

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 28, 2022

[REDACTED], LEGAL COUNSEL
HUMANGOOD PENNSYLVANIA
[REDACTED]

RE: THE MANSION AT ROSEMONT
404 CHESWICK PLACE
ROSEMONT, PA, 19010
LICENSE/COC#: 17663

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/24/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE MANSION AT ROSEMONT License #: 17663 License Expiration: 06/07/2022
 Address: 404 CHESWICK PLACE, ROSEMONT, PA 19010
 County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HUMANGOOD PENNSYLVANIA
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 10/12/2007 Issued By: Radnor Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/24/2021

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 221 Residents Served: 66
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 66
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 16 Have Physical Disability: 0

Inspections / Reviews

06/24/2021 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/16/2021

07/16/2021 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/15/2021
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/20/2021

Inspections / Reviews *(continued)*

12/28/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

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 [REDACTED] at [REDACTED], the 200 Level Medication Cart is unlocked and the locking mechanism is not functioning properly. Staff person A was able to push the lock in far enough for the lock to keep the medication drawers from opening but then the staff person was able to pull the lock mechanism out and open the drawers without using a key to unlock it. The medication cart is present in the hallway and accessible to residents or other persons in the home.

POC Submission**Accept**

Medication cart locks were checked. 200 level medication cart lock was replaced on [REDACTED] by pharmacy. Staff person A and nursing team were in-serviced on community policy storage of medication. Nursing team instructed to inform Personal Manager/PCHA of any med carts that are not working properly. PCM/Designee to conduct random weekly audits to ensure locking mechanism is functioning properly. PCM to report to QAPI monthly

Licensee's Proposed Overall Completion Date: 06/29/2021

Document Submission**Implemented ([REDACTED] - 12/28/2022)**

Medication cart locks were checked. 200 level medication cart lock was replaced on [REDACTED] by pharmacy. Staff person A and nursing team were in-serviced on community policy storage of medication. Nursing team instructed to inform Personal Manager/PCHA of any med carts that are not working properly. PCM/Designee to conduct random weekly audits to ensure locking mechanism is functioning properly. PCM to report to QAPI monthly

Licensee's Proposed Overall Completion Date: 07/16/2021

183e - Storing Medications

2. 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 [REDACTED], 6 loose pills were observed in several drawers in the 200 Level Medication Cart.

POC Submission**Accept**

200 level medication cart was very tight in terms of space was cleaned on 6/24. Additional med cart is in use to free up space and reduce likely hood of pills popping out of package. Nursing team in service on community policy of storage of medication on 6/29

Medication cart cleaning schedule has been established on a biweekly schedule. PCM/Designee will verify that carts are cleaned and report at QAPI.

Licensee's Proposed Overall Completion Date: 06/24/2021

Document Submission**Implemented ([REDACTED] - 12/28/2022)**

200 level medication cart was very tight in terms of space was cleaned on 6/24. Additional med cart is in use to free up space and reduce likely hood of pills popping out of package. Nursing team in service on community policy of storage of medication on 6/29

Medication cart cleaning schedule has been established on a biweekly schedule. PCM/Designee will verify that

183e - Storing Medications (continued)

carts are cleaned and report at QAPI.

Licensee's Proposed Overall Completion Date: 06/29/2021

185a - Implement Storage Procedures

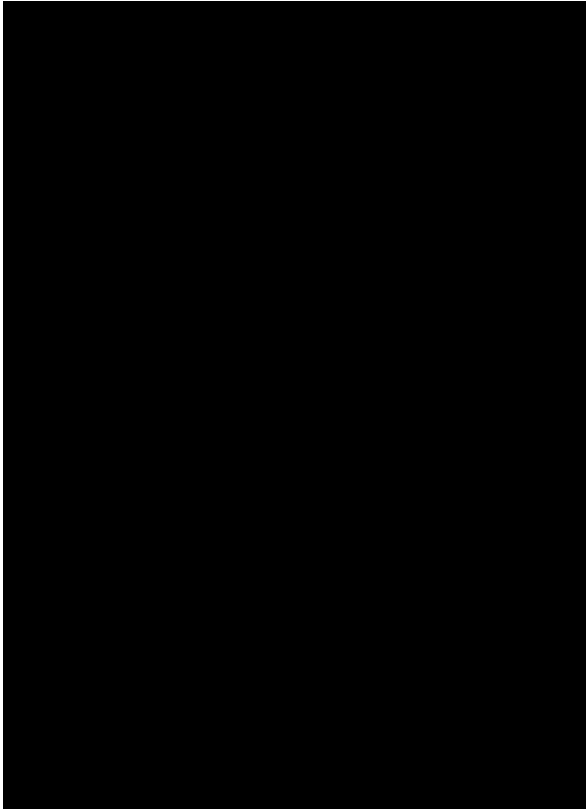
3. Requirements

2600.

