

Department of Human Services
Bureau of Human Service Licensing

October 29, 2021

[REDACTED], PRESIDENT/CEO
[REDACTED]
[REDACTED]

RE: EDGEWOOD HEIGHTS
612 KECK AVENUE
NEW BETHLEHEM, PA, 16242
LICENSE/COC#: 44097

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/31/2021, 09/01/2021 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,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

November 3, 2021

[REDACTED], PRESIDENT/CEO
[REDACTED]
[REDACTED]

RE: EDGEWOOD HEIGHTS
612 KECK AVENUE
NEW BETHLEHEM, PA, 16242
LICENSE/COC#: 44097

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/31/2021, 09/01/2021 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 - PUBLIC**

Facility Information

Name: *EDGEWOOD HEIGHTS* License #: *44097* License Expiration Date: *12/17/2022*
Address: *612 KECK AVENUE, NEW BETHLEHEM, PA 16242*
County: *CLARION* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/07/2013* Issued By: *NEW BETHLEHEM*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *28* Waking Staff: *21*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/01/2021*

Inspection Dates and Department Representative

08/31/2021 - On-Site: [REDACTED]
09/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *71* Residents Served: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *27*
Diagnosed with Mental Illness: *10* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

08/31/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2021*

10/13/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2021*

10/29/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/12/2021*

11/3/2021 - Document Submission

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

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/31/21 at 9:00 a.m., the rear left side of the large dumpster in the front parking lot of the home was open, and the dumpster was 1/2 full of trash.

Plan of Correction

Accept

An immediate training was conducted on 10/13/2021, 10/14/2021 and 10/15/2021 on the proper use of a trash receptacle. Maintenance, administrator or resident care coordinator will do a walk through on Monday's after the trash receptacle is emptied.

Staff meeting on November 4, 2021 - the proper use of the trash receptacle will be reviewed.

Will submit attachment 1: staff signature of the education conducted on the above dates. Attachment 2: Signage posted at the timeclock about proper use of the trash receptacle.

Completion Date: 10/19/2021

Document Submission

Implemented

Attachment 1 and 2 submitted - 2600.85 e

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:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed [redacted] every 12 hours as needed for pain and fever; however, the pharmacy label indicates-Take 2 tablets by mouth every 4 to 6 hours as needed for pain.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Accept**

A "directions changed" sticker was applied when error was found. A new label was completed and applied to the acetaminophen bottle with the new directions. On 10/13/2021, 10/14/2021 and 10/15/2021 a meeting was conducted for the medication aides on what the procedure will be change of orders.

Administrator and resident care coordinator conducted the meeting with the following education:

When a change of medication order is received, the following will occur:

- 1) Get medication from the cart and compare medication to ensure the right medication.
- 2) Fax order to the pharmacy to either make a new label or to send a new bottle/punch card with the correct direction for the medication on.
- 3) If the medication is an OTC medication and the pharmacy doesn't supply the medication, apply the "direction change" sticker. Administrator or resident care coordinator will apply a new label with the new directions for the order.
- 4) If the medication is supplied through a different pharmacy, the family will be notified and a request for the medication to be delivered within the next business. Administrator/resident care coordinator will then attached the correct label to the medication if the medication is an OTC.

Administrator/resident care coordinator will keep a copy of all new orders/change in orders to compare medication the following day to ensure medications and MAR match.

Attachment 3 shows the staff signature on the education.

Completion Date: 10/19/2021

Document Submission**Implemented**

Attachment 3 submitted 2600.184 a

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

Resident #2 is prescribed [REDACTED] three times daily via sliding scale as follows: 151-200 = 0 units, 201-250 = 2 units, 251-300 = 3 units, 301-350 = 4 units, and 351-400 = 5 units. On 8/14/21 at 11:00 a.m., resident #2's August 2021 medication administration record (MAR) indicates a reading of 158; however, there was no blood sugar reading indicated on the resident's glucometer for that date and time.

