

Department of Human Services
Bureau of Human Service Licensing

April 15, 2022

[REDACTED], VP OF PC & CORPORATE COMPLIANCE
[REDACTED]
[REDACTED]
[REDACTED]

RE: STONERIDGE POPLAR RUN
450 EAST LINCOLN AVENUE
MYERSTOWN,, PA, 17067
LICENSE/COC#: 30899

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/18/2021 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: *STONERIDGE POPLAR RUN* License #: *30899* License Expiration: *09/11/2022*
Address: *450 EAST LINCOLN AVENUE, MYERSTOWN,, PA 17067*
County: *LEBANON* Region: *CENTRAL*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *11/04/1993* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *26* Waking Staff: *20*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/18/2021*

Inspection Dates and Department Representative

11/18/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* Residents Served: *25*

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: *25*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

11/18/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/19/2021*

Inspections / Reviews (*continued*)

04/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/19/2022*

04/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the home does not include tweezers and eye coverings as required.

Plan of Correction

Accept

The facility replaced the tweezers and eye covering into the first aid kit (date of inspection).

The facility reviewed all emergency first aid kits and their contents. No missing items were noted.

The facility reeducated personal care staff on the regulation related to first aid kit contents(date of inspection).

The facility will audit first aid kit contents monthly to insure contents are intact. Missing items will be replaced and audit findings will be documented on the first aid kit quality assurance log.

Completion Date: 01/18/2022

Document Submission

Implemented

All steps have been 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

On 11/18/2021, the following expired medications were found in Medication Cart AB:

The PRN [redacted] prescribed for Resident #1 had expired on 07/13/21 and 08/31/21, respectively.

On 11/18/2021, the following expired medications were found in Medication Cart BC:

The PRN [redacted] prescribed for Resident #2 had expired on 09/23/21.

The PRN [redacted] prescribed for Resident #3 had expired on 10/20/21 and 11/11/21 respectively.

Plan of Correction

Accept

Expired resident medication for residents 1, 2 and 3 were removed from the medication cart and disposed of according to facility policy.

The facility completed a review of the medication carts for additional expired medications, no additional expired medications were identified.

The facility reeducated personal care staff on the regulation related to storage of current prescription medications.

The facility will audit the medication carts monthly for outdated medications and record the audit findings on the medication cart review log.

Completion Date: 01/18/2022

Document Submission

Implemented

All steps have been 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

On 11/07/21 at 3:49 pm, the glucometer reading for Resident #2 shows [REDACTED] However, a reading of [REDACTED] as entered in the Medication Administration Report (MAR).

Plan of Correction

Accept

The glucometer reading documented for resident 2 on the medication administration report for January 7, 2021 at 3:49 PM was corrected on the medication record with a late entry noting the correct reading of [REDACTED] The facility completed a glucometer review of all current residents who are ordered glucometer checks to insure glucometer readings are documented on the resident's medication administration record and match the glucometer machine reading for that resident. Variances were addressed and recorded on the facility audit log. The facility reeducated personal care staff on the policy and procedure for safe storage, access, security, distribution and use of medical equipment. The facility will audit glucometer check machines and the resident's medication administration record to insure documentation matches glucometer readings. Audits will be completed every evening and audit findings and any corrective action required recorded on the facility quality assurance monitoring log.

Completion Date: 01/18/2022

Document Submission

Implemented

All steps have been completed

227c - Support Plan Revision

1. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #2's previous and current assessments were completed on [REDACTED] and [REDACTED] The resident has an enabler bar on the side of the bed. However, the resident's support plan does not mention either the need for an enabler bar or that any education was provided for the need / use of the enabler bar.

Plan of Correction

Accept

Resident 2's support plan was updated to reflect the use of an enabler bar when in bed. The facility completed a review of all residents beds for use of enabler bars and support plans outlining the enabler bar use. No variances were identified. The facility reeducated personal care staff on the policy related to enabler bar use and completion of the support plan to incorporate the enabler bar and resident needs. The facility will complete a review of residents utilizing enabler bars when in bed and completion of the support plan monthly. Audit findings will be recorded on the facility monthly quality assurance tracking log noting the outcome of that review and the corrective action implemented if required.

Completion Date: 01/18/2022

Document Submission

Implemented

All steps have been completed