

Department of Human Services
Bureau of Human Service Licensing

July 14, 2022

[REDACTED], ADMINISTRATOR

RE: OUR HOME OF HOPE
223-225 CHERRY STREET
COLUMBIA, PA, 17512
LICENSE/COC#: 33322

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2021, 11/10/2021 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 - PUBLIC

Facility Information

Name: *OUR HOME OF HOPE* License #: *33322* License Expiration: *06/13/2022*
Address: *223-225 CHERRY STREET, COLUMBIA, PA 17512*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *OUR HOME OF HOPE INC*
Address: *223-225 CHERRY STREET, COLUMBIA, PA, 17512*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/14/1994* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *27* Waking Staff: *20*

Inspection Information

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

Inspection Dates and Department Representative

11/09/2021 - On-Site: [REDACTED]
11/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *27*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26* Are 60 Years of Age or Older: *9*
Diagnosed with Mental Illness: *15* Diagnosed with Intellectual Disability: *6*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

11/09/2021 - Full

Lead Inspector: *Laura Heemer* Follow-Up Type: *POC Submission* Follow-Up Date: *05/07/2022*

Inspections / Reviews (*continued*)

05/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/02/2022*

06/08/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/15/2022*

07/14/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

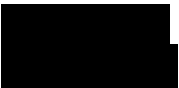
1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 11/1/2021 at 7:00 AM the following medications were not administered to Resident 1 because they were not available in the home to administer:



The home did not send an incident report to the Department regarding these medication errors as required.

Plan of Correction

Accept

- * Since 11/12/2021, Administrator or designated person will be checking electric MAR bi-monthly on all medications to ensure that medications are available per PCP orders.
- * Administrator or designated person will ensure that an incident report(s) is completed within 24 hours
- * Administrator or designated person will re-train Med Tech about Five Rights on administering medications.
- * Administrator will review incident reports during OHOH QA quarterly meeting.

Completion Date: 06/30/2022

Document Submission

Implemented

- * Since 11/12/2021, Administrator or designated person will be checking electric MAR bi-monthly on all medications to ensure that medications are available per PCP orders.
- * Administrator or designated person will ensure that an incident report(s) is completed within 24 hours
- * Administrator or designated person will re-train Med Tech about Five Rights on administering medications.
- * Administrator will review incident reports during OHOH QA quarterly meeting.

26a - Quality Management Plan

1. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's last Quality Management Meeting took place on 6/10/2020.

Plan of Correction

Accept

- Since 11/11/2021 Our Home of Hope Administrator is working to establish a Quality Management Plan to include the reportable incident/ condition reporting procedures, Complaint procedures, Staff person training, Licensing violations and plan of correction, and Resident and Family Councils.
- Administrator will review policy and procedure, meetings, and basic guidelines for QA for DHS quarterly. This will ensure that OHOH has a systemic tool for identifying and addressing problems with care/ management of the home.
- Administrator will be reviewing Quality Management plan during OHOH QA quarterly meeting.

Completion Date: 06/30/2022

26a - Quality Management Plan (continued)

Document Submission

Implemented

- Since 11/11/2021 Our Home of Hope Administrator is working to establish a Quality Management Plan to include the reportable incident/ condition reporting procedures, Complaint procedures, Staff person training, Licensing violations and plan of correction, and Resident and Family Councils.
- Administrator will review policy and procedure, meetings, and basic guidelines for QA for DHS quarterly. This will ensure that OHOH has a systemic tool for identifying and addressing problems with care/ management of the home.
- Administrator will be reviewing Quality Management plan during OHOH QA quarterly meeting.

60a - Staff/Support Plan

1. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

Description of Violation

On 10/30, 11/7, and 11/8 from 10pm until 6am there were no staff members working with medication administration training. The home has residents who may require the emergency administration of medications, including Resident 2, who has a prescription for Narcan for an opioid overdose and Resident 3 who has a prescription for Nitroglycerin for chest pain.

Plan of Correction

Accept

- Since Sept of 2021 Our Home of Hope Administrator has been working to complete Medication Administration Train the Trainer and on 2/3/2022 the training was completed.
- * Administrator or designated person will complete training process of implementing the staff to Medication Administration training on-line program started process 5/30/2022.
- * Administrator or designated person to monitor every 12 months to ensure compliance. This will ensure that there are sufficient staff persons on duty at all times to meet resident’s needs.
- *Administrator will be reviewing the training process during QA quarterly meeting.

