

Department of Human Services
Bureau of Human Service Licensing

November 15, 2021

[REDACTED], ADMINISTRATOR

RE: LIZA'S HOUSE
1357 BLUE MOUNTAIN DRIVE
DANIELSVILLE, PA, 18038
LICENSE/COC#: 21477

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/20/2021, 07/21/2021 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: LIZA'S HOUSE License #: 21477 License Expiration Date: 09/02/2021
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038
County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: ELITE CARE GROUP LLP
[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/22/1998 Issued By: PA LI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

Inspection

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/21/2021

Inspection Dates and Department Representative

07/20/2021 - On-Site: [REDACTED]
07/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 30 Residents Served: 19

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 6 Have Physical Disability: 1

Inspections / Reviews

07/20/2021 - Full

Lead Inspector: [REDACTED]

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

10/12/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/15/2021*

11/15/2021 - 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 Repeat Violation

The home did not have a valid certificate of boiler or pressure vessel operation issued by the PA Department of Labor and Industry. The home's certificate expired 6/3/2021.

Plan of Correction

Accept

- 1) This regulation is important to maintain the safety of the residents due to boiler failure, and water maintain safe and comfortable water temperatures for our residents.
- 2) This violation was received because the date of inspection was 6/27/2019 and the boiler certificate had expired on 6/3/2021.
- 3) Due to COVID 19, the Department of Labor and Industry was not completing inspections.
- 4) Upon contacting the Department of Labor and Industry, the facility was told the department had just started completing inspections again and we were on the list for later in the year. However, upon hearing more about us, the new inspector was able to move our inspection up on the list and completed the inspection on 7/30/2021. A new certificate was received and posted. (certificate attached)
- 5) In order to prevent future occurrences, maintenance and administration will be more diligent in contacting The Department of Labor and Industry starting at an earlier date.
- 6) Ongoing monitoring will be done by maintenance and administration.

Completion Date: 07/30/2021

Update - 10/12/2021

Please send/Attach proof of compliance. 10-12-2021 [redacted]

Document Submission

Implemented

Certificate Attached

65d - Initial Direct Care Training

1. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
 - 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Member A was hired [redacted] as a Personal Care Aide. Staff person A has been working independently as a Personal care aide in the home since [redacted] but there is no verification that they passed the Department approved direct care training course and competency test.

65d - Initial Direct Care Training (continued)

Plan of Correction

Accept

- 1) This regulation is important for the welfare and safety of the residents.
- 2) A direct care test was missed for an employee hired on [REDACTED] The direct care test was not completed.
- 3) The direct care test was completed as soon as it was noted to be missing on 7/20/2021.
- 4) The employee orientation and hiring process for this particular employee took place during the a staffing crisis due to COVID 19. Administrator has had to help with care of residents and has been behind on administrative work.
- 5) To prevent future occurrences, direct care tests will be completed upon hire and audits of the employee files will be completed 15 days after hire. An audit form has been compiled (see attachment) to be completed with each new hire file.
- 6) Administration will monitor for ongoing compliance.

Completion Date: 07/20/2021

Document Submission

Implemented

See previous plan of correction

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

Resident 1 has a landline telephone in their room but there are no emergency numbers posted near the phone as required.

Plan of Correction

Accept

- 1) This regulation is important to ensure resident safety as well as resident rights.
- 2) The resident noted has a landline phone and no emergency numbers next to the phone.
- 3) New emergency numbers have been placed next to phone. An audit of the other resident rooms was completed.
- 4) The resident had recently received a new table in her room for her phone. Staff did not notice emergency numbers were not transferred to the new table.
- 5) To prevent future occurrences, maintenance will do audits of rooms to ensure compliance.
- 6) Administrator will monitor for ongoing compliance.

Completion Date: 07/30/2021

Document Submission

Implemented

See previous plan of correction

121a - Unobstructed Egress

1. Requirements

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

121a - Unobstructed Egress (continued)

Description of Violation

The steps that lead to the emergency exit on the side of the building were partially obstructed with equipment and papers.

