

Department of Human Services
Bureau of Human Service Licensing

January 13, 2022

[REDACTED], EXECUTIVE DIRECTOR

RE: BLUE BELL PLACE
777 DEKALB PIKE
BLUE BELL, PA, 19422
LICENSE/COC#: 13280

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/06/2021, 12/07/2021 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: BLUE BELL PLACE License #: 13280 License Expiration: 09/11/2022
Address: 777 DEKALB PIKE, BLUE BELL, PA 19422
County: MONTGOMERY Region: SOUTHEAST

Administrator

[REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/16/2000 Issued By: Commonwealth of PA&LI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 75 Waking Staff: 56

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 12/07/2021

Inspection Dates and Department Representative

12/06/2021 - On-Site: [REDACTED]

12/07/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 99 Residents Served: 52

Secured Dementia Care Unit

In Home: Yes Area: Pathways Capacity: 30 Residents Served: 14

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 51
Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 23 Have Physical Disability: 1

Inspection Dates and Department Representative (*continued*)

Inspections / Reviews

12/06/2021 - Full

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

01/04/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/07/2022*

01/13/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 7/9/21, resident#1 made a bet with staff member A. Resident #1 bet \$100 that the song "When Doves Cry" was covered by another artist beside Prince. Staff member A provided proof that the song was an original song by Prince and no other artist had sung the song. Resident #1 lost the bet and paid \$100 to staff member A. Staff member A took the \$100 from resident #1. The home's internal investigation concluded that the exchange occurred.

Plan of Correction

Accept

All staff will be re-educated on Residents' Rights, Mandatory Abuse Reporting and resident abuse December 8, 2021, upon hire and twice a year. To prevent future violations of this nature, ongoing education will be provided for all staff on Residents' Rights, Mandatory Abuse Reporting and resident abuse upon hire and bi-annually during Town Hall meetings. Residents are informed regularly of their rights (upon admission as well as during resident council). Residents will be encouraged to report promptly when someone is not treating them respectfully. The resident care director, nursing supervisors, program director and all other supervisors/managers will communicate weekly with individual residents and ask whether they are being treated well by staff. Any complaints will be reviewed at morning meeting, addressed promptly and appropriate re-education will be conducted.

Document Submission

Implemented

Please see attached training documentation.

63a - First Aid/CPR Training

1. Requirements

2600.

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 11/28/21, from 7pm to 7am, 52 residents were present in the home. During this time, only staff member B was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 12/01/21, from 7pm to 7am, 52 residents were present in the home. During this time, only staff member C was present in the home who was certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept

CPR cards will be collected upon hire for all staff. The scheduler/Program Director will be given a copy of the cards and notified of all staff that are CPR certified. The scheduler/program director will ensure at least one staff person for every 50 residents who is trained in first aid and certified obstructed airway techniques and CPR will be present in the home at all times. First aid and certified in obstructed airway techniques and CPR training will be held December 28, 2021 and monthly until all care staff are trained and bi-annually for new hires and expired certifications.

Document Submission

Implemented

Please see attached CPR training records

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 12/06/21 at 10:30 am, discarded breakfast plates and dirty dishes with leftover eggs, sausages and potatoes were observed on the same table where residents were having breakfast.

Plan of Correction**Accept**

During the inspection, the main dining room in Memory Care was under construction. Staff removed a resident from the breakfast table while another resident was finishing their meal and failed to take the plate to the main kitchen timely. The dishes were addressed immediately. To prevent future violations of this nature, all dining staff will be retrained on December 30, 2021 and ongoing regarding the removal of all dirty dishes immediately upon resident completion. The dining director or cook will monitor meal service daily.

Document Submission**Implemented**

Please see attached training documentation.

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated bag of chicken, sausage and fish in the freezer.

Plan of Correction**Accept**

The head chef addressed the food items immediately. The head chef re-educated staff regarding proper storage and labeling of all food items on December 8, 2021. Ongoing training will also be provided at the dining in-service on December 30, 2021. A sign off sheet was implemented for the cooks to sign off each shift the proper storage and label was completed. At the end of every week, the dining director or designee will audit for compliance.

Document Submission**Implemented**

Please see attached training documentation.

141a - Medical Evaluation

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.

141a - Medical Evaluation (continued)

Description of Violation

Resident #2 with date of admission [REDACTED], did not have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

Plan of Correction

Accept

An audit was conducted on all resident files to be sure there was a DME in place. The audit revealed all other resident files were in compliance of 2600.141a. The executive Director re-educated the Program director and the Resident Care Director, December 9, 2021 on DME policy and timelines. An Audit will be conducted by the resident care director or program director for a completed DME within 15 days of admission for all resident's. The audit results will be presented at our QA meeting monthly and the executive director will be responsible for signing off on them.

