

Department of Human Services
Bureau of Human Service Licensing

October 31, 2021

[REDACTED], CEO
[REDACTED]
[REDACTED]
[REDACTED]

RE: RITTENHOUSE VILLAGE AT
MUHLENBERG
2900 LAWN TERRACE
READING, PA, 19605
LICENSE/COC#: 22802

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/13/2021, 07/14/2021, 07/15/2021 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: *RITTENHOUSE VILLAGE AT MUHLENBERG* License #: *22802* License Expiration Date: *05/01/2021*
Address: *2900 LAWN TERRACE, READING, PA 19605*
County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *11/17/2009* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *80* Waking Staff: *60*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *07/15/2021*

Inspection Dates and Department Representative

07/13/2021 - On-Site: [REDACTED]
07/14/2021 - On-Site: [REDACTED]
07/15/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *76*

Secured Dementia Care Unit

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

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *76*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

07/13/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/11/2021*

10/11/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/18/2021*

10/31/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

An enable bar without a cover was attached to Resident #7's bed. This creates a possible entrapment risk to the resident.

Plan of Correction

Accept

Resident #7 removes the covering on the bed cane located on the bed.

Educate resident and staff on risks for entrapment and the need to have the bed cane covered for safety. Staff will daily monitor there is a covering on the bed cane. DHW/Designee will continue to re-educate the resident on the safety concerns of not having a covering in place.

Executive Director will monitor for compliance.

Completion Date: 07/16/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021

Document Submission

Implemented

See attached documentation

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 7/15/21 at 10:15am there was an uncovered trash can in the kitchen that was not being actively used.

Plan of Correction

Accept

Educate dining staff on covering trash cans that are not in use.

Director of Culinary/Designee will monitor trash receptacles in the kitchen to ensure all receptacles are covered when not in use.

Executive Director will monitor for compliance.

Completion Date: 09/30/2021

Document Submission

Implemented

See attached documentation

91 - Telephone Numbers

1. Requirements

2600.

91 - Telephone Numbers (continued)

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

The telephone numbers required by this regulation were not posted by the phone located in room #229.

Plan of Correction

Accept

Resident's family in room #229 provided resident with a new telephone., but did not inform staff a new phone was purchased.

Emergency phone number sticker has been placed on the new phone.

Executive Director will monitor for compliance.

Completion Date: 07/16/2021

Document Submission

Implemented

See attached documentation

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

There was not an operable lamp or other source of lighting that could be turned on at bedside in resident rooms 107, 229, 234, and 327.

Plan of Correction

Accept

An operable lighting source was placed at the bedside in rooms 107, 229, 234, 327.

Re-educate all staff on regulation 2600.101.j and to alert Executive Director if a resident does not have an operable lighting source next to their bed.

Executive Director will monitor for compliance.

Completion Date: 07/16/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021

Document Submission

Implemented

See attached documentation

103i - Outdated Food

1. Requirements

2600.

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

103i - Outdated Food (continued)

Description of Violation

The freezer located in the kitchen had 2 packages of sausage, approximately 1 pound each and a 5-pound bag of sweet potato fries that were not dated.

Plan of Correction

Accept

The two packages of sausage and the bag of sweet potato fries were delivered by our food supplier on . The two packages of sausage and the sweet potato fries were dated the date of delivery.

Re-educate Director of Culinary and culinary staff on dating food the date it was delivered by our food supplier. Director of Culinary will monitor all food is dated.

Executive Director will monitor for compliance.

Completion Date: 09/30/2021

Document Submission

Implemented

See attached documentation

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 3's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. There was not a record of a medical evaluation in 2020.

Resident # 4's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. This is beyond the annual timeframe.

Resident #5's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED]. This is beyond the annual timeframe.

Resident #6's most recent medical evaluation was completed on [REDACTED]. The residents previous medical evaluation was completed on [REDACTED]. There was not a medical evaluation completed in 2020.

141b1 - Annual Medical Evaluation (continued)

Plan of Correction

Accept

Resident #3 medical evaluation was completed at the time of move in on [REDACTED]. Resident #3 was out of the facility [REDACTED] Resident #3 medical evaluation was completed on [REDACTED] when the resident returned from rehab.

Resident #4 did not have a medical evaluation completed within the annual time frame because resident's physician was not seeing patients in their office during that time due to COVID.

Resident #5 did not have a medical evaluation completed within the annual time frame because resident's physician was not seeing patients in their office during that time due to COVID.

Resident #6 did not have a medical evaluation completed within the annual time frame because Resident #6 was exposed to COVID on [REDACTED] and the resident's physician was not seeing residents in their office that had been exposed and quarantined. Resident #6 was out of the facility at the hospital and rehab [REDACTED] Resident #6 had a medical evaluation completed on [REDACTED] prior to returning from rehab.

