

Department of Human Services
Bureau of Human Service Licensing

May 31, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: SACRED HEART SENIOR LIVING BY
THE CREEK
602 EAST 21ST STREET
NORTHAMPTON, PA, 18067
LICENSE/COC#: 20136

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2021, 08/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: SACRED HEART SENIOR LIVING BY THE CREEK License #: 20136 License Expiration: 09/29/2021
Address: 602 EAST 21ST STREET, NORTHAMPTON, PA 18067
County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: SACRED HEART ASSISTED LIVING, LLC
Address: 3910 ADLER PLACE, SUITE 100, BETHLEHEM, PA, 18017
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/12/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/10/2021

Inspection Dates and Department Representative

08/09/2021 - On-Site: [REDACTED]
08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 124 Residents Served: 69

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 9

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 69
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

08/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/19/2021*

09/17/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/24/2021*

04/27/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/07/2022*

05/31/2022 - Document Submission

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

The bed in Room #228 has a grab assist bar attached to the bed that is not covered. The bar has 3 12 inch openings where a possible limb entrapment can occur.

Plan of Correction

Accept

The partially covered bed post was adjusted by Nursing Supervisor [REDACTED]. The opening was reduced to a 1 1/2" area, enough to allow the resident's hand to grip the bar but not large enough to have any chance of limb entrapment. Violation corrective action was completed by the end of inspection day.

All future admissions are informed of 3 facility approved bed posts, their cost, and the availability website for ordering. Resident/responsible party are to inform facility of bed post purchase and obtain approval for purchase. The facility staff will install bed post onto bed, ensuring that the correct type of bed post is used. Nursing Director, Admissions Team, including Administrator will monitor use and installation of each bed post.

Completion Date: 08/10/2021

Update: 09/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a photo of the covered grab assist bar. If there is a check list or audit form that the home is using, the Adm will also send in a copy of a form that is IN USE to verify compliance as well.

Documentation should be sent in the Portal.

AG, 9-17-21

Document Submission

Implemented

The partially covered bed post was adjusted by Nursing Supervisor. The opening was reduced to a 1 1/2" area, enough to allow the resident's hand to grip the bar but not large enough to have any chance of limb entrapment. Violation corrective action was completed by the end of inspection day.

All future admissions are informed of 3 facility approved bed posts, their cost, and the availability website for ordering. Resident/responsible party are to inform facility of bed post purchase and obtain approval for purchase. The facility staff will install bed post onto bed, ensuring that the correct type of bed post is used. Nursing Director, Admissions Team, including Administrator will monitor use and installation of each bed post.

181d -Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #1 self administers all of the residents medications. At approximately 2pm on 8/10/21 Resident #1's room was unlocked. The residents medications were not in a locked or secure area in the room.

Plan of Correction

Accept

Discussed Regulation 181.d. with Resident #1. Resident #1 will continue to use locked side cabinet for all

181d -Storing Medication (continued)

medications and will lock the room door when exiting. Resident is fully capable of this task and understands this policy. Med tech on each shift will monitor that all medications are placed in locked cabinet and door is locked when vacant from room.

Completion Date: 08/10/2021

Update: 09/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the monitoring tool that the med techs are using to verify compliance. A copy of the sign in sheet for staff training will also be submitted.

Documentation should be sent in the Portal.

AG, 9-17-21

Document Submission

Not Implemented

Discussed Regulation 181.d. with Resident #1. Resident #1 will continue to use locked side cabinet for all medications and will lock the room door when exiting. Resident is fully capable of this task and understands this policy. Med tech on each shift will monitor that all medications are placed in locked cabinet and door is locked when vacant from room.

Update: 04/27/2022

no copy of the monitoring tool that is being used by the staff to monitor compliance was sent for verification.

The staff training document was for only 1 employee.

AG, 4-27-22

Document Submission

Implemented

Compliance monitoring tool submitted. Training document submitted previously for all residents who self administer medications, only one Personal Care Resident self- administers.

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.

Description of Violation

Resident #2 is unable to self administer medications. The residents [REDACTED] three times daily was unlocked and accessible in Resident #2's room.

Plan of Correction

Accept

All Medication Techs were instructed and counseled on the return of treatments, ointments and powders used during am/pm care to medication cart. Any bedside treatments allowed to remain at bedside will have an accompanying Physician order. Nurse Directors (KK) (KD) will ensure compliance of Regulation 183.b Staff reminders of this Regulation will take place during daily shift team meetings.

Completion Date: 08/11/2021

Update: 09/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the sign in sheet for

183b - Meds and Syringes Locked (continued)

training will be submitted. Please remove staff initials in submitting POCs. Any residents that may self administer either have to have their own rooms or be rooming with residents that also self administer medications. This must be verified in the 2nd Step of the POC.

Documentation should be sent in the Portal.

