Department of Human Services
Bureau of Human Service Licensing

September 21, 2021

[redacted] ADMINISTRATOR
PENNSWOOD VILLAGE
1382 NEWTOWN-LANGHORNE ROAD
NEWTOWN, PA 18940

RE: PENNSWOOD VILLAGE PERSONAL CARE HOME
1382 NEWTOWN-LANGHORNE ROAD
NEWTOWN, PA, 18940
LICENSE/COC#: 12675

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/27/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

August 24, 2021

[redacted] ADMINISTRATOR
PENNSWOOD VILLAGE
1382 NEWTOWN-LANGHORNE ROAD
NEWTOWN, PA 18940

RE: PENNSWOOD VILLAGE PERSONAL CARE HOME
1382 NEWTOWN-LANGHORNE ROAD
NEWTOWN, PA, 18940
LICENSE/COC#: 12675

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/27/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Shawn Parker

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: *PENNSWOOD VILLAGE PERSONAL CARE HOME* **Licen e #**: *12675* **Licen e Expiration Date**: *01/20/2022*
Addre : *1382 NEWTOWN LANGHORNE ROAD, NEWTOWN, PA 18940*
County: *BUCKS* **Region**: *SOUTHEAST*

Administrator

Name: [redacted] **Phone**: *215-968-9110* **Email**: [redacted]

Legal Entity

Name: *PENNSWOOD VILLAGE*
Address: *1382 NEWTOWN-LANGHORNE ROAD, NEWTOWN, PA, 18940*
Phone: *2159689110* **Email**: [redacted]

Certificate(s) of Occupancy

Staffing Hours

Re ident Support Staff: *0* **Total Daily Staff**: *42* **Waking Staff**: *32*

Inspection

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Complaint* **Exit Conference Date**: *07/27/2021*

Inspection Dates and Department Representative

07/27/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *41* **Residents Served**: *34*

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**: *34*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *8* **Have Physical Disability**: *0*

Inspections / Reviews

07/27/2021 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/23/2021*

Inspections / Reviews *(continued)*

8/24/2021 - POC Submission

Lead Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow-Up Date:** *09/20/2021*

9/21/2021 Document Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *Not Required*

[redacted]

WITHDRAWN

[redacted]

[redacted]

WITHDRAWN

[redacted]

181e - Capable to Self Administer

1. **Requirements**

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

1. Be able to recognize and distinguish his medication.
2. Know how much medication is to be taken.
3. Know when medication is to be taken.

Description of Violation

Resident #2's Medication administration record (MAR) indicates resident #2 is self administering Saline Mist .65% nasal spray aerosol and Blink tears eye drops. However, the resident is not capable of self administering medications as it is indicated on the DME.

Plan of Correction **Accept**

PCHA reviewed requirements for self-administration of medication with Resident #2's primary physician. Physician is n agreement that resident is unable to self-administer medications at this time. PCHA reviewed with responsible staff persons to ensure appropriate medication administration for resident #2. Medications are secured and being administered to resident as ordered at this time. Education on Medication Administration, Documentation & Storage s being provided to all staff members within 30 days of receipt of this plan of correction. Education to include how to dentify those residents who are able to self-administer to ensure staff are administering medications as documented on the resident's DME.

Completion Date: *09/22/2021*

Document Submission **Implemented**

Education on Medication Administration, Documentation, & Storage was provided to Med Techs and Nurses via in-service. Three staff members did not work during the training period and will be provided training upon next working day. Copies of education provided and staff signature page attached for verification purposes.

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.

183b - Meds and Syringes Locked *(cont nued)*

Description of Violation

On 7/27/21 at 11:15am on a mobile desk near the small kitchen next to the activities room, there were 2 full blister packs sitting on the desk for resident 3 of Loratadine 10mg and Prevagen10mg. The medications were unattended and out in the open until 11:25am.

Plan of Correction **Accept**

PCHA removed medications from open desk area at time of survey and secured in Resident #3's medication drawer. PCHA reviewed with responsible staff person at the time of the event the need for ensuring medications are appropriately secured at all times. Education on Medication Administration, Documentation & Storage is being provided to all staff members within 30 days of receipt of this plan of correction. Education to include how to ensure appropriate disposition of medications at all times.