Plan of Correction**Accept**

Audits on glucometers vs MAR readings will occur weekly by resident care coordinator or administrator for the next 3 months. After the 3 months of audits being correct, audit will go to monthly.

A diabetic training was conducted on 10/4/21.

On 10/13/2021, 10/14/2021 and 10/15/2021 a review on glucometer readings occurred with all medication aides and the process of documenting the glucometer reading accurately in the MAR.

During the recertification process of the medication administration, this will be reviewed individually with the medication trainer.

Attachment 4 shows the staff signature on the education.

Completion Date: 10/19/2021

185a - Implement Storage Procedures (*continued*)**Document Submission****Implemented***Attachment 4 submitted 2600.185 a*

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 [REDACTED]; however, the medication was not administered from 8/1/21 to 8/10/21 because it was not available in the home.

Plan of Correction**Accept**

On 10/13/2021, 10/14/2021 and 10/15/2021 all medication aides received education on how the home will follow the directions of the prescriber.

1) Fax order to the pharmacy. If faxed to in house pharmacy, pin order on bulletin board. If outside pharmacy, contact family and request medication to be delivered within the next business day.

2) Medication arrives, compare to the MAR and put medication away. Take order off of the bulletin board and put in medical chart.

3) Medication hadn't arrived within next business day, contact the resident care coordinator/administrator immediately.

4) Pharmacy will be contacted to see why medication hadn't arrived.

5) If medication will not be delivered from the pharmacy, a phone call will be made to the physician and await orders to hold medication until medication arrives or if a different medication needs to be ordered.

This will be monitored by the orders that are hung on the bulletin board. Administrator or resident care coordinator will check the bulletin board daily to ensure all medications are being delivered within 1 business day. Attachment 5 shows staff signature on the education provided.

Completion Date: 10/19/2021

Document Submission**Implemented***Attachment 5 submitted 2600.187 d*

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's initial assessment, dated [REDACTED] does include the diagnosis of [REDACTED] as indicated on the resident's initial medical evaluation, dated 4/7/21.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

Diagnosis was added to assesment at time the error was found. Resident care coordinator or administrator will have the medical evaluation and/or demographic sheet present when completing the assessment to ensure all diagnoses are added correctly.

To monitor this step, either the resident care coordinator or administrator will review the RASP after it is completed and compare to ensure all diagnoses are added. (If resident care coordinator does then administrator will review and vice versa.)

This process was reviewed with resident care coordinator 9/2/2021.

Completion Date: 10/19/2021

Document Submission

Implemented

No documentation.

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 #3 is receiving hospice services; however, this is not indicated in the resident's support plan, dated 4/14/21.

REPEAT VIOLATION: 4/2/2021

Plan of Correction

Accept

At the time of the survey, resident #3 support plan stated [redacted] [redacted] At time of survey, specification of what services resident receives through hospice was added. When a RASP is being completed whomever shall be completing it (resident care coordinator or administrator) the other person will review over the RASP to ensure all information is documented through its entirety.

This process was reviewed with the resident care coordinator immediately on 9/2/2021.

Completion Date: 10/19/2021

Document Submission

Implemented

No documentation.

251b - Record Entries Legible

1. Requirements

2600.

251.b. The entries in a resident’s record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #2’s initial medical evaluation, dated [redacted], contained illegible writing that is covered by scribbled lines in multiple areas, including the sections for blood pressure, medical information for the diagnosis of depression, and in the medication addendum for the medication, [redacted]

251b - Record Entries Legible (continued)**Plan of Correction****Accept**

A training was completed on 10/13/2021, 10/14/2021 and 10/15/2021 on proper record entries. Training completed by administrator.

If a mistake was made, a line through the mistake, with initials and date of when mistake was found.

All completed forms will be reviewed by resident care coordinators, administrative assistance or administrator to ensure legible writing.

Attachment 6 is signature sheet from education provided.

Completion Date: 10/19/2021

Document Submission**Implemented**

Attachment 6 submitted 2600.251 b