



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [director@ehlakes.net]

MAILING DATE: 11/18/22

[REDACTED]
EMBASSY MERCER LLC
[REDACTED]
[REDACTED]

RE: THE LAKES AT JEFFERSON
7271 WEST MARKET STREET
MERCER, PA, 16137
LICENSE/COC#: 45151

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on 11/30/21 and 12/1/21 of the above facility, we have determined that your submitted plan of correction is not fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

[REDACTED]
Human Services Licensing Supervisor

Enclosure
<Licensing Inspection Summary>

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *THE LAKES AT JEFFERSON* License #: *45151* License Expiration: *08/04/2022*
Address: *7271 WEST MARKET STREET, MERCER, PA 16137*
County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *EMBASSY MERCER LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *06/01/2017* Issued By: *Jefferson County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Incident* Exit Conference Date: *12/15/2021*

Inspection Dates and Department Representative

11/30/2021 - On-Site: [REDACTED]
12/01/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *69* Residents Served: *43*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *41*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

11/30/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/02/2022*

02/08/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/16/2022*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/15/2022*

04/29/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/16/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/20/2022*

11/18/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *08/16/2022*
Reviewer: [REDACTED] Follow-Up Type:

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Clean Indoor Air Act, enacted 9/11/08, requires public places to post signs where smoking is regulated by this act. The home does not permit smoking; however, on 11/30/21, there were no signs posted at the home's entrances that indicate "No Smoking".

POC Submission

Accept

The homes maintenance person placed no smoking signs on all four of the facility entrance doors. (Picture of the signs are included in the attachment.) The home administrator over looked that the signs were not posted outside of the facility entrances.

The homes maintenance person will conduct a weekly audit of the no smoking signs to confirm that the no smoking signs are still attached to the four entrance doors.

The checklist audit will submitted to the administrator monthly. The first weekly check will be during the week of 12/27/2021.

Licensee's Proposed Overall Completion Date: 12/29/2021

Document Submission

Implemented - 11/18/2022)

Licensee's Proposed Overall Completion Date: 12/29/2021

63d - Certified CPR Staff

2. Requirements

2600.

63.d. A staff person who is trained in first aid or certified in obstructed airway techniques or CPR shall provide those services in accordance with his training, unless the resident has a do not resuscitate order.

Description of Violation

On /21, at approximately a.m., resident #1 was found unresponsive, lying on the floor in room, by direct care staff persons A and B. Staff person A, who is trained in first aid and certified in obstructed airway techniques and CPR, began to administer chest compressions; however, no staff, including staff person A, continued the procedure until seeing an obvious sign of life, obtaining an AED, or relinquishing this service to a trained responder or EMS personnel, in accordance with CPR training.

POC Submission

Directed

Director of wellness immediately marked every resident closet inside with a DNR or full code status sticker. Every medical chart is marked with a DNR or full code status sticker. All staff has a walkie talkie for communication purposes. All staff will be in serviced on 2/18/22 staff meeting by the administrator. Medtech will monitor all DNR/full code stickers on charts and in rooms weekly for 6 months and submit the results to the director of wellness for review.

(Directed)

By 5/9/22, all staff persons will be reeducated on the current life-saving measures that are to be administered for each resident and all staff persons will be educated when the life-saving measures for a resident change.

63d - Certified CPR Staff (continued)

Documentation of education will be submitted to the Department.
(AD 4/29/22)

Directed Completion Date: 02/18/2022

Document Submission

Implemented () - 11/18/2022

Licensee's Proposed Overall Completion Date: 02/18/2022

141a - Medical Evaluation

3. 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.

Description of Violation

A medical evaluation was not completed for resident #1, admitted on [REDACTED] 21.

POC Submission

Directed

All medical charts were checked by director of wellness for completion. Director of wellness will complete all medical evaluations within 60 days prior to within 30 days after admission. Charts will be checked monthly for completion and reviewed at monthly QA meeting Nursing staff will be in serviced on 2/18/2022 staff meeting on medical evaluations by the DOW. Medical Director will be in the building every second Wednesday of the month for new admissions medical evaluations. This process started on 2/9/2022 and will continue monthly forward. DOW to monitor charts and submit for monthly QA meeting for review to the administrator.

