

Department of Human Services
Bureau of Human Service Licensing

November 4, 2021

[REDACTED] ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: MRS. BUSH'S PERSONAL CARE
HOME I
PO BOX 327,302 KUNKLETOWN
ROAD
KUNKLETOWN, PA, 18058
LICENSE/COC#: 22835

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2021, 07/08/2021 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: *MRS. BUSH'S PERSONAL CARE HOME I* License #: *22835* License Expiration Date: *08/03/2021*
Address: *PO BOX 327,302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058*
County: *MONROE* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/10/1975* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/07/2021*

Inspection Dates and Department Representative

07/07/2021 - On-Site: [REDACTED]
07/08/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *56*

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: *56*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *6* Have Physical Disability: *1*

Inspections / Reviews

07/07/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/03/2021*

10/9/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/13/2021*

10/29/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *11/05/2021*

11/4/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Repeat Violation

During the initial walk through, there was a narcotic count binder on top of an unattended med cart in the East hallway. The binder contained confidential resident information.

This is a repeat violation from 6/06/2019.

Plan of Correction

Accept

The violation was corrected at the time of inspection by placing the binder into the locked medication cart. The Med Trainer will provide re-training to med techs regarding maintaining resident records in a confidential manner. Supervisory staff is responsible to ensure ongoing compliance by way of visual checks.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021 [REDACTED]

Document Submission

Implemented

See documentation of staff training attached.

26a - Quality Management Plan

1. Requirements

2600.

- 26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not have documentation of a quality management plan or of a quality management meeting held in 2019 or 2020.

Plan of Correction

Do Not Accept

The facility has a quality management plan in place in which annual meetings are held. Documentation was not maintained for 2019 & 2020. The next meeting is scheduled for December 1, 2021. The administrator is responsible to ensure meeting is held and documented.

Completion Date: 12/01/2021

Update - 10/09/2021

Please conduct a Quality Management Plan for years 2019 and 2020 and submit to the department with your plan of correction. 10-9-2021 [REDACTED]

26a - Quality Management Plan (continued)

Plan of Correction

Directed

The facility has a quality management plan in place in which annual meetings are held. Documentation was not maintained for 2019 & 2020. The next meeting is scheduled for December 1, 2021. The administrator is responsible to ensure meeting is held and documented.

Upon receipt of this plan of correction:

Please conduct a Quality Management Plan for years 2019 and 2020 and submit to the department with your plan of correction. 10-29-2021

Completion Date: 11/10/2021

Document Submission

Implemented

See attached quality management review notes

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

The enabler bars attached to the beds in rooms 12E and 9E were not covered, creating a possible entrapment risk to the residents.

Plan of Correction

Accept

The violation was corrected at the time of inspection by placing safety covers on the enabler bars in 12E and 9E. The Asst. DON will provide re-training to direct care staff and housekeepers regarding the need for all enabler bars to have a safety cover in place. Supervisory staff is responsible to ensure ongoing compliance by way of visual checks.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021

Document Submission

Implemented

See attached documentation of staff training

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home did not have documentation that their emergency procedures were reviewed and sent to the local emergency management agency in 2020.

107d - Procedure Emergency Management Agency Submission (continued)

Plan of Correction

Accept

The facility is currently reviewing the emergency procedures and will submit to the Monroe County EMA for 2021. Procedures had not been submitted in 2020; there were no changes. The administrator is responsible to review, update and submit the emergency procedures to the local EMA annually.

Completion Date: 10/06/2021

Update - 10/09/2021

The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency. Please attach proof of current compliance with this regulation. 10-9-2021

Document Submission

Implemented

See attached email notice to Monroe County Emergency Management

124 - Notice to Fire Department

1. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's notice to the local fire department dated 5/20/2019 did not include the capacity of the home or a general description of the layout of the home. The letter also listed the home as having 11 immobile and 51 mobile residents in the home, which was inaccurate as of the date of the inspection.

Plan of Correction

Accept

For correction of this requirement, a letter will be issued to the local fire department including the address of the home, capacity of the home, a diagram of the layout and a general description of the mobility needs of the residents served. The last diagram was provided to the fire department on 10/24/19 when they were present for the fire inspection and supervised drill. There have been no changes since that time. The administrator is responsible for submitting updates to the fire department when changes occur.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of compliance. 10-9-2021

Document Submission

Implemented

See attached letter to Kunkletown Vol. Fire Co.

141a - Medical Evaluation

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

141a - Medical Evaluation (continued)

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The Documentation of Medical Evaluation (DME) form indicates the evaluation was completed [REDACTED], more than 60 days prior to the resident's admission to the home. Resident #2 was admitted to the home on [REDACTED]. The DME indicates the evaluation was completed [REDACTED], more than 60 days prior to the resident's admission to the home.

Plan of Correction

Accept

The violations for resident #1 and #2 will be corrected by obtaining new medical evaluations. The lapse between the date each resident was evaluated by her physician and the date admitted to the home was an oversight. The DON will be responsible for obtaining current medical evaluations for these residents and monitoring dates on all DME's. The Administrator will be responsible to review post admission as a second check.