Completion Date: *09/22/2021*

Document Submission **Implemented**

Education on Medication Administration, Documentation, & Storage was provided to Med Techs and Nurses via in-service. Three staff members did not work during the training period and will be provided training upon next working day. Copies of education provided and staff signature page attached for verification purposes.

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

Resident #1 is prescribed Aleve 220mg tablet give 1 tablet as needed, however the Medication label reads give every 12 hours as needed.

Plan of Correction **Accept**

Order corrected and faxed to Pharmacy on 7/28/21 to obtain medication with correct label. Aleve received in the home on 7/29/21 and new card label exactly matches physician order. Medication Audit initiated for all residents of the home to confirm accuracy with orders written on MAR. Orders corrected for any medication label discrepancies found and new orders sent to pharmacy to ensure accuracy with MAR & Physician orders. Audit completed by 8/15/21 and all medications are accurate and in the home as of this time. Nursing staff will complete monthly audits to ensure accuracy on an ongoing basis.

Completion Date: *08/23/2021*

Document Submission **Implemented**

Medication Audits completed for August and September by nursing staff. Discrepancies addressed by nurse and PCHA as needed. Audits attached for verification purposes. Audits to be completed monthly going forward.

185a - Implement Storage Procedures

1. **Requirements**

185a - Implement Storage Procedures *(continued)*

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 Repeat Violation

Resident #2 is prescribed Tylenol 325mg tablet give 2 tablets every 6 hours as needed for fever, however it is unavailable in the home.

The Glucometer reading for resident Resident #2 on 7/14/21 at 11:30am was 74 but was documented in the Medication Administration Record as 75.

The Glucometer reading for resident Resident #2 on 7/14/21 at 4:30pm was 173 but was documented in the Medication Administration Record as 174.

The Glucometer reading for resident Resident #2 on 7/21/21 at 9:00pm was 184 but was documented in the Medication Administration Record as 185.

The Glucometer reading for resident Resident #2 on 7/26/21 at 9:00pm was 116 but was documented in the Medication Administration Record as 119.

Plan of Correction **Accept**

Resident #2 order for Tylenol was faxed to pharmacy and received on 7/28/21. Medication audit initiated for all residents of the home. Staff disposed of expired medications as appropriate to ensure all medications listed on MAR are in the home and available to be administered to the resident. Audit completed by 8/15/21 and all medications are accurate and are in the home as of this time. Nursing staff will complete monthly audits to ensure accuracy on an ongoing basis.

PCHA reviewed with responsible nurses need for double checking glucometer when documenting in MAR to ensure accuracy. Education on Medication Administration, Documentation & Storage is being provided to all staff members within 30 days of receipt of this plan of correction. Education to include how to ensure accurate documentation of glucometer readings. Nursing staff will review and compare glucometer readings on both MAR and device weekly for 4 weeks to ensure accuracy of documentation. Administrator will complete random audits monthly for 6 months to ensure ongoing compliance.

Completion Date: *09/22/2021*

Document Submission **Implemented**

Medication Audits completed for August and September by nursing staff. Discrepancies addressed by nurse and PCHA as needed. Audits attached for verification purposes. Audits to be completed monthly ongoing.

Education on Medication Administration, Documentation, & Storage was provided to Med Techs and Nurses via in-service. Three staff members did not work during the training period and will be provided training upon next working day. Copies of education provided and staff signature page attached for verification purposes.

Glucometer audit completed by PCHA weekly for 4 weeks. Out of 112 glucometer readings, 2 discrepancies were found which were made in error and corrected by nurse on MAR. Audit attached for verification purposes. PCHA to spot audit monthly going forward.

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed Marinol(Dronabinol) 2.5mg capsule – 1 cap oral before meals. On 7/14/21 at 4:30pm the administration date in incorrectly dated on the controlled substance log as 7/15. On 7/16/21 at 4:30pm the administration date in incorrectly dated on the controlled substance log as 7/17.

Plan of Correction **Accept**

PCHA reviewed with responsible nurse the errors made on narcotic log and need for ensuring accuracy when documenting medication administration. Education on Medication Administration, Documentation & Storage is being provided to all staff members within 30 days of receipt of this plan of correction. Education to include how to ensure proper documentation on the narcotic log. PCHA will review narcotic logs weekly for 30 days from receipt of this plan of correction to ensure accuracy in documentation. Administrator will complete monthly audits for 6 months to ensure ongoing compliance.

