

Department of Human Services
Bureau of Human Service Licensing

December 21, 2021

[REDACTED], PCHA
[REDACTED]
[REDACTED]
[REDACTED]

RE: QUALITY LIFE SERVICES - SUGAR
CREEK
109 PERSONAL CARE LANE
WORTHINGTON, PA, 16262
LICENSE/COC#: 42681

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2021, 09/16/2021 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: *QUALITY LIFE SERVICES - SUGAR CREEK* License #: *42681* License Expiration:
Address: *109 PERSONAL CARE LANE, WORTHINGTON, PA 16262*
County: *ARMSTRONG* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/04/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/16/2021*

Inspection Dates and Department Representative

09/15/2021 - On-Site: [REDACTED]

09/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *47* Residents Served: *23*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

09/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2021*

Inspection Dates and Department Representative (*continued*)

11/19/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/01/2021*

12/21/2021 - Document Submission

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

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract, dated [REDACTED], was not signed by the resident, nor did it indicate resident was unable/unwilling to sign.

Plan of Correction

Accept

PCHA had resident #1 immediately sign contract.

Personal Care staff were educated that residents have to sign their support plans. Support plans were audited for administrator signature, resident's signature, and payer.

PCHA or designee will complete a whole house audit on resident's support plans to ensure that support plans are signed by administrator or designee, resident, and the payer for 4 weeks and then once a month for 2 months thereafter. Audit will be reviewed and discussed during QAPI.

Please see the attached signed contract for Resident #1

Completion Date: 11/29/2021

Document Submission

Implemented

Please see the attached signed contract for Resident #1 and audit

Completion Date: 12/01/2021

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following topics:

Evacuation procedures

Staff duties during fire drills

Designated meeting place

Location and use of fire extinguishers

Smoke detectors and fire alarms

Telephone use and notification of emergency services

Plan of Correction

Accept

Staff Person A was provided the education that focused on the following topics. Staff Persons A signed off on

65a - FS Orientation 1st Day (continued)

orientation check list certifying education was provided.

- Evacuation procedures
- Staff duties and resp. during fire drills as well as during emergency evacuation
- Designated meeting place
- Location of fire extinguishers
- Smoke detectors
- Telephone uses and notification of emergency services

PCHA or designee provided education to staff that prior to first work day staff need to have an orientation that covers safety and emergency preparedness, which includes the following:

Evacuation procedures

Staff duties and resp. during fire drills as well as during emergency evacuation

Designated meeting place

Location of fire extinguishers

Smoke detectors

PCHA or designee will complete whole house audit on staff charts to ensure that staff have been oriented or educated on evacuation procedures, staff duties and resp. during fire drills as well as during emergency evacuation, designated meeting place, location of fire extinguishers and smoke detectors This audit will be for 4 weeks and then once a month for 2 months. Audit will be reviewed and discussed during QAPI.

Please see attached signed education for Staff A

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached signed education for Staff A

Completion Date: 12/01/2021

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A, hired on [redacted], has not received training within 40 hours on following topics:

Emergency medical plan

Reporting of reportable incident

Staff person B, rehired on [redacted], has not received training within 40 hours on following topics:

Emergency medical plan

Reporting of reportable incident

Plan of Correction

Accept

Staff Person A & B were immediately provided the education that focused on the following topics: Emergency

65b - Rights/Abuse 40 Hours (continued)

Medical Plan and Reporting of reportable incidents and conditions. Staff Persons A& B both signed off of these certifying that training was received.

PCHA or designee provided education to staff that prior to first work day all new hires need to have an orientation that covers emergency medical plan and reporting of reportable incidents and conditions.

PCHA or designee will complete whole house audit on staff charts to ensure that staff have been oriented/educated on emergency medical plan and reporting of reportable incidents and conditions. This audit will be for 4 weeks and then once a month for 2 months thereafter.

Please see attached signed education for both Staff A and Staff B.

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached signed education for both Staff A and Staff B.

Completion Date: 12/01/2021

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

Resident #2 has an enabler bar attached to his/her bed that has an opening of approximately 12 inches by 7 and 1/2 inches, posing an entrapment hazard.

Plan of Correction

Accept

PCHA immediately covered open area to prevent any entrapment.

All staff were provided education that all wheelchair, walkers, and other apparatus used by any resident, need to be clean, in good repair, and free of any hazard.

Facility will complete a whole house audit of all residents' assistive devices to ensure that all devices are clean, in good repair and free of hazards for 4 weeks and then once a month for 2 months thereafter. Audit will be reviewed and discussed during QAPI.

Please see picture of resident #2 enabler bar no longer having the 12 inch by 7 1/2 inch gap.

Completion Date: 11/29/2021

Document Submission

Implemented

Please see picture of resident #2 enabler bar no longer having the 12 inch by 7 1/2 inch gap.

