

Department of Human Services
Bureau of Human Service Licensing

March 21, 2022

[REDACTED]

RE: THE RESIDENCE AT CHADDS FORD
1778 WILMINGTON PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14536

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/15/2021, 07/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Mia Johnson

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: *THE RESIDENCE AT CHADDS FORD* License #: 14536 License Expiration: 12/06/2021
Address: 1778 WILMINGTON PIKE, GLEN MILLS, PA 19342
County: DELAWARE Region: SOUTHEAST

Administrator

Name: [REDACTED] Phone: 6102223333 Email: [REDACTED]

Legal Entity

Name: LCB CHADDS FORD LLC
Address: 3 EDGEWATER DRIVE, SUITE 101, NORWOOD, MA, 2062
Phone: 6102223333 Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 10/08/2019 Issued By: Chadds Ford Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 10/28/2021

Inspection Dates and Department Representative

07/15/2021 - On-Site: [REDACTED]
07/16/2021 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 108 Residents Served: 45

Secured Dementia Care Unit

In Home: Yes Area: sdcu Capacity: 24 Residents Served: 12

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 45
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 24 Have Physical Disability: 1

Inspections / Reviews

07/15/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/27/2021*

01/20/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/02/2022*

03/21/2022 - Document Submission

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

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 3/3/21, the home administered resident #1's 8:00 am Clonazepam .5 mg, Risperidone .25 mg, Escitalopram Oxalate 5 mg, Levothyroxine Sodium 25 mcg, Memantine 10 mg and Ensure plus between 4 and 7 hours late. The home did not report this incident to the Department.

Plan of Correction

Accept

16-C Written Incident Report: §2600.16c

- *The home shall report the incident or condition to the Departments Personal Care Home Regional Office or the Personal Care Complaint Hotline within 24 hours in a manner designated by the department. Abuse shall be reported by the guidelines set forth in §2600.15*

- *Plan of Correction:*

- o *The Chadds Ford team shall conduct a re-training on incident reporting. Department heads and nurses shall be re-trained and completed by 2/1/2022.*

- o *A random sample of 10% of incident reports shall be reviewed and audited for the next 90 days to assure compliance with §2600.15.*

Completion Date: 02/01/2022

Document Submission

Implemented

- *Plan of Correction:*

- o *The Chadds Ford team shall conduct a re-training on incident reporting. Department heads and nurses shall be re-trained and completed by 2/1/2022.*

- o *A random sample of 10% of incident reports shall be reviewed and audited for the next 90 days to assure compliance with §2600.15.*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The residents' POA expressed to the home that the resident was having difficulty eating ■ meals and needed more assistance. The resident was not eating ■ meals and losing weight. The home did not assess the resident concerning the resident's need for assistance with ■ meals and the multiple falls the resident had sustained. The resident had an order for weight checks weekly on Mondays. During the month of March 2021 the residents weight was checked only once on 3/1/21 and she weighed 100.2 lbs. The home was not following the orders from ■ Physician to check ■ weight.

On ■ the RCA found the resident on the floor at the bottom of her bed. The RCA notified the agency nurse who

42b - Abuse (continued)

assessed the resident and sent [REDACTED] out to the Chester County Hospital for a possible head injury. Resident was then transferred to Penn Presbyterian for a small brain hemorrhage and fracture of C1-C3. At the time of admission to the hospital the resident weighed 88.2 lbs. The resident lost approximately 12 lbs. from 3/1/21 - 4/4/21 that was not documented.

Plan of Correction**Accept**

42-b Abuse: §2600.42b

- A resident may not be neglected, intimidated physically or verbally abused, mistreated, subjected to corporal punishment, or disciplined in anyway.
- Plan of Correction:
 - o The Reflections (memory care team) including nurses shall observe for any change in condition especially as it pertains to change in resident weights. The nurse shall be re-trained on the change of condition and executing a change of condition RASP assessment and care plan. This training shall be completed by 2/1/2022.
 - o Monthly weights shall be instituted for all Reflections (memory care) residents by 2/1/2022. This re-training process and execution for all Reflections residents shall be completed by 2/1/2022.
 - o Physician order execution re-training especially as it pertains to weight intervals shall be completed by 2/1/2022.
 - o Weekly tracking meetings re-training completed by 2/1/2022.
 - o A random sample of 10% of Reflections (memory care) residents shall be reviewed and audited for the next 90 days to assure compliance.