Plan of Correction

Accept

- 1) This regulation is important to ensure safe egress in the event of an emergency.
- 2) The half stair way that leads to an emergency exit had papers and equipment stacked on it.
- 3) Administrator's office and storage are on the second level of the home. Staff routinely sets things on the stair case that need to be taken up to the office or to storage.
- 4) Staircase has been cleaned.
- 5) Staff have been verbally instructed to make sure they are not leaving things on the stair case.
- 6) Administrator and maintenance will monitor for ongoing compliance.

Completion Date: 07/23/2021

Document Submission

Implemented

See previous plan of correction

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

There was no food menu posted in a conspicuous place for the current and upcoming week.

Plan of Correction

Accept

- 1) This regulation is important so residents are aware of the menu and can make requests for alternatives ahead of time.
- 2) The menu was posted in the kitchen but not in more conspicuous, public place.
- 3) The menu had recently been changed, and a new copy had not been posted in the dining room.
- 4) The menu has been posted. There is a 6 week cycle posted on the dining room bulletin board.
- 5) Menu's are done for 6 weeks at a time, that cycle is repeated approximately 3 times before menus are changed again.
- 6) Administrator will monitor for ongoing compliance.

Completion Date: 07/23/2021

Document Submission

Implemented

see previous plan of correction

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.

185a - Implement Storage Procedures (continued)

Description of Violation

The glucometer of Resident 2 had a blood sugar level of 196 at 6:55am on 6/24/2021. The MAR was documented incorrectly with a blood sugar level of 194 for this date and time.

Resident 2 has an order to test [redacted] blood sugar level daily at 7:00am. On 7/1/2021 and 7/2/2021, the blood sugar was unable to be taken due to lack of test strips.

Resident 3 is prescribed [redacted] to be applied daily at 8:00am. On 7/11/2021, the medication was not available and unable to be administered.

Plan of Correction

Accept

- 1) This regulation is important to ensure medical equipment and medications are maintained and used on the correct resident in the correct manor.
- 2) One resident's blood glucose level was incorrectly transcribed, the same resident did not have [redacted] blood glucose level taken for 2 days, a different resident did not have an OTC pain relief cream available.
- 3) Test strips and cream arrived from pharmacy.
- 4) Due to COVID, we have been relying on agency nurses to help maintain correct staffing and pharmacy representatives were not able to come complete quarterly cart audits. The cream was not reordered in a timely manner, and the test strips could not be supplied due to insurance.
- 5) Additional test strips were ordered out of pocket in order to ensure no future occurrences of running out of strips prior to insurance coverage. A med cart audit was completed after inspection with the assistance of a pharmacy representative and these audits will continue on a quarterly basis. At this time, the cart in compliance. Full time staff is being used more and agency less, so reorders of medications that can not be filled on cycle are happening in a more timely manner. Administrator and RN will do random audits of glucometer to ensure correct transcription of blood glucose numbers.
- 6) Administrator will monitor for ongoing compliance.

Completion Date: 07/23/2021

Document Submission

Implemented

see previous plan of correction

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 2 has an order to test [redacted] blood sugar level daily at 7:00am. On 7/1/2021 and 7/2/2021, the blood sugar was unable to be taken due to lack of test strips.

Resident 3 is prescribed [redacted] to be applied daily at 8:00am. On 7/11/2021, the medication was not available and unable to be administered per the prescriber's order.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

- 1) This regulation is important to ensure the resident is receiving medications and treatments as the physician ordered.
- 2) A residents blood glucose level was not checked for 2 days due to test strips not being able to be refilled under insurance, and another resident did not receive a cream prescribed due to it not being refilled.
- 3) Test strips were purchased out of pocket, then delivered from pharmacy when insurance would cover, cream was reordered and arrived for the next dose.
- 4) Due to COVID and staffing issues, Agency nurses have been assisting in filling the staffing needs. Not all nurses are asking for refills on medications when needed. Quarterly med cart audits had not been being completed with a pharmacy representative due to COVID protocol.
- 5) A med cart audit was completed, and will continue to be completed on a quarterly basis with a pharmacy representative. We are also relying less on pharmacy staff and are able to use our own staff with consistent training to fill more shifts. Random audits will continue to be completed in between pharmacy audits as well.
- 6) Administrator and RN will monitor for ongoing compliance.