Completion Date: 12/01/2021

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 9/15/21, there was an unlabeled spray container, approximately 1/10 full of clear liquid, in the cabinet under the

82a - Poisonous Materials (continued)

servicing area of the kitchenette, mark "Glass Cleaner." Staff indicated they could not identify the liquid in the container.

Plan of Correction

Accept

PCHA immediately removed unlabeled container from building.

Education was provided to staff documenting that all materials stored in a container must be stored in their original container with original label documenting the ingredients/contents within the container. Staff provided education on MDS sheets for each cleaning product maintained within the facility.

Periodic audits will be completed of cleaning products within facility to ensure every container has proper labeling and an updated MDS sheet for each cleaning product. Audit will be reviewed and discussed during QAPI.

Completion Date: 11/29/2021

Document Submission

Implemented

Periodic audits will be completed of cleaning products within facility to ensure every container has proper labeling and an updated MDS sheet for each cleaning product. Audit will be reviewed and discussed during QAPI.

Completion Date: 12/01/2021

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The fire door on the "Armstrong" hallway of the home does not close completely. There is an approximate 1/2 inch gap at the top of the door way. Staff indicated the carpeting and/or swelling of the wood on the door is preventing it from closing completely. Behind this door is indicated as a fire safe area when closed.

Plan of Correction

Accept

PCHA immediately contacted maintenance supervisor who came and assessed the doors. Based on assessment maintenance staff immediately corrected 1/2 gap on top of fire door and now fire door closes properly.

PCHA or designee educated staff that all floors, walls, ceilings, windows, doors and other surfaces within facility and outside facility must be clean, in good repair and free of hazards.

PCHA or designee will complete whole house audit for 4 weeks and then once a month for 2 months thereafter to ensure floors, walls, ceilings, windows, doors and other surfaces (inside and outside) are clean, in good repair and free of hazards.

Audit will be reviewed and discussed during QAPI.

Please see the attached pictures of Butler Fire Door (front and back)

Completion Date: 11/29/2021

Document Submission

Implemented

Please see the attached pictures of Butler Fire Door (front and back)

Completion Date: 12/01/2021

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 9/15/21 at 11:35 a.m., the hot water temperature at the bathroom sink in resident room #4 measured 122.9 degrees Fahrenheit.

Plan of Correction

Accept

PCHA immediately had maintenance department lower the overall temperature on the water mixing valve to 110 degrees.

Education to be provided by maintenance supervisor or designee on maintaining appropriate water temperature in all accessible areas needs to be less than 120 degrees.

Maintenance department or designee will complete daily water temperature audits on room 17. Maintenance department or designee will audit four other resident's rooms within the facility daily. Audit will be reviewed and discussed during QAPI.

Please see attached water temp. audit and picture of mixing valve.

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached water temp. audit and picture of mixing valve.

Completion Date: 12/01/2021

101j2 - Bedroom Chairs

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom #31, occupied by resident [redacted], does not have a chair.

Plan of Correction

Accept

PCHA immediately placed chair in resident [redacted] room.

Education provided by PCHA or designee to staff, that each resident's room must have a chair, pillow, bed linens and blanket, mirror, beside shelf, storage for clothing, and a working lamp to meet the resident's needs.

PCHA or designee will complete a whole house audit and check resident's rooms to ensure that resident's room have a chair, pillow, bed linens and blanket, mirror, beside shelf, storage for clothing, and a working lamp. Audits will be for 4 weeks then once a month for 2 months thereafter. Audit will be reviewed and discussed during QAPI.

Please see the attached picture of chair that was placed in Resident [redacted] room

Completion Date: 11/29/2021

101j2 - Bedroom Chairs (continued)

Document Submission

Implemented

Please see the attached picture of chair that was placed in Resident [redacted] room

Completion Date: 12/01/2021

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

1. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

The tiled shower floor in the spa room of the "Butler" hallway does not have a slip-resistant surface. The shower was open with a curtain for privacy and drains into the floor of the bathroom. The tiled floor was wet and slippery.

Plan of Correction

Accept

PCHA immediately placed non-slip resistant mat in SPA located on Armstrong Hallway.

Education provided by PCHA or designee to direct care staff stating that it's required a that non-slip resistant mats must be in each SPA/shower room to ensure resident safety.

PCHA or designee will complete audit for 4 weeks and then once a month for 2 months there after to ensure that both SPA/shower rooms have non-slip resistant mats. Audit will be reviewed and discussed during QAPI.

Please see attached picture of non-slip mat that was placed in "Armstrong Hallway"

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached picture of non-slip mat that was placed in "Armstrong Hallway"

Completion Date: 12/01/2021

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 9/15/21, the following food items were unlabeled, and undated in the freezer of the kitchen:

Clear gallon bag with nine meat patties

Clear gallon bag with six slices of bread

Clear gallon bag with approximately twenty-five biscuits

Clear gallon bag with approximately twenty bread sticks

Clear gallon bag with approximately four pounds of chicken nuggets

Plan of Correction

Accept

PCHA immediately discarded all food items that had no open date or quantity listed.