(Directed) By 5/7/22, resident #1 will have a medical evaluation completed by a physician, physician's assistant or certified registered nurse practitioner. () 4/27/22

Directed Completion Date: 02/09/2022

Document Submission

Implemented () - 11/18/2022

CTB

Licensee's Proposed Overall Completion Date: 02/09/2022

141b1 - Annual Medical Evaluation

4. Requirements

2600.

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

Description of Violation

Resident #2's most recent medical evaluation was completed on [REDACTED] /20. There was no documentation indicating the medical exam could be postponed.

POC Submission

Accept

Resident #2 Medical evaluation and face to face was completed on [REDACTED] /2021 by Dr [REDACTED]. Director of wellness will monitor all charts every month for completion and review at monthly QA Nursing staff will be in serviced on

141b1 - Annual Medical Evaluation (continued)

2/18/22 on medical evaluations and time frames. Medical Director will be in the building every second Wednesday of the month to complete medical evaluations. Director of wellness will monitor all charts monthly for completion of annual medical evaluations. The attached form will be used starting immediately for all current and new residents.

Licensee's Proposed Overall Completion Date: 02/18/2022

Document Submission

Implemented (█) - 11/18/2022)

Licensee's Proposed Overall Completion Date: 08/16/2022

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #3 is prescribed █; however, on █/21, the medication was open and undated.

POC Submission

Accept

Resident # 3 █ was immediately removed from med cart and disposed of. All staff was in-serviced on opening, dating, storing, and disposal of expired insulin by the director of wellness. Director of wellness will check medication carts insulin monthly and review at monthly QA meetings.

Licensee's Proposed Overall Completion Date: 01/03/2022

Document Submission

Implemented (█) - 11/18/2022)

Licensee's Proposed Overall Completion Date: 01/03/2022

185a - Implement Storage Procedures

6. 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 the following dates and times, resident #3's blood sugar readings on █ glucometer did not match the blood sugar readings documented on the resident's November 2021 medication administration record (MAR):

Date	Time	Glucometer reading	MAR
█/21	noon	█	no reading
█/21	5 pm	█	█
█/21	5 pm	no reading	█

POC Submission

Accept

Resident # 3 Director of wellness in-serviced all medtechs on glucometer meters, date, time, and documentation. Director of wellness will monitor glucometers date and time daily along with mar documentation for 30 days then monthly for 6 months, and review at Monthly QA meetings

Licensee's Proposed Overall Completion Date: 01/03/2022

Document Submission

Implemented (█) - 11/18/2022)

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 08/16/2022

187b - Date/Time of Medication Admin.

7. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 is prescribed [REDACTED] Inject 16 units subcutaneously at bed time. However, the medication is not documented as administered on the resident's [REDACTED] MAR on the following dates: [REDACTED]/21, [REDACTED]/21, [REDACTED]/21, and [REDACTED]/21.

POC Submission

Directed

Director of wellness will monitor medication administration mars daily for 30 days and then monthly for 6 months and review findings at the monthly QA meeting. The nursing staff will be in serviced by the director of wellness on 2/18/22 on Mar/Tar documentation. Medtech Regina King will monitor mars/tars weekly and report finding to the Director of wellness for review. This process was started on 1/31/22 mars/tars. **(Directed)** Documentation will be submitted to the Department. ([REDACTED] 4/27/22)

Directed Completion Date: 01/31/2022

225a - Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An initial assessment was not completed for the following residents:

- Resident #1, admitted [REDACTED]/21
- Resident #3, admitted [REDACTED]/21
- Resident #4, admitted [REDACTED]/21

POC Submission

Accept

All Charts reviewed by the director of wellness. All missing initial assessments are currently being completed by the director of wellness and will be completed by 01/31/2022., reviewed at Monthly QA meeting. All new residents will have an initial assessment completed within 15 days of admission. Resident #1 CTB, no initial assessment able to be completed. Resident #3 and #4 completed and attached All nursing staff will be in serviced on 2/18/22 staff meeting on the initial assessments . All charts were checked for accuracy and completion, going forward initial assessments will be checked monthly by the director of wellness and the attached form will be used with every current and new resident.

