

Department of Human Services
Bureau of Human Service Licensing

February 16, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: TWIN CEDAR SENIOR LIVING
364 LITTLE WALKER ROAD
SHOHOLA, PA, 18458
LICENSE/COC#: 22850

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

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: *TWIN CEDAR SENIOR LIVING* License #: *22850* License Expiration: *12/20/2021*
Address: *364 LITTLE WALKER ROAD, SHOHOLA, PA 18458*
County: *PIKE* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/27/1997* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/03/2021*

Inspection Dates and Department Representative

11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *37* 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: *23*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

11/03/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2022*

Inspections / Reviews (*continued*)

01/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/21/2022*

01/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/26/2022*

02/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/17/2022*

02/16/2022 - Document Submission

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*The dumpster outside of the home had an open lid that left garbage open to infestation.***Plan of Correction****Do Not Accept***Housekeeping and kitchen staff to ensure the lid is closed on dumpster daily after each use.***Update: 01/18/2022***Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-18-2022 MM***Plan of Correction****Accept***Housekeeping and kitchen staff to ensure the lids to dumpsters are closed daily. Maintenance to check dumpsters to make sure that the lids to the dumpsters are closed daily and are in working order and closed to prevent insects and rodents.***Document Submission****Implemented***Housekeeping and Kitchen staff where reeducated to ensure dumpsters are closed after each use. Maintenance to check that dumpster lids are operational weekly. Garbage company contacted to deliver lockable lid dumpster tops. See attached.*

89d - Contaminant Level

1. Requirements

2600.

89.d. If the water is found to be above maximum contaminant levels, the home shall conduct remediation activity to reduce the level of contaminants to below the maximum contaminant level. During remediation activity, an alternate source of drinking water shall be provided to the residents.

Description of Violation*Water testing shows that coliform was present in the home's water on 10/13/2021 and 10/18/2021. The home is not providing residents with an alternative water supply until remediation efforts can be completed.***Plan of Correction****Do Not Accept***The home has adequate amount of bottled water on site. During the inspection the water supply was shown to inspector. Please see attached letter from the DEP which states the water is safe to drink. Also, the certified water operator is currently working on the application for a chlorination system and has been communicating with the DEP.***Update: 01/18/2022***Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-18-2022 MM***Plan of Correction****Accept***The home will provide alternate source of drinking water for the residents. The water is tested weekly by an outside lab to ensure it is safe to drink. The water operator has applied for a chlorination system to be installed in the home through the DEP. Maintenance and administrator to ensure water is safe to drink by reviewing testing weekly.***Update: 01/21/2022***Please send/Attach documentation regarding DEP's remediation.*

89d - Contaminant Level (continued)

Please attach most current water test indicating current coliform levels.

1-21-2022 - MM

Document Submission**Implemented**

Please see attached water test. Facility to have chlorination system installed.

103i - Outdated Food**1. Requirements**

2600.

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

Description of Violation

The activities refrigerator had food that was wrapped in foil but was not labeled or dated.

Plan of Correction**Do Not Accept**

The activities director will make sure [REDACTED] food in [REDACTED] refrigerator is labeled and dated prior to putting items in the refrigerator.

Update: 01/18/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-18-2022 MM

Plan of Correction**Accept**

Activities to ensure all food is dated and labeled daily. Activities to dispose of out-of-date food, Maintenance to check refrigerator weekly to ensure all outdated, non-dated food is being disposed of.

Document Submission**Implemented**

Activities to ensure all food is dated and labeled daily. Activities to dispose of out-of-date food, Maintenance to check refrigerator weekly to ensure all outdated, non-dated food is being disposed of.

121a - Unobstructed Egress**1. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

3 exits from the home were locked by an electronic keypad that blocked immediate egress from the home.

Plan of Correction**Do Not Accept**

There is a 15 second egress on the doors which is compliant with manufacture guidelines and with annual fire inspection.

Update: 01/18/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-18-2022 MM

Plan of Correction**Do Not Accept**

Maintenance to check the exit doors weekly to make sure the doors are activated with a 15 second egress. Maintenance to also check that the doors are automatically open with fire alarms weekly.

121a - Unobstructed Egress (continued)

Update: 01/21/2022

Plan of Correction

Directed

The locking mechanism to all the exit doors have been disengaged by the Administrator. All exits at the facility are unlocked and unobstructed. Immediate egress is in place.

Immediately - The administrator shall monitor and be responsible for ongoing compliance. 1-22-2022 - MM

Document Submission

Implemented

The Alarm company disengaged all locks on doors. This was done 01/25/2022. Please see attached.

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 1 is prescribed a PRN medication of [REDACTED] as needed that was not available on the Medical Cart at the time of inspection.

Plan of Correction

Do Not Accept

The head medication aide is to ensure all medications are received from the pharmacy that are on the MAR. The medication Cart is to be checked weekly to ensure medications and orders are in compliance. This is to be done by the nurse and head medication aide.

Update: 01/18/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-18-2022 MM

Plan of Correction

Accept

The medication cart will be audited weekly by the lead medication aide and nurse to ensure self-storage, access, security and distribution. Medication aides will be reeducated on the policy and procedures of storage procedures of medications.

Update: 01/21/2022

Please send/Attach proof of staff education. 1-21-22 MM

Document Submission

Implemented

See attached