Completion Date: 02/01/2022

Document Submission**Implemented**

- Plan of Correction:
 - o The Reflections (memory care team) including nurses shall observe for any change in condition especially as it pertains to change in resident weights. The nurse shall be re-trained on the change of condition and executing a change of condition RASP assessment and care plan. This training shall be completed by 2/1/2022.
 - o Monthly weights shall be instituted for all Reflections (memory care) residents by 2/1/2022. This re-training process and execution for all Reflections residents shall be completed by 2/1/2022.
 - o Physician order execution re-training especially as it pertains to weight intervals shall be completed by 2/1/2022.
 - o Weekly tracking meetings re-training completed by 2/1/2022.
 - o A random sample of 10% of Reflections (memory care) residents shall be reviewed and audited for the next 90 days to assure compliance.

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

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

Description of Violation

Resident #1's most recent medical evaluation was completed [REDACTED]

Plan of Correction**Accept**

141-b1 – Annual Medical Evaluation: §2600.141b.1

141b1 - Annual Medical Evaluation (continued)

- A resident shall have a medical evaluation at least annually.
- Plan of Correction:
 - o Initial retraining of the former Resident Care Director occurred by 10/16/21.
 - o Re-training 2600.141.b.1 for the current Resident Care Director shall be completed by 2/1/2022.
 - o All charts will be reviewed by 2/1/2022.
 - o A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.

Completion Date: 02/01/2022

Document Submission**Implemented**

- Plan of Correction:
 - o Initial retraining of the former Resident Care Director occurred by 10/16/21.
 - o Re-training 2600.141.b.1 for the current Resident Care Director shall be completed by 2/1/2022.
 - o All charts will be reviewed by 2/1/2022.
 - o A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.

162a - Hours Between Meals**1. Requirements**

2600.

162.a. There may not be more than 15 hours between the evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch, and between lunch and supper. This requirement does not apply if a resident's physician has prescribed otherwise.

Description of Violation

On 7/14/21, the home served dinner at 5:00 pm; however, on 7/15/21 breakfast was served at 10:30 am. This was 17 1/2 hour between meals.

Plan of Correction**Accept**

162a – Hours Between Meals. §2600.162.a

- There may not be more than 15 hours between evening meal and the first meal of the next day. There may not be more than 6 hours between breakfast and lunch and lunch and supper. The requirement does not apply if a resident's physician has prescribed otherwise.
- Plan of Correction:
 - o Re-training dining/culinary and care staff, Reflections Director, Resident Care Director, Culinary Director as to comply with this regulation by 2/1/2022.
 - o A random sample of 10% of residents in both Reflections (memory care) and Personal Care shall be reviewed and audited for the next 90 days to assure compliance.

Completion Date: 02/01/2022

Document Submission**Implemented**

- Plan of Correction:
 - o Re-training dining/culinary and care staff, Reflections Director, Resident Care Director, Culinary Director as to comply with this regulation by 2/1/2022.
 - o A random sample of 10% of residents in both Reflections (memory care) and Personal Care shall be reviewed and audited for the next 90 days to assure compliance.

186c - Change in Medications

1. Requirements

2600.

186.c. Changes in medication may only be made in writing by the prescriber, or in the case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted by nurses in accordance with regulations of the Department of State. The resident's medication record shall be updated as soon as the home receives written notice of the change.

Description of Violation

On 3/3/21, the home administered Clonazepam .5 mg, Risperidone .25 mg, Escitalopram Oxalate 5 mg, Levothyroxine Sodium 25 mcg, Memantine 10 mg and Ensure plus between 4 and 7 hours late for resident #1. The home had not received a written order from an authorized prescriber for the time change in administration.

Plan of Correction

Accept

186c – Change in Medications: §2600.186.c

- *Change in medications may only be made by the prescriber or in case of an emergency, an alternate prescriber, except for circumstances in which oral orders may be accepted in accordance with regulations by the department. The residents medical record shall be updated as soon as the home receives written notice of changes.*

- *Plan of Correction:*

- o *Re-training of nurses as it pertains to executing signed physician orders.*

- o *A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.*

Completion Date: 02/01/2022

Document Submission

Implemented

- *Plan of Correction:*

- o *Re-training of nurses as it pertains to executing signed physician orders.*

- o *A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.*

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed to have weekly weight checks every Monday. However, during the month of March 2021, resident 1's weight was check once.

