

Department of Human Services
Bureau of Human Service Licensing

January 22, 2022

[REDACTED], ADMINISTRATOR

RE: THE PINES AT CLARKS SUMMIT
1300 MORGAN HIGHWAY
CLARKS SUMMIT, PA, 18411
LICENSE/COC#: 22612

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/13/2021, 10/14/2021 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: *THE PINES AT CLARKS SUMMIT* License #: 22612 License Expiration: 11/05/2022
Address: 1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411
County: LACKAWANNA Region: NORTHEAST

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/30/2016* Issued By: *South Abington Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *54* Waking Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/14/2021*

Inspection Dates and Department Representative

10/13/2021 - On-Site: [REDACTED]
10/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *43*

Secured Dementia Care Unit

In Home: *Yes* Area: *0* Capacity: *24* Residents Served: *11*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

10/13/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/27/2021*

12/13/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/20/2021*

01/22/2022 - 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

The resident-home contract, dated [REDACTED], for resident #1 was not signed by Resident #1

Plan of Correction

Accept

The contract for Resident #1 was signed by the resident's daughter and POA. We felt that the signature of the daughter/POA was sufficient to constitute a pledge by all parties to abide by the specified terms of the contract. The Department representative at the time of the inspection reviewed the best practice of documenting on the contract that the resident declined to sign the contract. The contract was updated with documentation. (See attached.) The Administrator/Designee will ensure ongoing compliance with contract signatures by reviewing completed contracts.

Plan of Correction

Implemented

Completed

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

The telephone numbers required by this regulation were not posted by the phone located in room # 106

Plan of Correction

Accept

This regulation, which requires phone numbers be posted on all phones with outgoing lines, is meant to ensure a quick response from the appropriate agency in the event of an emergency. 911 is always available. This list of numbers is routinely checked by Housekeeping to ensure each phone has the required numbers posted. Many times residents or guests remove the posted list of numbers.

The list of numbers was immediately posted by the phone in #106.

The importance of this regulation was reviewed with Housekeeping and Housekeeping will diligently monitor that the list of numbers is not missing.

Random checks will be conducted by the Director of Maintenance and/or the Executive Director.

The Administrator/Designee will monitor and ensure ongoing compliance.

Document Submission

Implemented

Completed

103g - Storing Food

1. Requirements

2600.

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

103g - Storing Food *(continued)*

Description of Violation

A half full bag of chicken pieces was located in the main freezer. The bag was opened and unsealed.

Plan of Correction

Accept

This regulation ensures that food is stored safely and protected from spoilage or infestation by insects or rodents. In this case, the chicken pieces observed were fat and bones from whole chickens that were broken up into parts. This bag was to be discarded in the dumpster. This was not for consumption. The bag was immediately thrown out. Kitchen staff were shown the opened, unsealed bag and re-instructed on the need to bring this to the Director of Food and Beverage's attention.

The Director of Food and Beverage will continue daily monitoring to ensure that all food is in closed or sealed containers.

The Executive Director will conduct random inspections to ensure compliance.

The Administrator/Designee will monitor and ensure compliance.

Document Submission

Implemented

Completed

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The freezer located in the main kitchen was found to have bag of waffles, 5 small loaves of banana bread, 2 large bags of french fries, and a 1/2 cake. None of these items had dates on them.

Plan of Correction

Accept

To ensure that food is safe for use, it is important to observe for expiration dates on food stored in the home.

If the product is not dated and the home does not have a method of conclusively determining when the food was purchased, a violation of this regulation will be cited.

Servers and kitchen staff were shown the unlabeled items and re-instructed on the importance of labeling all food when it is made and when it is removed from the original container.

The waffles, banana bread, french fries and cake were immediately thrown away to ensure resident safety.

The Director of Food and Beverage will continue daily monitoring to ensure dating and labeling of all food.

The Executive Director will conduct random inspections to ensure compliance.

The Administrator/Designee will monitor and ensure compliance with this regulation.

Document Submission

Implemented

Completed

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 medical evaluation dated 6/22/21, did not include the physicians license number, Resident #3's medical evaluation completed on 3/23/20 and 4/29/21 did not indicate residents weight.

Plan of Correction

Accept

Accurate medical information helps the home decide whether a resident's needs can be met at the home, helps the home develop accurate assessments and support plans, and ensures the residents' medical needs will be met. As the regulation states, "It is important to remember that the primary focus of this requirement is the need for residents to be evaluated by a physician, physician's assistant or certified registered nurse practitioner - NOT that a form be properly completed." The regulation does specify that "homes are responsible for ensuring that the evaluations were complete and that the DME's were filled out in their entirety."

The DME for Resident #2 was immediately updated to reflect the MD License number. The weight was not done at the time of the eval for Resident #3 and N/A was marked in that section.

The Director of Wellness will monitor and ensure that the DME is completed.

The Administrator/Designee will monitor and ensure compliance.

Document Submission

Implemented

Completed

183d - Prescription Current

1. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Zofran prescribed for resident #7 and discontinued on 1/14/21. Ibuprofen prescribed for resident #9 and discontinued on 9/8/21. Both of these medications were in the med cart on 10/14/21.

