was removed, disposed of and replaced with a new one. A monitor was placed on the EMAR for staff to check dryer lint traps each time they are doing laundry (see attachment D).*

**Completion Date:** 06/23/2021

**Document Submission**

**Implemented**

*Documentation submitted*

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 #9 does not have access to a source of light that can be turned on/off at bedside. The lamp was inoperable.*

**Plan of Correction**

**Accept**

*On day of inspection, June 23, 2021 the inoperable lamp was removed and replaced with a new operable lamp.*

*Resident demonstrated ability to turn lamp on and off from bedside.*

*A monthly audit of all resident bedside lamps will be conducted by the Personal Care Specialist and Administrator or designee to ensure all are operable (see attachment E).*

**Completion Date:** 06/23/2021

**Document Submission**

**Implemented**

*Documentation submitted*

171b5 - First Aid Kit

**1. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

*The first aid kit in the Ford E350 van used to transport residents does not include tweezers, thermometer, and eye coverings.*

171b5 - First Aid Kit (continued)

**Plan of Correction**

**Accept**

On the day of inspection, June 25, 2021 the tweezers and goggles were immediately put into the first aid kit upon the van's return to the garage. The thermometer was put into the first aid kit on July 6, 2021.

The Transportation Coordinator or designee will audit all transportation first aid kits on a weekly basis to ensure all required items are in place (see attachment F).

Completion Date: 07/06/2021

**Document Submission**

**Implemented**

Documentation submitted

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**

On 6/24/2021 at 12:13 p.m., [REDACTED] was unlocked, unattended, and accessible in resident #10's bedroom on the kitchenette counter approximately 5 feet from the door.

**Plan of Correction**

**Accept**

On day of inspection, June 24, 2021 all medications for resident #10 were placed in a locked medicine cabinet in the residents' room. Resident was shown how to operate the cabinet and demonstrated that [REDACTED] was able to do this on [REDACTED] own.

Staff will perform a weekly physical inspection (see attachment G - order on the EMAR) of the medications to ensure that they are secured properly.

Completion Date: 07/28/2021

**Document Submission**

**Implemented**

Documentation submitted

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.

184a - Labeling OTC/CAM (continued)

**Description of Violation**

Resident #7 is prescribed [REDACTED]

Resident #9 is prescribed [REDACTED], take one tablet daily; however, label indicates [REDACTED] take [REDACTED] daily.

Resident #11 is prescribed [REDACTED] daily; however, labels indicates to administer it as needed.

**Plan of Correction**

**Accept**

Resident #7's [REDACTED] order was changed to match the [REDACTED] on July 8, 2021 after receiving a new order from the physician. (see attachment H)

Resident #9's [REDACTED] directions were not worded correctly on the label. Order was changed on the EMAR to the correct wording and a change of direction sticker was placed on the bottle on June 30, 2021. (see attachment I)

Resident #11's [REDACTED] label stated once daily as needed, EMAR stated once daily. A change of direction label was placed on the bottle on June 24, 2021. (see attachment J)

Completion Date: 07/08/2021

**Document Submission**

**Implemented**

Documentation submitted

187c - Refusal of Medication

**1. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

**Description of Violation**

On the following dates at 6:30 a.m., resident #7 refused to take a scheduled dose of [REDACTED] However, the home did not notify the prescriber.

6/3/21, 6/4/21, 6/6/21, 6/13/21, 6/14/21, and 6/15/21

**Plan of Correction**

**Accept**

A letter from resident #7's physician was obtained on June 24, 2021 stating that the nurse no longer needs to report insulin refusals to the physician. (see attachment K)

Completion Date: 06/24/2021

187c - Refusal of Medication (*continued*)

**Document Submission**

**Implemented**

*Documentation submitted*

190c - Record of Training

**1. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

**Description of Violation**

*The home's medication administration training record for staff persons A and B do not include completed annual practicum recertification forms.*

**Plan of Correction**

**Accept**

*The information for staff person A and B regarding annual practicum recertification was documented by the medication administration trainer, however was not on the summary and certification DHS form. The medication administration trainer completed the missing form upon receipt of form from DHS supervisor. (see attachment L) Going forward the medication administration trainer will ensure information is recorded on the proper DHS form. (Note: review of regulation 190a,b and c does not refer to the use of a specific form, only that the information must be recorded.)*

**Completion Date:** 06/30/2021

**Document Submission**

**Implemented**

*Documentation submitted*