

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED]
BROADWAY MANOR LLC
[REDACTED]

RE: BROADWAY MANOR
560 BROADWAY STREET
MILTON, PA, 17847
LICENSE/COC#: 23030

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *BROADWAY MANOR* License #: *23030* License Expiration: *10/14/2022*
Address: *560 BROADWAY STREET, MILTON, PA 17847*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *(570) 473-9472* Email: [REDACTED]

Legal Entity

Name: *BROADWAY MANOR LLC*
Address: *59 SOUTH FRONT STREET, MILTON, PA, 17847*
Phone: *5704739472* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/07/1974* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *35* Waking Staff: *26*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *12/21/2021*

Inspection Dates and Department Representative

12/21/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* Residents Served: *35*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *29* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *9*
Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

12/21/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/11/2022*

Inspections / Reviews (*continued*)

03/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *03/12/2022*

05/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the administrator.

Plan of Correction

Accept

The Administrator has signed the contract for resident #1 dated [REDACTED]. To remain in compliance the Administrator will double check all contracts and admission paperwork for proper signatures.

Completion Date: 12/22/2021

Update: 03/02/2022

For Step 2 please send in a copy of the signed contract for Resident # 1. If there have been any new admissions, please send in a copy of the signature page and the fee schedule page for that new admission since the renewal inspection.

If you are using a checklist, please send in a copy of the sheet you are using-a sheet that is in use is required. AG, 3-2-22

Document Submission

Implemented

attached copies of signed contracts

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the Frigidaire Freezer an refrigerator in the home's pantry.

The standalone freezer located in the home's laundry room did not have a thermometer.

Plan of Correction

Accept

Thermometers have been added to all refrigerators and freezers in the home. This is to maintain temperatures for food safety.

The Administrator will check this monthly to ensure they are all still in place. Staff will check temperatures whenever they are in the refrigerator or freezers.

Completion Date: 12/27/2021

Update: 03/02/2022

If thee was staff training, please send in a copy of the staff training sheet. Please send in a copy of the tracking sheet that the Adm is keeping of the monthly checks since the inspection for verification.

AG, 3-2-22

Document Submission

Implemented

check list and training

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 12/21/21, the home served 49 residents, requiring 147 gallons of emergency drinking water. However, the home did not have any water on hand or a contract with a local bottled water company.

Plan of Correction

Accept

The home has 150 gallons on site of emergency water. This is to ensure an adequate water supply for residents in an emergency. To remain in compliance the current supply will be replaced upon expiration.

Completion Date: 02/08/2022

Update: 03/02/2022

Please send either a photo or a copy of a receipt to verify compliance in Step 2.

AG, 3-2-22

Document Submission

Implemented

picture attached, sorry I did attach these items when first submitted

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

Resident #2 is prescribe Combivent inhaler, the manufacturer directions indicate the inhaler is to be used within 30 days of the Combivent being opened. The home did not have documentation when the Combivent inhaler was opened.

Plan of Correction

Accept

The combivent inhaler has been dated when opened, along with all other inhalers. This is to ensure compliance with manufacturers directions and prescribing orders. In the future all inhalers will be dated when opened, the Administrator will do a check of the medications monthly.

Completion Date: 12/22/2021

Update: 03/02/2022

Please send in a photo of the dated inhaler(s) for the current month in order to demonstrate compliance.

If staff training was conducted please send in a copy of the training material and the signature sheet.

AG, 3-2-22

Document Submission

Implemented

Picture of dated inhalers and training

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

A bottle of Nystatin powder was found not labeled with the resident's name in the home's medication cart.

184a - Labeling OTC/CAM (continued)

Plan of Correction

Accept

This occurred due to medication coming in a double pack with the label only on one of the bottles. The other bottle has been marked with resident's name, to ensure to comply with right medication/right resident. The Administrator will do monthly checks of the medications to ensure all medications are labeled properly.

Completion Date: 12/22/2021

Update: 03/02/2022

Please send in a copy of the most recently completed monthly checks to ensure compliance.
AG, 3-2-22

Document Submission

Implemented

picture attached, training

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 Nystatin powder as needed. On 12/21/2021 the medication was not available in the home.

Resident #2 is prescribed Polyethylene powder as needed. On 12/21/2021 the medication was not available in the home.

Plan of Correction

Accept

The medications were received and available for the residents if needed. The administrator has inventoried the medications to ensure all medications, including PRNs are available as prescribed. The administrator will do inventory of the medications monthly and whenever new prescriptions are received.

Completion Date: 12/22/2021

Update: 03/02/2022

Please include a copy of the updated 185a policy to show compliance with handling PRN medication(s) to be on hand at all times.

Also please send in a copy of the most recently completed monthly check of PRNs to be on hand on the home, including any problems noted and corrective actions taken.

AG, 3-2-22

Document Submission

Implemented

Attached is PRN policy and PRN check done in May

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

An assessment was not completed for resident #1, who was admitted to the home on [REDACTED].

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

Resident #1 was admitted [REDACTED], the initial assessment was missed by the administrator. It was done on [REDACTED]. The assessment needs to be done so the resident's needs can be assessed and plans can be put in place to ensure their needs are met. The administrator will use the electronic program to remain compliant on dates for forms to be done.

Completion Date: 12/22/2021

Update: 03/02/2022

Please send in a copy of the electronic method of tracking with the results of any recent admissions since the renewal inspection, if any. Please note any annual renewal inspections completed on the document, if any, since the renewal inspection.

This will demonstrate compliance.

AG, 3-2-22

Document Submission

Implemented

attached check list and new resident rasp

227a - Support Plan 30 Days

1. 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

Resident #1 was admitted on [REDACTED]; however, the resident's initial support plan was not completed.

Plan of Correction

Accept

Resident #1 support plan was completed and implemented [REDACTED], to ensure the resident needs are met. The administrator will continue to monitor RASP to ensure they are done in the required time frame and updated as needed to ensure the home and staff are able to meet the resident's needs.

Completion Date: 12/22/2021

Update: 03/02/2022

Please include in Step 2 any evidence of compliance such as a tickler file or a tracking sheet that is IN USE. This will demonstrate compliance.

Also include any training for staff that complete assessments for support plans as evidence of compliance.

AG, 3-2-22

Document Submission

Implemented

check list and new resident's rasp to previous 225a