Completion Date: 05/30/2022

Document Submission

Implemented

- Since Sept of 2021 Our Home of Hope Administrator has been working to complete Medication Administration Train the Trainer and on 2/3/2022 the training was completed.
- * Administrator or designated person will complete training process of implementing the staff to Medication Administration training on-line program started process 5/30/2022.
- * Administrator or designated person to monitor every 12 months to ensure compliance. This will ensure that there are sufficient staff persons on duty at all times to meet resident’s needs.
- *Administrator will be reviewing the training process during QA quarterly meeting.

63a - First Aid/CPR Training

1. Requirements

2600.

63a - First Aid/CPR Training (continued)

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On Saturday 10/30/21 there were no staff with current CPR and First Aid working from 2:00 PM – 10:00 PM or on the overnight shift from 10:00 PM – 6:00 AM.

On Sunday 11/7/21 there were no staff with current CPR and First Aid working from 6:00 AM – 2:00 PM or from 10:00 PM – 6:00 AM.

On Monday 11/8/21, there were no staff working from 2:00 PM – 10:00 PM or from 10:00 PM – 6:00 AM with current CPR and First Aid.

Plan of Correction

Accept

- * On 5/7/2022 all current staff will have completed and will be compliant with CPR training at OHOH with American Red Cross.*
- * During new employee hiring process Administrator or designated person will review and ensure certification is completed within 30 days of hire date.*
- * Administrator will ensure that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to two different emergency situations at the same time. This process will be ongoing, the Administrator or designated person will review monthly via a spreadsheet.*
- Administrator will review process during QA quarterly meeting.*

Completion Date: 05/30/2022

Document Submission

Implemented

- * On 5/7/2022 all current staff will have completed and will be compliant with CPR training at OHOH with American Red Cross.*
- * During new employee hiring process Administrator or designated person will review and ensure certification is completed within 30 days of hire date.*
- * Administrator will ensure that staff are appropriately trained to respond to an emergency, and that there are sufficient numbers of qualified staff to respond to two different emergency situations at the same time. This process will be ongoing, the Administrator or designated person will review monthly via a spreadsheet.*
- Administrator will review process during QA quarterly meeting.*

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

In the 2nd floor bathroom on the left side of the home next to bedroom 208 – at 9:50 AM, the temperature of the hot water at the bathroom sink measured 149 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

The water at the 1st floor bathroom sink on the lower level of the home (across from bedroom 106) measured 145 degrees Fahrenheit at 9:55 AM.

The water at the sink of the bathroom across from bedroom 204 measures 124 degrees Fahrenheit at 10:15 AM.

Plan of Correction**Accept**

* Our Home of Hope Administrator or designated person on 11/10/2021 evaluated and lowered hot water temperature and from there, Administrator did develop a daily temperature log.

* As of 11/10/2021 The designated person will maintain temperature log in a binder and water checks will be done randomly. This will ensure that OHOH water supply temperature is sufficient to meet residents need(s) for hygiene and comfort.

*Administrator will be reviewing temperature log during QA quarterly meeting.

Completion Date: 05/30/2022

Document Submission**Implemented**

* Our Home of Hope Administrator or designated person on 11/10/2021 evaluated and lowered hot water temperature and from there, Administrator did develop a daily temperature log.

* As of 11/10/2021 The designated person will maintain temperature log in a binder and water checks will be done randomly. This will ensure that OHOH water supply temperature is sufficient to meet residents need(s) for hygiene and comfort.

*Administrator will be reviewing temperature log during QA quarterly meeting.

124 - Notice to Fire Department**1. Requirements**

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction**Accept**

* On 3/15/2022 Our Home of Hope Administrator sent a letter to [REDACTED] Borough Fire Chief and Code Enforcement Officer

*Administrator included in the letters: The total capacity of the home, description of the general layout, and

124 - Notice to Fire Department (continued)

general description of the mobility needs. This will ensure the Fire Department will be able to evacuate residents quickly in an emergency.

- On 4/16/2022 Code Enforcement officer did a walk thru of OHOH
- On 6/2/2022 Fire Drill and Employee's Fire Extinguisher training was completed.

*Administrator will be reviewed during QA quarterly meeting.

Completion Date: 06/02/2022

Document Submission

Implemented

* On 3/15/2022 Our Home of Hope Administrator sent a letter to Columbia Borough Fire Chief and Code Enforcement Officer

*Administrator included in the letters: The total capacity of the home, description of the general layout, and general description of the mobility needs. This will ensure the Fire Department will be able to evacuate residents quickly in an emergency.

- On 4/16/2022 Code Enforcement officer did a walk thru of OHOH
- On 6/2/2022 Fire Drill and Employee's Fire Extinguisher training was completed.