On 3/3/21, the home administered Clonazepam .5 mg, Risperidone .25 mg, Escitalopram Oxalate 5 mg, Levothyroxine Sodium 25 mcg, Memantine 10 mg and Ensure plus between 4 and 7 hours late for resident #1. The home had not received a written order from an authorized prescriber for the time change in administration.

Plan of Correction

Accept

187d – Follow Prescribers Orders: §2600.187.d

- *The home shall follow the directions of the prescriber.*

- *Plan of Correction:*

- o *Re-training of nurses as it pertains to executing signed physician orders.*

- o *A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.*

187d - Follow Prescriber's Orders (continued)

Completion Date: 02/01/2022

Document Submission

Implemented

• *Plan of Correction:*

o *Re-training of nurses as it pertains to executing signed physician orders.*

o *A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.*

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed Clonazepam .5 mg, Risperidone .25 mg, Escitalopram Oxalate 5 mg, Levothyroxine Sodium 25 mcg, Memantine 10 mg and Ensure plus. However, resident #1 was administered Clonazepam .5 mg, Risperidone .25 mg, Escitalopram Oxalate 5 mg, Levothyroxine Sodium 25 mcg, Memantine 10 mg and Ensure plus on 3/3/21 between 4 and 7 hours late. The medication error was not reported to the prescriber.

Plan of Correction

Accept

188b – Medication Error Reporting: §2600.188.b

• *A medication error shall be immediately reported to the resident, resident's designated person, and the prescriber.*

• *Plan of Correction:*

o *Re-training of the medication technicians/nurses, Resident Care Director, Executive Director on the 6Rs of medication administration. Training will be completed by 2/1/2022.*

o *A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.*

Completion Date: 02/01/2022

Document Submission

Implemented

• *Plan of Correction:*

o *Re-training of the medication technicians/nurses, Resident Care Director, Executive Director on the 6Rs of medication administration. Training will be completed by 2/1/2022.*

o *A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.*

225c - Additional Assessment

1. Requirements

2600.

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

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

225c - Additional Assessment (continued)

Description of Violation

Resident #1's assessment, dated 1 [REDACTED], was not updated to include the recent falls and the need for more monitoring.

Plan of Correction

Accept

225c – Additional Assessments: §2600.225.c (RASP)

• The resident shall have additional assessments as follows: (1) Annually (2) If condition of resident significantly changes prior to annual assessment (3) At the request of the department upon cause to believe that an update is required.

• Plan of Correction:

o Re-training with the former Resident Care Director occurred by 10/16/2021.

o Chart audit of all residents shall be completed by 2/1/2022.

o Re-training with current Resident Care Director shall be completed by 2/1/2022.

o A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.

Completion Date: 02/01/2022

Document Submission

Implemented

• Plan of Correction:

o Re-training with the former Resident Care Director occurred by 10/16/2021.

o Chart audit of all residents shall be completed by 2/1/2022.

o Re-training with current Resident Care Director shall be completed by 2/1/2022.

o A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of [REDACTED] support plan on [REDACTED]. However, the resident did not sign the support plan.

Plan of Correction

Accept

227g – Support Plan Signatures: §2600.227.g (RASP)

• Individuals who participate in the development of the support plan shall sign and date the support plan.

• Plan of Correction:

o Re-training occurred with the former Resident Care Director occurred by 10/16/21 Re-training with current Resident Care Director shall be completed by 2/1/2022.

o Chart audit of all residents shall be completed by 2/1/2022.

o A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.

Completion Date: 02/01/2022

Document Submission

Implemented

• Plan of Correction:

227g -Support Plan Signatures (continued)

- o Re-training occurred with the former Resident Care Director occurred by 10/16/21 Re-training with current Resident Care Director shall be completed by 2/1/2022.*
- o Chart audit of all residents shall be completed by 2/1/2022.*
- o A random sample of 10% of residents shall be reviewed and audited for the next 90 days to assure compliance.*