Re-educate DHW/Designee on resident medical evaluations and the time frame to be completed.

Executive Director will monitor compliance.

Completion Date: 07/16/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 [REDACTED]

Document Submission

Implemented

See attached documentation

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 Repeat Violation

Resident #1 has a PRN prescription for [REDACTED] every 8hrs as needed for pain. Located in the home's narcotic book are two controlled drug records. One record is for resident #1's [REDACTED] that was received on [REDACTED] with 30 pills and no doses given. The 2nd record was for a [REDACTED] prescription received on 3/21/21 with 90 pills and no doses given. However, in the locked narcotic box was one prescription bottle (90 count) that contained 120 pills. Staff combined the two prescriptions into 1 bottle and discarded the first bottle.

repeat violation - 1/28/20

183a - Original Containers and Injections (continued)

Plan of Correction

Accept

█ was discarded, a new prescription was obtained from the physician and a new bottle of █ was received.

Re-educate med tech/nurses on medication storage and administration. Director of Health and Wellness/Designee will monitor medication storage.

Executive Director will monitor for compliance.

Completion Date: 09/30/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 █

Document Submission

Implemented

See attached documentation

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

On █, at █ pm, the narcotic count for Resident #2 █ was 13. However, the controlled drug record indicated it should have been 14. On █, Resident #2 received a dose of █ at █ am. This dose was not documented on the controlled drug record, which made the narcotic count off by 1 dose. The narcotic count for Resident #3's █ was 59, however the controlled drug record indicated the count should have been 60. Staff A stated that this prescription was counted when it was received on 7/3/21 and the count was correct with 60 doses. The homes policy on narcotics states that at the beginning and end of every shift a narcotic count will be completed by the off going and oncoming nurse/MedTech for all medications located in the lockbox. A dose of █ was given to resident #2 on █ but was not discovered during shift changes from █ through the time it was discovered by a Department Rep on █. The home is not following their own policy regarding narcotic counts in the home.

Plan of Correction

Accept

Re-educate med techs/nurses on policy and procedures for controlled substance accountability.

DHW/Designee will monitor controlled medication count sheets to verify that med techs/nurses are counting controlled medications between shifts and all controlled medications are accounted for.

Executive Director will monitor for compliance.

Completion Date: 09/30/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 █

185a - Implement Storage Procedures (continued)

Document Submission

Implemented

See attached documentation

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed [redacted] tablet every 6 hours as needed for [redacted]. However, resident #2 was administered one dose at 5:00pm and another dose at 10:00pm. There was not six hours between doses as prescribed.

Plan of Correction

Accept

[redacted] was administered to Resident #2, as per the documentation on the MAR, but the med tech that administered the [redacted] to Resident #2 signed the narcotic count sheet at 5pm and 10pm.

Re-educate med techs/nurses on medication administration and documenting administration of medications.

Executive Director will monitor for compliance.

Completion Date: 09/30/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 [redacted]

Document Submission

Implemented

See attached documentation

224a - Preadmission Screen Form

1. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on [redacted]. The prescreen was completed on [redacted]. The preadmission screening for Resident #7 did not indicate if the needs of the resident could be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Plan of Correction

Accept

Resident #3 took financial possession of the apartment on [redacted] to hold the apartment, but did not physically move into the community until [redacted]. Assessment was completed on the day before the resident physically moved into the community.

Re-educate DHW/Designee on time frame of completing resident assessments and documenting on the preadmission screening.

Executive Director will monitor for compliance.

Completion Date: 07/16/2021

Update - 10/11/2021

Please send./Attach proof of staff education. 10-11-2021 [redacted]

Document Submission

Implemented

See attached documentation

225a - Assessment 15 Days

1. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted to the home on [redacted]. The assessment was completed on [redacted], more than 15 days after her admission.

Plan of Correction

Accept

Resident #3 took financial possession of the apartment on [redacted] to hold the apartment, but did not physically move into the community until 1/3/2020. Assessment was completed within 15 days after Resident #3 physically moved into the community.

Re-educate DHW/Designee on time frame of completing resident assessments.

Executive Director will monitor for compliance.

Completion Date: 07/16/2021

Update - 10/11/2021

Please send./Attach proof of staff training. 10-11-2021 [redacted]

Document Submission

Implemented

See attached documentation

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident 3's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED]. This is beyond the annual time-frame.

Plan of Correction

Accept

Resident #3 assessment was not completed until [REDACTED] due to Resident #3 being out of the facility at the hospital and rehab facility [REDACTED] until [REDACTED]. The assessment was completed upon the resident return.

Re-educate DHW/Designee on time frame of completing resident assessments.

Executive Director will monitor for compliance.

Completion Date: 07/16/2021

Update - 10/11/2021

Please send/Attach proof of staff training. 10-11-2021 [REDACTED]

Document Submission

Implemented

See attached documentation