Plan of Correction

Accept

This regulation ensures that the home does not keep medications that are for residents no longer living in the home or that have been discontinued.

The discontinued medications were immediately removed from the medication cart and sent back to [REDACTED] pharmacy.

The DOW reviewed the policy of removing medication from the medication cart when a medication is discontinued with Wellness staff authorized to give medications.

The Director of Wellness will continue to ensure that staff are aware of medication policies, and that the

183d - Prescription Current (continued)

medication cart is routinely audited. The DOW will conduct random inspections to ensure compliance. The Administrator/Designee will monitor and ensure compliance.

Document Submission**Implemented**

Completed

184b - Resident's Meds Labeled**1. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

An unopened box of [REDACTED] was in the medication cart. The medication did not have a label on it, indicating which resident the medication was for.

Plan of Correction**Accept**

This regulation ensures that the home's staff persons are clear about what medications belong to what residents. The [REDACTED] was dropped off by the resident's daughter. Only 1 resident in the facility is taking this multivitamin. The staff's intention was to utilize a label maker to label the medication and had not done so. The multivitamin was immediately labeled with the resident's name. The Director of Wellness reviewed with staff responsible for medications the regulation that the medicine must be labeled with the resident's name. The DOW will conduct random inspections to ensure compliance. The Administrator/Designee will monitor and ensure ongoing compliance.

Document Submission**Implemented**

Completed

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 #5 and #6's glucometer was not calibrated to the correct time.

PRN medications for Resident #7 prescription for [REDACTED] and resident # 8 [REDACTED] and [REDACTED] was not in the medication cart.

Plan of Correction**Accept**

Policies and procedures are in place to ensure that residents' medications and medical equipment are safely stored, accessed, secured, distributed and used at the home. The Pines has developed policies and procedures to ensure that staff have been trained in medication management and administration, as well as medical equipment. This reduces the risk that medications and medical equipment will be misplaced, lost or misused. The DOW and staff supervisors routinely monitor that residents' glucometers are stored in the locked medication room in individual containers with each resident using only their glucometer, staff are trained to accurately and safely use the glucometers, and the equipment is cleaned per the manufacturer's instructions.

Although the correct times for both residents' glucometer readings were entered into their Medication Record correctly, the glucometers themselves were approximately 1 hour off of the correct time. The glucometers were

185a - Implement Storage Procedures (continued)

immediately updated with the correct time.

The Director of Wellness reviewed with nurses and Med Techs the importance of making sure the glucometers are always calibrated with the correct date and time. The DOW and staff supervisors conduct random audits of the glucometers to ensure that the regulation is met, however the incorrect time was not identified and corrected.

The DOW will conduct random reviews of glucometers to monitor for accuracy.

The Administrator/Designee will ensure ongoing compliance with these regulations.

The PRN (as needed) medications for both residents were not being used frequently. It was an oversight that these 2 medications were not in the medication cart. The DOW immediately obtained these medications from the pharmacy. After discussion with the residents' PCP's, the medications were discontinued.

The DOW will continue to ensure that medication cart audits are routinely conducted by our staff as well as onsite inspection by [REDACTED] pharmacy. The DOW will conduct random audits along with the pharmacy to ensure the regulation is being followed.

The Administrator/Designee will monitor and ensure ongoing compliance.

Document Submission

Implemented

Completed

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:

8. Frequency of administration.

Description of Violation

Resident #10's controlled substance log sheet indicates [REDACTED] prescribed [REDACTED] take 1 tablet orally 3 times a day. Patient may refuse. (DX; pain). However Medication administration record and medication card indicate the prescription is [REDACTED] take one tablet orally every 8 hours as needed for pain, moderate. Patient may refuse. (Dx- pain)

Plan of Correction

Accept

It is critical to ensure that the medication administration record (MAR) is properly used for each resident. The MAR is a record of proper medication administration. The documentation allows staff and medical personnel to know when a medication was last administered and creates a system to account for medications, especially controlled substances. In this case the MAR entry and the label on the controlled substance both matched but the log sheet in the narcotic log book did not match the current order. A change was made to the narcotic order on 10/5/21 which was reflected correctly in the MAR and the drug label, however a new label for the narcotic sign out sheet was not obtained. This oversight was reviewed with the nurses and Med Tech's by the DOW. The DOW will randomly audit the narcotic sheets, MARs and medication labels to ensure correct orders are present.

The Administrator/Designee will monitor and ensure ongoing compliance.

Document Submission

Implemented

Completed

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

Resident # 10's record does not include religion

Plan of Correction

Accept

It is important to ensure that the resident's record includes the mandatory information itemized in this regulation. Having a complete record for each resident gives the home the best possible picture of who the resident is, what the resident's history is , and what services or needs the resident may have. While the resident's RASP (resident assessment and support plan) indicates N/A (not applicable) for religion, that area in the medical record was left blank. This oversight could put the resident at risk for not having their needs met. The medical record was updated with N/A in the area for religion. This regulation was reviewed with the admissions staff.

Admissions staff will review all required information upon admission and will randomly audit charts for completeness of documentation.

The Administrator/Designee will review the resident record to ensure that required documentation is present. The Administrator/Designee will randomly audit records for missing information that is required by regulation.

Document Submission

Implemented

Completed