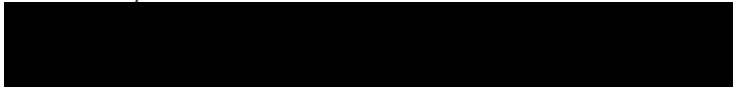
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

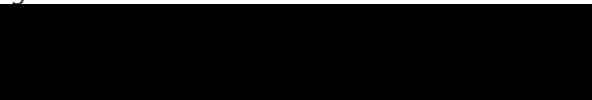
Resident #1 is prescribed glucose checks 3 times a day with a sliding scale for insulin administration. Glucose checks are scheduled for before meals at [REDACTED]. The residents glucometer contains multiple extra readings that are not recorded in the residents glucose log or in the residents file. The resident does not have an order for an additional glucose check to be completed at another time and there was no indication that the resident was presenting with signs or symptoms requiring another glucose check on the following dates:



Additionally, for resident #1 the following recorded glucose levels do not match the corresponding readings in the residents glucometer.



And the following dates there is a recording on the MAR but no corresponding meter reading found in Resident #1's glucometer.



185a - Implement Storage Procedures (continued)

Resident #2 is prescribed glucometer checks to be completed twice a day, scheduled for 8:00am and 17:00. The following readings are recorded on the glucose log but do not match the corresponding reading in Resident #2's glucometer:

**POC Submission****Accept**

Nursing staff were re-educated on 6/29 on proper documentation with glucometer reading results. Through further investigation community noted must discrepancies were entered by agency personnel as a result specific procedures surrounding glucose reading and documentation has been incorporated into agency nursing orientation and distributed to the agency themselves.

Nursing supervisor/designee will complete glucometer results weekly and report to Personal manager. Personal Care Manager will report to monthly QAPI meeting for discussion

Licensee's Proposed Overall Completion Date: 06/29/2021

Document Submission**Implemented [REDACTED] - 12/28/2022)**

Nursing staff were re-educated on 6/29 on proper documentation with glucometer reading results. Through further investigation community noted must discrepancies were entered by agency personnel as a result specific procedures surrounding glucose reading and documentation has been incorporated into agency nursing orientation and distributed to the agency themselves.

Nursing supervisor/designee will complete glucometer results weekly and report to Personal manager. Personal Care Manager will report to monthly QAPI meeting for discussion

Licensee's Proposed Overall Completion Date: 06/29/2021

186b - Medication Used by Resident

4. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On [REDACTED] Resident #3 was administered an incorrect dose of [REDACTED] that belonged to another resident. Resident #3 is prescribed [REDACTED] twice daily. The resident was given a [REDACTED] tablet at [REDACTED] on [REDACTED]

On [REDACTED] at approximately [REDACTED], Resident #4 was given the following medications that belonged to another resident, [REDACTED]. Staff person B, pre-poured two resident's medications and then grabbed the wrong medication cup to administer medications for resident #4's medication pass.

POC Submission**Accept**

Both medication errors were reported, investigated and closed per regulatory guidance. No adverse outcome noted for either resident. Staff education completed for both incidents. Med errors are discussed through monthly QAPI and root causes are followed up on to prevent further incidents for the same cause. Additional med errors are discuss monthly during nursing meeting to help remind nursing of best practices.

Licensee's Proposed Overall Completion Date: 06/29/2021

Document Submission**Implemented [REDACTED] - 12/28/2022)**

Both medication errors were reported, investigated and closed per regulatory guidance. No adverse outcome noted

186b - Medication Used by Resident (continued)

for either resident. Staff education completed for both incidents. Med errors are discussed through monthly QAPI and root causes are followed up on to prevent further incidents for the same cause. Additional med errors are discuss monthly during nursing meeting to help remind nursing of best practices.

Licensee's Proposed Overall Completion Date: 06/29/2021

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed the following sliding scale insulin administration schedule. Insulin is to be administered as following based on glucose checks done before meals three times a day: [REDACTED] is

[REDACTED]

on the following dates, the incorrect dose of insulin was administered to the resident:

[REDACTED] - [REDACTED] recorded on log, meter reading of [REDACTED] at [REDACTED].

- MAR indicates that resident received [REDACTED] ts, however, resident should have received [REDACTED] based on the sliding scale.

[REDACTED] - [REDACTED] recorded on log, meter reading of [REDACTED] at [REDACTED]

- MAR indicates that resident received [REDACTED], however, resident should have received [REDACTED] based on the sliding scale.

[REDACTED] recorded on log, meter reading of [REDACTED] at [REDACTED] -

- MAR indicates resident received [REDACTED], however resident should have received [REDACTED] units based on the sliding scale.

[REDACTED] recorded on log, meter reading of [REDACTED]

- MAR indicates resident received [REDACTED], however resident should have received [REDACTED] units based on the sliding scale

POC Submission

Accept

See 185a

re-education plan in place. policy and procedure reviewed with nursing team. Weekly audits instituted to check for MAR/glucometer/insulin dose discrepancy. If any are noted at time of audit nursing are instructed to notify Personal Care manager/ PCHA right away. Audit will be review at monthly QAPI

Licensee's Proposed Overall Completion Date: 06/28/2021

Document Submission

Implemented ([REDACTED] - 12/28/2022)

re-education plan in place. policy and procedure reviewed with nursing team. Weekly audits instituted to check for MAR/glucometer/insulin dose discrepancy. If any are noted at time of audit nursing are instructed to notify Personal Care manager/ PCHA right away. Audit will be review at monthly QAP

Licensee's Proposed Overall Completion Date: 06/29/2021