Document Submission

Implemented

Please see attached training and audit tool

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 #1's medical evaluation did not include special health or dietary needs of the resident, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

Plan of Correction

Accept

An audit was conducted on all resident files to be sure there is a completed DME in place. The Audit revealed there were a other resident DME's with missing information. Per the regulations, we will call each provider and request permission to add the missing information. the resident care director or program director will also audit all New Dme's by the 25 of each month for completion. The audit results will be presented at our QA meeting monthly and the executive director will be responsible for signing off on them.

Document Submission

Implemented

Please see attached audit tool.

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141b1 - Annual Medical Evaluation (continued)

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

Description of Violation

Resident #3's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction**Accept**

An Audit of the resident #3's records revealed there was a DME completed 10/17/2019. The resident care director or designee will audit DMEs monthly for upcoming due dates. All DMEs will be in one binder for review. The audit results will be presented at our QA meeting monthly and the executive director will be responsible for signing off on them.

Document Submission**Implemented**

Please see attached audit tool

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of December 6, 2021 and December 13, 2021 were not posted. The home had the summer menu posted.

Plan of Correction**Accept**

The four week seasonal menu cycle was updated and posted immediately. A four week menu cycle will be posted in the dining room seasonally. A menu audit will be performed monthly to ensure updated seasonal menus are posted. To prevent future violations of this nature, dining staff will be trained on December 30, 2021 and ongoing regarding printing and posting of seasonal menus.

Document Submission**Implemented**

Please see attached training documentation

162e - Menu Changes**1. Requirements**

2600.

162.e. A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

Description of Violation

On 12/06/21, resident's lunch menu for the week of December 6, 2021 was not posted. Residents were served chicken noodle soup and chicken cutlets. No notice was provided to the residents in advance of the meal.

Plan of Correction**Accept**

Daily menus will be distributed to residents prior to meal service. The dining director or cook will monitor meal service daily. To prevent future violations of this nature, dining staff will be trained on December 30, 2021 and ongoing regarding printing and posting of daily menus.

Document Submission**Implemented**

Please see the attached training documentation.

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 12/01/21 at 8:31 am, resident #4's glucometer reading of 156 was not documented on the medication administration record.

Plan of Correction

Accept

An audit of MARs was conducted, no other residents were effected. The resident care director re-educated staff December 8, 2021 regarding the community's policy of medication administration. Ongoing training will also be provided on December 31, 2021. A nightly audit of the MARs will be conducted by the LPN Supervisor for omissions and reported the next day to the resident care director or designee. The audit results will be presented at our QA meeting monthly.

Document Submission

Implemented

Please see attached training and audit tool

187b - Date/Time of Medication Admin.

1. 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 #4 is prescribed [REDACTED] take one tablet at 6am, [REDACTED] take one tablet twice daily at 8am and 4pm, [REDACTED] take one tablet at 8am, [REDACTED] take one table at 8am, [REDACTED] take one tablet at 8 pm and Eliquis Tab 2.5 mg take one tablet twice daily at 9am and 9pm . Resident #4's medication administration record does not include the initials of the staff person who administered medications on 12/01/21.

Plan of Correction

Accept

An audit of the MAR was conducted. Results found other residents were affected. The resident care director re-educated staff December 8, 2021 regarding the community's policy of medication administration. Ongoing training will also be provided on December 31, 2021. A nightly audit of the MARs will be conducted by the LPN Supervisor for omissions and reported the next day to the resident care director or designee. The audit results will be presented at our QA meeting monthly.

Document Submission

Implemented

Please see attached training and audit tool

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed [REDACTED], take one tablet twice a day at 9am and 8pm. However, resident #1 was administered [REDACTED] twice a day from 12/01/21 through 12/06/21.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

Medication cart audit was completed, no other residents were effected. The resident care director re-educated staff December 8, 2021 regarding the community's policy of medication labeling. Ongoing training will also be provided on December 31, 2021. A nightly audit of the MARs will be conducted by the LPN Supervisor for omissions and reported the next day to the resident care director or designee. The audit results will be presented at our QA meeting monthly.

Document Submission

Implemented

Please see attached trainings and audit tool

188b - Medication Error Reporting

1. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #4 is prescribed [REDACTED]. However, resident #4 was administered [REDACTED] from 12/01/21 through 12/07/21 at 9am and 8pm. The medication error was not reported to the resident, resident's designated person, and prescriber until 12/07/21.