Education provided by PCHA or designee on proper food storage. Education included that all opened food items need labeled, an open date, and an expiration date.

103e - Left Overs (continued)

PCHA or designee will do kitchen audits to ensure open food products are labeled, dated, and marked for proper storage. This audit will occur three times a week for two weeks. Then once a week for two weeks, then once a month a going forward. Audit will be reviewed and discussed during QAPI.

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached "ongoing" audits for Violation 2600.103e

Completion Date: 12/01/2021

103g - Storing Food

1. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

The following food items in the freezer of the kitchen were opened and unsealed:

Clear gallon bag with nine meat patties

Clear gallon bag with six slices of bread

In addition, there was a five pound box of complete pancake mix, approximately 1/4 full, that was open and unsealed in the dry food storage area.

Plan of Correction

Accept

PCHA immediately discarded all food items due to being in unsealed containers.

Education provided by PCHA or designee on proper food storage. Education included that opened food items need to be in a closeable or sealable container and documenting the date opened and expiration date.

PCHA or designee will complete audits of dry storage, freezers, and refrigerator three times a week for two weeks. Then once a week for two weeks, then once a month audits going forward. Audit will be reviewed and discussed during QAPI.

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached audits for violation 2600.103 g

Completion Date: 12/01/2021

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #2's initial medical evaluation, dated [REDACTED], is missing resident height, weight, pulse rate, blood pressure and temperature. These areas are blank.

Plan of Correction

Accept

Resident #2 initial DME was immediately updated adding the following missing documentation; height, weight, pulse rate, blood pressure, and temp.

PCHA or designee educated staff and physicians about resident DME forms, and when being completed its required that all sections of the form is to be completed and accurate based on the time and date of the assessment. Residents DME forms will be audited for accuracy, ensuring that all areas on the DME form is completely filled out. This audit will be for one month and then quarterly thereafter. Audit will be reviewed and discussed during QAPI.

Please see attached completed DME form for resident #2

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached completed DME form for resident #2

Completion Date: 12/01/2021

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

The pharmacy label for resident #2's Glucagon does not include the prescribed dosage and instructions for administration. The label only indicates "use as directed as needed".

In addition, resident #2 is prescribed [REDACTED] solution pen injector, 100 unit/ML, inject as per sliding scale, subcutaneously three times a day as follows:

- 0-99 = 0 give orange juice to bring blood sugar over 100
- 100-150= 10 units
- 151-200= 11 units

184a - Labeling OTC/CAM (continued)

- 201-250= 12 units
- 251-300= 13 units
- 301-350= 14 units
- 351-400= 15 units
- 401-450= 16 units
- 451-500= 17 units
- over 500= administer 17 units and call MD.

However, the pharmacy label does not include the instructions from "301-350" to the end of the scale.

Plan of Correction

Accept

Staff immediately created label for resident #2 stating current prescribed [REDACTED] Scale and placed on it on resident [REDACTED] Bag where pen is kept.

PCHA or designee provided the following education to Med Tech staff: All medications for each resident that is contained in the medication cart should correlate and be on the resident's electronic medication administration report and match physician order

Staff will complete monthly medication audits on each resident to ensure that medications being administered is listed on resident's medication administration record that matches current order as prescribed by physician.

Please see attached sliding that has been placed Resident#2 Insulin Bag

Directed Plan - By 12/1/21 - The administrator or designee shall obtain a pharmacy label for Resident #2's Humalog Kwik Pen which is accurate and complete including the prescribed dosage and instructions for administration. JW 11/19/21

Completion Date: 11/29/2021

Document Submission

Implemented

Please see attached documentation. Writer also called Express Scripts (Mail Order) to have sliding scale printed and placed on the box the [REDACTED] Pens come in. Representative stated that due to scale having too many characters, this can't be done. Representative did say to writer to send script in with "new" scale on it and they will add it to the informative letter that comes in the overall package. Writer sent script to fax number. Writer still waiting on package to obtain the "informative letter" with new scale on it.

Please see attached script/order that is on the Humalog Pen Box.

Completion Date: 12/01/2021

Update: 12/21/2021

Resident #2 is no longer residing in the home.

JW 12/21/21

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:

187a - Medication Record (continued)**Description of Violation**

Resident #2 is prescribed Glucagon. However, resident's September MAR does not include this medication.

Plan of Correction**Accept**

PCHA immediately added the medication Glucagon to resident Medication Record.

PCHA or designee will audit all diabetics in facility that are prescribed "Glucagon" and ensuring that the prescribed dosage and instructions are in comments section of resident's electronic medication administration report.

PCHA or designee provided the following education to Med Tech staff: All medications for each resident that is contained in the medicine cart should correlate and be on the resident's electronic medication administration report as prescribed by physician.

Please see attached MAR for Resident #2 indicating Glucagon was added to MAR

Completion Date: 11/29/2021

Document Submission**Implemented**

Please see attached MAR for Resident #2 indicating Glucagon was added to MAR

Completion Date: 12/01/2021