Licensee's Proposed Overall Completion Date: 02/18/2022

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (*continued*)

1. Annually.

Description of Violation

Resident #2's most recent assessment was completed on [REDACTED]/20.

Resident #5's most recent assessment was completed on [REDACTED]/20.

POC Submission**Accept**

Resident #2 DME completed on [REDACTED] 2021, annual assessment completed on [REDACTED]/2021 Resident #5 annual assessment completed on [REDACTED]/2021. All assessment will be checked by the director of wellness monthly for 6 months and reviewed at monthly QA meeting. All nursing staff will be in serviced on 2/18/22 on annual assessments. Medical Director Doctor Chatha will complete annual assessments. Charts will be checked monthly for accuracy and completion, the attached form will be utilized for all current and new residents.

Licensee's Proposed Overall Completion Date: 02/18/2022

Document Submission**Implemented [REDACTED] - 11/18/2022)**

Licensee's Proposed Overall Completion Date: 08/16/2022

227a - Support Plan 30 Days

10. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

An initial support plan was not completed for resident #1, admitted [REDACTED] 21, or for resident #3, admitted [REDACTED]/21.

Resident #2's most recent support plan was completed [REDACTED]/20.

POC Submission**Accept**

Director of wellness reviewed all medical charts for completion of support plans. Resident # 2 support plan completed on [REDACTED]/2021. Resident #3 support plan completed on [REDACTED]/2021. Resident #1 CTB, no support plan able to be completed, however all new admission will have a support plan within 30 days of admission by the Director of wellness. All nursing staff will be in serviced by the director of wellness at the staff meeting on 2/18.22 on initial support plan. The attached form will be utilized for all current and new residents by the director of wellness.

Licensee's Proposed Overall Completion Date: 02/18/2022

227c - Support Plan Revision

11. 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 #5's most recent assessment was completed on [REDACTED]/20; however, the resident's most recent support plan was not completed until [REDACTED]/20.

POC Submission**Accept**

All support plans will be current and up to date by 01/31/2022 by the director of wellness. All future support plans

227c - Support Plan Revision (continued)

will be completed within 30 days of admission. All medical charts will be checked monthly by the director of wellness for completion of support plans on time and reviewed in the monthly QA meeting. All nursing staff will be in serviced on 2/18/22 on annual assessments. The attached form will be utilized for all residents current and new by the director of wellness.

Licensee's Proposed Overall Completion Date: 02/18/2022

Document Submission

Implemented () - 11/18/2022)

Licensee's Proposed Overall Completion Date: 08/16/2022

252 - Record Content**12. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #1 passed away in the home on resident #1's date of death; however, the resident's record does not include a copy of the official death certificate.

POC Submission

Accept

The homes nurse and administrator failed to obtain a death certificate for resident #1, who passed away in the home.

The home administrator contacted the funeral home on [REDACTED] 21 and obtained a copy of residents #1 certification of death certificate. (copy of the death certificate attached.)

A copy of the death certificate was stapled to residents #1 resident file on [REDACTED]/2021.

If a resident death occurs in the home it will be the responsibility of the administrator or designee to contact the funeral home within 72 hours requesting the funeral home to e mail a copy of the death certificate when the certificate is obtained by the funeral home.

The home administrator will be responsible to make sure the death certificate is obtained and placed in the residents file. There will be an audit form recording all residents deaths and to see if a death certificate was need to be obtained.

Licensee's Proposed Overall Completion Date: 12/22/2021

Document Submission

Implemented () - 11/18/2022)

Licensee's Proposed Overall Completion Date: 08/16/2022