Plan of Correction

Accept

A medication error report was reported immediately, the family and PCP were notified. Staff was immediately re-educated on the medication labeling and administration policy. To prevent such an occurrence in the future the medication train the trainer and nurses will perform a MAR to med cart audit monthly. The results of the audit will be reviewed at QA and signed off on by the executive director.

Document Submission

Implemented

Please see attached training and audit tool

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 D, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

On 12/07 at 8 am, staff member D administered [REDACTED] to resident #5.

Plan of Correction

Accept

All Med tech files were audited, the audit revealed staff member D did have an observation every six months as required. All med tech training observation forms were updated to the most recent form required by the

190a - Completion Medication Course (continued)

department. Staff member D successful retook the medication training test and passed. Our train the trainer will audit med tech forms bi-annually. The audit results will be presented at our QA meeting bi-annually.

Document Submission

Implemented

Please see attached staff member D observation every 6 months, in addition to a new training that took place on 12/15/2021

225a - Assessment 15 Days

1. 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

Resident 5’s assessment, dated [REDACTED], does not include dental, dietary, sensory, tactile and how this need will be met.

Plan of Correction

Accept

An audit was completed of all support plans, no other residents were effected. An audit will be conducted by the resident care director, program director or designee by the end of each month to verify each initial assessment has been completed in its entirety. The executive Director re-educated the Program director and the Resident Care Director, December 9, 2021 on regulation 2400.225a.

Document Submission

Implemented

Please see attached training and audit tool

231e - No Objection Statement

1. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident’s designated person have not objected to the resident’s admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] The home has no documentation that the resident and the resident’s designated person have not objected to the admission.

Plan of Correction

Accept

An Audit of resident #1 files revealed a signed agreement by the resident as well as the responsible party. An Audit of all SDCU files was performed, the audit revealed other files were missing the consent. As of 12/28/2021, all of the families with missing agreements were contacted for the appropriate signage. To prevent future violations of this nature the director of sales and marketing will make sure the form is completed upon signing the residency agreement for all new SDCU residents. The program director or designee will perform an audit of all new resident files completed within 2 weeks of admission.

Document Submission

Implemented

Please see attached consent that was in the resident file.

231g - Non-Dementia Admission

1. Requirements

2600.

231.g. An individual who does not have a primary diagnosis of Alzheimer’s disease or other dementia may reside in the secured dementia care unit if desired by the resident.

Description of Violation

Resident #1, who does not have a primary diagnosis of Alzheimer’s disease or other dementia, resides in the Secure Dementia Care Unit SDCU. The resident had a medical evaluation dated [REDACTED] and does not address the need of a Secure Dementia Care Unit SDCU.

Plan of Correction

Accept

An audit of resident #1 file, revealed there was no dx of Dementia. Contact with the PCP was made regarding accurate diagnosis for SCDU residents. An audit tool was developed to verify that DMEs have supporting documentation from the PCP for all SDCU residents.

Document Submission

Implemented

Please see attached audit tool

233d - Electronic/Magnetic System

1. Requirements

2600.

233.d. Doors that open onto areas such as parking lots, or other potentially unsafe areas, shall be locked by an electronic or magnetic system.

Description of Violation

The gate in the fenced patio area located in the secure dementia unit has an inoperable magnetic locking system. The gate magnet is not working, and the gate is easily opened. The gate leads to the parking lot of the home which also leads to a major road providing a hazardous condition to the residents.

Plan of Correction

Accept

The gate in question was repaired by Valley Forge Security Center on December 6, 2021, the day of discovery. No other locks were malfunctioning. The director of maintenance retrained staff December 7, 2021 on safety rounds that are performed daily. To prevent future violations of this nature, all maintenance staff will be retrained on December 30, 2021 and ongoing regarding the the TELS system and daily safety rounds. We will maintain a weekly record of insuring proper operation of magnetically monitored doors and gates. It is recorded in our TELS system. Attached is a copy of our December 2021 record. Any issues found will be reported immediately for repair by Valley Forge Security Center.

Document Submission

Implemented

Please see attached training and documentation

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident’s admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident’s initial support plan was completed on [REDACTED].

234a - Admission Support Plan (continued)**Plan of Correction****Accept**

An Audit of all SDCU files was performed to assess the timeliness of the support plan, other residents were effected. The executive Director re-educated the Program director and the Resident Care Director, December 9, 2021 on regulation 2400.234a. To prevent future violations of this nature, the resident care director, program director or designee will perform begin the support plan upon admission for all SDCU residents. An audit tool was developed and will be performed by the program director or designee within 72hrs of all SDCU admissions. The executive director will be responsible for signing off on them.

Document Submission**Implemented**

Please see attached training and audit tool