*Administrator will be reviewed during QA quarterly meeting.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

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 4's medical evaluation dated [REDACTED] is not signed by the physician and does not include the resident's height, weight, pulse rate, blood pressure or a medication list.

Plan of Correction

Accept

- By 6/30/2022 Our Home of Hope Administrator or designated person will ensure compliance by completing an audit on DME's to ensure every box is checked, then after that a quarterly audit will be done to ensure compliance.
- Ongoing process Administrator or designated person will review DME prior to admission to OHOH, this will ensure accurate, updated medical information and will help OHOH in deciding whether a resident's needs can be met at Our Home of Hope.

* Administrator will review process during QA quarterly meeting.

Completion Date: 06/30/2022

141a 1-10 Medical Evaluation Information (continued)

Document Submission**Implemented**

- By 6/30/2022 Our Home of Hope Administrator or designated person will ensure compliance by completing an audit on DME's to ensure every box is checked, then after that a quarterly audit will be done to ensure compliance.
 - Ongoing process Administrator or designated person will review DME prior to admission to OHOH, this will ensure accurate, updated medical information and will help OHOH in deciding whether a resident's needs can be met at Our Home of Hope.
- * Administrator will review process during QA quarterly meeting.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's current medical evaluation is dated [REDACTED]. Resident 1's previous medical evaluation is dated [REDACTED]

Plan of Correction**Accept**

- On [REDACTED] Our Home of Hope Administrator or designated person will audit medical record (s) monthly and will ensure compliance of the medical evaluations.
 - Since [REDACTED] Administrator or Designated person will ensure medical evaluation(s) completion is done annually. This will ensure that the home has an accurate assessment and support plan and can continue to meet the needs of the resident.
- * Administrator will review medical evaluation audit during OHOH QA quarterly meeting.

Completion Date: 06/30/2022**Document Submission****Implemented**

- On 11/11/2021 Our Home of Hope Administrator or designated person will audit medical record (s) monthly and will ensure compliance of the medical evaluations.
 - Since 11/11/2021 Administrator or Designated person will ensure medical evaluation(s) completion is done annually. This will ensure that the home has an accurate assessment and support plan and can continue to meet the needs of the resident.
- * Administrator will review medical evaluation audit during OHOH QA quarterly meeting.

183c - Refrigerated Meds Locked

1. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

The medications refrigerator located in the medication administration area is an open room between the dining room and kitchen. The medication refrigerator is not locked and is accessible to anyone in the home.

183c - Refrigerated Meds Locked (continued)

Plan of Correction

Accept

* As of 11/12/2021 Our Home of Hope Medication Administrator or designated person will ensure all stored medications will be placed in a locked box only accessed by Medication Administrator's. Administrator has also developed a temperature log sheet to be completed daily by Medication Administrator.

• As of 11/12/2021 Our Home of Hope Administrator or Designated person will ensure all refrigerated medications will be safe from contamination, spillage, theft, or misuse of the medications by residents who cannot self-administer medications, are placed in a locked box and placed in the refrigerator.

* Administrator will review medication are in a locked container and refrigerator log sheet during OHOH QA quarterly meeting.

Completion Date: 11/12/2021

Document Submission

Implemented

* As of 11/12/2021 Our Home of Hope Medication Administrator or designated person will ensure all stored medications will be placed in a locked box only accessed by Medication Administrator's. Administrator has also developed a temperature log sheet to be completed daily by Medication Administrator.

• As of 11/12/2021 Our Home of Hope Administrator or Designated person will ensure all refrigerated medications will be safe from contamination, spillage, theft, or misuse of the medications by residents who cannot self-administer medications, are placed in a locked box and placed in the refrigerator.

* Administrator will review medication are in a locked container and refrigerator log sheet during OHOH QA quarterly meeting.

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:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

The medication administration record for Resident 1 does not include a diagnosis or purpose for Resident 1's prescribed [REDACTED].

The medication administration record for Resident 4 does not include a diagnosis or purpose for Resident 4's [REDACTED] or [REDACTED].

Plan of Correction

Accept

*On 11/12/2021 Our Home of Hope Administrator contacted Pharmacy manager and medication diagnosis codes were updated and corrected on 11/12/2021 by Pharmacy Manager.

• On 11/12/2021 and ongoing Our Home of Hope Administrator contacted facility pharmacy manager and they will be doing a monthly electronic MAR audit to ensure diagnosis are list with each medication(s) are administered as prescribed.

187a - Medication Record (continued)

* On 11/12/2021 Our Home of Hope Administrator or designated person is going to do a quarterly electronic audit to ensure the diagnosis are listed with each medication (s) are administered as prescribed, and to ensure this does not occur again.