AG, 9-17-21

Document Submission**Implemented**

Medication Techs were instructed and counseled on the return of treatments, ointments and powders used during am/pm care to medication cart. Any bedside treatments allowed to remain at bedside will have an accompanying Physician order. Nurse Directors will ensure compliance of Regulation 183.b Staff reminders of this Regulation will take place during daily shift team meetings.

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:

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3's [REDACTED] was not initialed as administered on 8/2/21 at 10pm.

Resident #3's [REDACTED] was not initialed as administered on 8/2 & 8/4/21 at 10pm.

Plan of Correction**Accept**

New Procedure: Missed Med reports are printed after each med pass time to ensure all meds were given and signed out as prescribed. Med report copies are given to Nurse Directors [REDACTED] to second check that all meds were administered. Any missed meds will be reported as Reportable Incident Medication error 16.13 Medication error 16.13 has been submitted for this violation. Nursing Directors will monitor missed medication reports and respond accordingly.

Completion Date: 09/15/2021

Update: 09/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please remove staff initials in POCs. Please submit signature sheets for staff training. Please submit a monitoring record that has been recently completed to show evidence of compliance for the review process. This should include action steps taken if warranted.

Documentation should be sent in the Portal.

AG, 9-17-21

Document Submission**Not Implemented**

New Procedure: Missed Med reports are printed after each med pass time to ensure all meds were given and signed out as prescribed. Med report copies are given to Nurse Directors to second check that all meds were administered. Any missed meds will be reported as Reportable Incident Medication error 16.13 Medication error 16.13 has been submitted for this violation. Nursing Directors will monitor missed medication reports and respond accordingly.

187a - Medication Record (continued)

Update: 04/27/2022

Staff training sign in sheets were submitted. There is no evidence submitted for the monitoring that was referenced in the POC. Have there been any med errors since this investigation?

AG, 4-27-22

Document Submission**Implemented**

Compliance documentation attached. There have been 3 Med Errors from time of inspection (08/09/2021) - Current (05/09/2022)

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 has an order for [REDACTED] twice daily, hold if systolic blood pressure is less than 100 or heart rate is less than 55. On 8/4/21 at 9am the residents heart rate was 47. The medication was administered when it should have been held.

Plan of Correction**Accept**

Med Tech (DB) was counseled and instructed about medication hold for BP parameters. Nurse Director [REDACTED] will monitor DB for compliance. Resident #3's PCP was informed of error. PCP instruction was to continue with prescribed medication order. Med error form was submitted at time of inspection.

Completion Date: 08/10/2021**Update:** 09/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please removed staff initials from POCs. Please include staff signature sheets for training. Please include a long term plan for ensuring that ALL physician orders will be followed from month to month, and on a changing basis for those residents that may have evolving or fluctuating conditions such as brittle diabetes, fluctuating blood pressure or coumadin medication that needs frequent adjustments.

Documentation should be sent in the Portal.

AG, 9-17-21

Document Submission**Not Implemented**

Med Tech was counseled and instructed about medication hold for BP parameters. Nurse Director will monitor for compliance. Resident #3's PCP was informed of error. PCP instruction was to continue with prescribed medication order. Med error form was submitted at time of inspection.

Update: 04/27/2022

The training signatures were submitted for review, but there was no evidence of compliance submitted for the monitoring of the compliance by the med techs by the licensed nursing staff.

AG, 4-27-22

187d - Follow Prescriber's Orders (*continued*)**Document Submission****Implemented**

Med Reviews happen periodically throughout the year, attached is a recent medication administration review

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4's RASP dated [REDACTED] has not been updated regarding the residents use of an enabler bar and how the home will maintain it. The RASP has not been updated regarding the resident no longer receiving hospice services as of 7/22/21.

Plan of Correction**Accept**

Resident Assessment Coordinator corrected/updated the RASP for Resident #4 by the end of inspection 8-10-2021. Violation 227.d. was corrected 8-10-2021.

Nursing staff was informed of the use of the bed post updated information. RAC (DB) was educated by Licensing Inspector that use of bed post is to be included in each RASP. All RASPS for residents currently using bed posts has been completed by RAC (DB)

Completion Date: 08/30/2021

Update: 09/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please remove staff initials from POCs. Please enclose a copy of the updated Support Plan. If there is another more recent example of a resident that has needed an update to their Support Plan since the Renewal Inspection, please include that as evidence of compliance as well.

Also please include a copy of the adaptive equipment audit as well.

Documentation should be sent in the Portal.

AG, 9-17-21

Document Submission**Implemented**

Resident Assessment Coordinator corrected/updated the RASP for Resident #4 by the end of inspection 8-10-2021. Violation 227.d. was corrected 8-10-2021.

Nursing staff was informed of the use of the bed post updated information. RAC was educated by Licensing Inspector that use of bed post is to be included in each RASP. All RASPS for residents currently using bed posts has been completed by RAC