Completion Date: 07/23/2021

Document Submission

Implemented

see previous plan of correction

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 3 did not receive their prescribed [REDACTED] on 7/11/2021 and the prescribing physician was not notified.

Plan of Correction

Accept

- 1) This regulation is important to ensure the proper management of medications which ensures the health and safety of the resident.
- 2) Resident did not receive OTC pain relief cream as prescribed and physician was not notified.
- 3) Cream had been reordered and arrived later that day.
- 4) Medication was reordered and filled in a timely manor due to the use of agency staffing to fill in. Agency nurses were not all requesting refills. Agency nurses are not familiar with reporting requirements.
- 5) A med cart audit was completed, and will continue to be completed on a quarterly basis with a pharmacy representative. We are also relying less on agency and are able to use our own staff with consistent training to fill more shifts. Random audits will continue to be completed in between pharmacy audits as well.
- 6) Administrator and RN will monitor for ongoing compliance.

Completion Date: 07/23/2021

Document Submission

Implemented

see previous plan of correction

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 4 was admitted to the home on [REDACTED]. As of 7/20/2021, [REDACTED] assessment that is required within 15 days of admission had not been completed.

Resident 5 was admitted to the home on [REDACTED]. As of 7/20/2021, [REDACTED] assessment that is required within 15 days of admission had not been completed.

Plan of Correction

Accept

1) This regulation is important to ensure a residents need are manageable and met.

2) Resident assessments were not completed with in 15 days of admission.

3) Assessments have been completed

4) Due to staffing issues during COVID 19, administrator was pulled to assist with care of resident, causing paperwork to fall behind.

5) To prevent future occurrences, administrator will audit new resident files to ensure compliance. New admissions will be audited at 15 days and 30 days after admission.

6) Administrator will monitor for ongoing compliance.

Completion Date: 09/01/2021

Document Submission

Implemented

please see previous plan of correction

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 4 was admitted to the home on [REDACTED]. As of 7/20/2021, [REDACTED] support plan that is required within 30 days of admission had not been completed.

Resident 5 was admitted to the home on [REDACTED]. As of 7/20/2021, [REDACTED] support plan that is required within 30 days of admission had not been completed.

227a - Support Plan 30 Days (continued)

Plan of Correction

Accept

- 1) This regulation is important to ensure resident needs are met and a plan on how to meet those needs is in place.
- 2) Resident support plans were not completed with in 30 days of admission.
- 3) Support plans have been completed.
- 4) Due to staffing issues during COVID 19, administrator was pulled to assist with care of resident, causing paperwork to fall behind.
- 5) To prevent future occurrences, administrator will audit new resident files to ensure compliance. New admissions will be audited at 15 days and 30 days after admission.
- 6) Administrator will monitor for ongoing compliance.

Completion Date: 09/01/2021

Document Submission

Implemented

see previous plan of correction

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The face sheet for Resident 4 does not indicate if [redacted] has any identifying marks.

Plan of Correction

Accept

- 1) This regulation is important to ensure a comprehensive medical record and history.
- 2) Resident face sheet did not have an identifying mark.
- 3) Distinguishing mark added.
- 4) Due to COVID and staffing issues, administrator pulled to assist in providing care. Administrative chart audits fell behind.
- 5) A chart audit of all resident files will be completed by 10/1/2021. New admissions will be audited at 15 days and 30 days after admission.
- 6) Administrator will monitor for ongoing compliance.

Completion Date: 10/01/2021

Document Submission

Implemented

please see previous plan of correction