* Administrator will review process during OHOH QA quarterly meeting.

Completion Date: 11/12/2021

Document Submission

Implemented

*On 11/12/2021 Our Home of Hope Administrator contacted Pharmacy manager and medication diagnosis codes were updated and corrected on 11/12/2021 by Pharmacy Manager.

• On 11/12/2021 and ongoing Our Home of Hope Administrator contacted facility pharmacy manager and they will be doing a monthly electronic MAR audit to ensure diagnosis are list with each medication(s) are administered as prescribed.

* On 11/12/2021 Our Home of Hope Administrator or designated person is going to do a quarterly electronic audit to ensure the diagnosis are listed with each medication (s) are administered as prescribed, and to ensure this does not occur again.

* Administrator will review process during OHOH QA quarterly meeting.

187d - Follow Prescriber's Orders

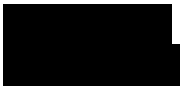
1. Requirements

2600.

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

Description of Violation

On 11/1/2021 at 7:00 AM the following medications were not administered to Resident 1 because they were not available in the home to administer:



Plan of Correction

Accept

* On 5/30/2022 and ongoing Our Home of Hope Administrator or designated person will be checking electric MAR bi- monthly that will ensure compliance.

* On 6/10/2022 Administrator will review training modules with current Med Tech(s). This training will re-educate staff, and will ensure that residents receive medications and treatments as ordered by a physician

* Administrator will review process during OHOH QA quarterly meeting.

Completion Date: 06/30/2022

Document Submission

Implemented

* On 5/30/2022 and ongoing Our Home of Hope Administrator or designated person will be checking electric MAR bi- monthly that will ensure compliance.

* On 6/10/2022 Administrator will review training modules with current Med Tech(s). This training will re-educate staff, and will ensure that residents receive medications and treatments as ordered by a physician

* Administrator will review process during OHOH QA quarterly meeting.

187d - Follow Prescriber's Orders (continued)

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A administers medications to residents of the home, however, Staff Person A hasn't received medication administration observations since 6/8/20.

Plan of Correction

Accept

* On Sept of 2021 Our Home of Hope Administrator was in the process of completing Train the Trainer Certification and it was completed 2/3/2022.

- As of 6/30/2022 The administrator will audit and complete quarterly med pass supervision to be in compliant with DHS. This will ensure staff persons will be trained in the proper procedures to safely and correctly administer medications to residents.
- Administrator will review process during OHOH QA quarterly meeting.

Completion Date: 06/30/2022

Document Submission

Implemented

* On Sept of 2021 Our Home of Hope Administrator was in the process of completing Train the Trainer Certification and it was completed 2/3/2022.

- As of 6/30/2022 The administrator will audit and complete quarterly med pass supervision to be in compliant with DHS. This will ensure staff persons will be trained in the proper procedures to safely and correctly administer medications to residents.
- Administrator will review process during OHOH QA quarterly meeting.

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

The support plan for Resident 1, dated [REDACTED] does not include the home's plan for Resident 1's needs regarding [REDACTED] and Resident 1's prescription for [REDACTED] or the plan for the Residents needs regarding the Resident's diagnoses of [REDACTED]

227d - Support Plan Medical/Dental (continued)

The home's support plan for Resident 4 does not include a plan for Resident 4's needs for securing and using transportation, managing finances, making or keeping appointments or writing correspondence.

Plan of Correction**Accept**

* Our Home of Hope corrected Resident #1 Support Plan by updating RASP and DME to reflect missed diagnoses and to ensure compliance.

- As of 11/12/2021 Our Home of Hope Administrator or designated person has been reviewing RASP monthly to ensure the RASP is specific with the DME and in compliance with DHS.
- Ongoing since 11/12/2021 In the review process both the RASP and the DME need to match. This will ensure that each resident's needs are met and as those needs change OHOH will be able to meet those needs, and that accountability for meeting those needs are firmly established by facility.
- Administrator will review process during OHOH QA quarterly meeting.

Completion Date: 06/30/2022

Document Submission**Implemented**

* Our Home of Hope corrected Resident #1 Support Plan by updating RASP and DME to reflect missed diagnoses and to ensure compliance.

- As of 11/12/2021 Our Home of Hope Administrator or designated person has been reviewing RASP monthly to ensure the RASP is specific with the DME and in compliance with DHS.
- Ongoing since 11/12/2021 In the review process both the RASP and the DME need to match. This will ensure that each resident's needs are met and as those needs change OHOH will be able to meet those needs, and that accountability for meeting those needs are firmly established by facility.
- Administrator will review process during OHOH QA quarterly meeting.