Completion Date: 10/06/2021

Document Submission

Implemented

New medical evaluations for each resident were obtained

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
 - 1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 - 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 - 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 - 4. Special health or dietary needs of the resident.
 - 5. Allergies.
 - 6. Immunization history.
 - 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 - 8. Body positioning and movement stimulation for residents, if appropriate.
 - 9. Health status.
 - 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The DME form for resident #1 dated [REDACTED] was missing the resident's height, weight, pulse, mobility needs assessment, and a list of medications.

Plan of Correction

Accept

The DME on resident #1 was missing the above information except the list of medications. The medications were listed on page 2. DME's received from physicians are almost always incomplete. Unfortunately, this DME was filed without noticing the 3 missing fields. For future ongoing compliance, the DON will review for completion of all fields on the DME and the Administrator will be responsible to review post admission as a second check.

Completion Date: 10/06/2021

Document Submission

Implemented

A new medical evaluation was obtained.

183a - Original Containers and Injections

1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

In the main east medication cart a single use vial of [redacted] eye drops for resident #3 was found in the med cart removed from the original pharmacy packaging and placed in a small cup in the top drawer of the cart. The resident was not due to get the medication until 7:30pm which was more than 2 hours later than the time of the med cart audit.

Plan of Correction

Accept

Corrective action was taken at the time of inspection by disposal of the single use vial that had been removed from the original pharmacy packaging. The Med Trainer will re-train med techs on the requirement regarding keeping all meds in the original labeled container until scheduled administration time. Supervisory staff are responsible to monitor for ongoing compliance by way of visual checks of the medication carts.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021 [redacted]

Document Submission

Implemented

See attached documentation of staff training

183e - Storing Medications

1. 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

The [redacted] for resident #4 was not dated when it was removed from the foil pouch for use. The manufacturer's instructions indicate the inhaler must be discarded within 12 months from the time it is removed from the foil.

The [redacted] for resident #5 was also not dated when removed from the foil pouch for use.

Plan of Correction

Accept

The Med Trainer will re-train med techs on the requirement to date all items when removed from the sealed pouch/container for first use and observe for disposal dates accordingly. Supervisory staff are responsible for ongoing compliance by way of visual checks/med cart audits.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021 [redacted]

Document Submission

Implemented

See attached documentation of staff training

183f - Discontinued Medications

1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The bottle of [redacted] stored in the main east medication cart for resident #2 had expired 05/2021.

Plan of Correction

Accept

For immediate correction, the bottle of melatonin for resident #2 was disposed of and replaced with a new bottle. The Med Trainer will re-train med techs on the requirement and a system for monitoring expiration dates on medications. Med Techs will be responsible for monitoring future ongoing compliance and reporting expired items to supervisory staff and the pharmacy.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021 [redacted]

Document Submission

Implemented

See attached documentation of staff training

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:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

The [redacted] for resident #5 stored in the main west cart was stored in a bag without a pharmacy label.

Plan of Correction

Accept

For immediate correction the inhaler for resident #5 was removed and replaced with a new inhaler in a pharmacy labeled bag. The Med Trainer will re-train med techs to maintain all medications/treatments in a package/container with a pharmacy label containing the above information. Med techs will be responsible for monitoring ongoing future compliance and reporting items that are not labeled to supervisory staff and the pharmacy.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021 [redacted]

Document Submission

Implemented

See attached documentation of staff training

184c - Sample Prescription Meds.

1. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

The main east med cart had sample bottles of [redacted] and [redacted] for resident #2 in it. The bottles were stored in baggies with hand written instructions that did not include the name of the prescriber or the date the prescription was issued.

Plan of Correction

Accept

For initial correction the missing information was added to the label on the sample meds. Supervisory staff have been informed of all required information needed on labels when accepting sample medications. Med Trainer will re-train med techs of components required on labels for sample medications. Med Techs will be responsible for monitoring ongoing future compliance and reporting to supervisory staff any sample meds that do not contain all 5 components.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021 MM

Document Submission

Implemented

See attached documentation of staff training

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

Resident #2 requires blood glucose readings 4 times daily. On the following dates and times the readings were recorded inaccurately on the accucheck sheet for the resident:

07/03/21 at 11:57am the reading was 109 but documented as 116; 07/03/21 at 08:00pm the reading was 128 but was documented as 123; 07/06/21 at 07:25am the reading was 143 but was documented as 152.

Plan of Correction

Accept

The Med Trainer will re-train med techs on policy and procedure for glucose testing which includes procedures for documenting glucose readings to avoid documentaion errors. Supervisory staff will monitor staff compliance with this procedure and the Administrator will oversee to ensure ongoing compliance.

Completion Date: 10/06/2021

Update - 10/09/2021

Please send/Attach proof of staff training. 10-9-2021 [redacted]

Document Submission

Implemented

See attached documentation of staff training