Completion Date: *09/22/2021*

Document Submission **Implemented**

Education on Medication Administration, Documentation, & Storage was provided to Med Techs and Nurses via in-service. Three staff members did not work during the training period and will be provided training upon next working day. Copies of education provided and staff signature page attached for verification purposes.

MAR audit completed by PCHA weekly for 4 weeks. No discrepancies were found. Audit attached for verification purposes. PCHA to spot audit monthly going forward.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

187b - Date/Time of Medication Admin. *(continued)*

Description of Violation

Resident #1 is prescribed Marinol 2.5mg capsule – 1 cap oral before meals for abnormal weight loss. This medication was administered to the resident and is documented in the controlled substance log, however it was not documented in the medication administration record.

Plan of Correction **Accept**

PCHA reviewed with responsible nurse the omission from MAR and need for ensuring sign-off in both the MAR and narcotic log to ensure complete documentation of medication administration. Education on Medication Administration, Documentation & Storage is being provided to all staff members within 30 days of receipt of this plan of correction. Education to include how to properly sign out a narcotic to ensure complete documentation. PCHA will review MAR weekly for 30 days from receipt of this plan of correction to ensure completion of documentation. Follow-up audits will be completed monthly for 6 months to ensure ongoing compliance.

Completion Date: *09/22/2021*

Document Submission **Implemented**

Education on Medication Administration, Documentation, & Storage was provided to Med Techs and Nurses via in-service. Three staff members did not work during the training period and will be provided training upon next working day. Copies of education provided and staff signature page attached for verification purposes.

Narcotic log audit completed by PCHA weekly for 4 weeks. One discrepancy was found where nurse signed narcotic log and administered medication but did not sign on MAR, which was corrected by the nurse on MAR, Audit attached for verification purposes. PCHA to spot audit monthly going forward.

187c - Refusal of Medication

1. **Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

From 7/2/21 to 7/10/21, resident #2 refused to take their prescribed Lidoderm patch apply patch topical daily under the scapula. The home did not notify to the prescriber.

Plan of Correction **Accept**

PCHA reviewed regulation 2600.187c with the home's Medical Director. Medical Director provided direction on behalf of our physician practice indicating a preference for being notified after 3 missed doses of medication. Provider Notification Procedure was created and implemented to ensure compliance with both prescriber instructions and regulation 2600.187c. Nurses provided with instruction on how to appropriately document and provide notification for medication refusals per new procedure. Education on Medication Administration, Documentation & Storage is being provided to all staff members within 30 days of receipt of this plan of correction. Education to include how to properly follow up when a resident has refused a medication.

Completion Date *09/22/2021*

187c - Refusal of Medication *(continued)*

Document Submission **Implemented**

Provider Notification Procedure was implemented on 8/20/21. See attached copy of procedure for verification purposes.

Education on Medication Administration, Documentation, & Storage was provided to Med Techs and Nurses via in service. Three staff members did not work during the training period and will be provided training upon next working day. Copies of education provided and staff signature page attached for verification purposes.

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 Melatonin 5mg Tablet give 1 tab oral daily for insomnia. However, this medication was not administered to resident #1 on 7/19/21 because the medication was not available in the home.

Plan of Correction **Accept**

This medication was reordered from pharmacy on 7/18/21 however was not received until 7/20/21 due to pharmacy delay. Expectations for same day or next day delivery reviewed with Pharmacy consultant. Additionally, the home has a planned switch to new pharmacy in October 2021 due to ongoing concerns with current pharmacy.

Education on Medication Administration, Documentation & Storage is being provided to all staff members within 30 days of receipt of this plan of correction. Education to include appropriate response to medications which have been reordered from Pharmacy but not received in a timely fashion. Additional concerns will be reported to PCHA for appropriate follow up with Pharmacy consultant.

Completion Date *09/22/2021*

Document Submission **Implemented**

Education on Medication Administration, Documentation, & Storage was provided to Med Techs and Nurses via in-service. Three staff members did not work during the training period and will be provided training upon next working day. Copies of education provided and staff signature page attached for verification purposes.