

Department of Human Services
Bureau of Human Service Licensing

January 27, 2022

[REDACTED], ADMINISTRATOR

RE: HIDDEN MEADOWS ON THE RIDGE
340 FARMERS LANE
SELLERSVILLE, PA, 18960
LICENSE/COCC#: 14523

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/28/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *HIDDEN MEADOWS ON THE RIDGE* License #: *14523* License Expiration: *07/20/2022*
Address: *340 FARMERS LANE, SELLERSVILLE, PA 18960*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *HIDDEN MEADOWS OPCO LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/02/2010* Issued By: *West Rockhill Twsp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *55* Waking Staff: *41*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *12/28/2021*

Inspection Dates and Department Representative

12/28/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *40*

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: *40*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *15* Have Physical Disability: *3*

Inspections / Reviews

12/28/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/20/2022*

Inspections / Reviews (*continued*)

01/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/31/2022

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 resident.

Plan of Correction

Accept

Resident did sign the contract acknowledgment page, which acknowledges that the contract had been reviewed with her, however the last page of the contract was missed. Resident has since signed the contract.

Going forward, resident file checklist has been updated to note that resident must sign contract (see attached).

Executive Director will monitor compliance through monthly file audits, and audits will be reviewed during annual QMP meeting

Completion Date: 01/25/2022

95 - Furniture and Equipment

1. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident #2's bed in resident room [REDACTED] (shared apartment) is equipped with an enabler, which is not covered and poses a safety hazard.

Plan of Correction

Accept

Resident is able to safely use [REDACTED] enabler independently, however, to comply with this regulation, enabler does now have a cover applied. Compliance will be monitored daily by direct care staff to ensure the cover is in place at all times. Apartment audits will be conducted by leadership quarterly to ensure compliance and audit will be reviewed during annual QMP meetings

Completion Date: 01/26/2022

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of soap in the bathroom of bedroom #136, which is shared by two residents.

Plan of Correction

Accept

Soap was removed from bathroom, and each resident received [REDACTED] own. Both residents are able to independently care for her own personal belongings. Each resident has had a labeled soap holder provided. All bathrooms also have a mounted liquid soap dispenser as well.

Compliance will be monitored by staff daily to ensure each resident is using her own bar of soap. Apartment audits will be conducted by leadership quarterly to ensure compliance and audit will be reviewed during annual QMP meetings

Completion Date: 01/25/2022

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

On 12/28/2021 at 02:30 PM, the temperature in the walk-in refrigerator was 45 degrees Fahrenheit. The home keeps a temperature log in front of the refrigerator. The logged temperatures were documented reading consistently over 40 degrees Fahrenheit.

Plan of Correction**Accept**

After inspection, the refrigerator repair company was out to inspect why the temperatures were running on the higher end. Upon inspection, it was discovered that the thermostat on the walk-in was meant to be used in a smaller refrigerator. We replaced the thermostat with one meant for a walk in at that time.

Going forward, staff will continue to monitor fridge temps and there is a follow up alert now on the temp log to alert staff as to what to do in the event the temp range is off. Director of Culinary Services will be monitoring compliance during monthly audit, and audits will be reviewed in the annual QMP meeting.

Completion Date: 12/29/2021

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

3. Remove the medication from the original container.

Description of Violation

Resident #3 is prescribed [REDACTED] twice a day (1/2 tab in the morning and one tab at bedtime). On 12/07/2021 and 12/16/2021 at 08:00 PM, staff signed out the resident's bedtime dose from the resident's morning dose blister pack and administered it to the resident. The staff failed to follow the medication administration procedure of comparing the MAR and the pharmacy label.

Plan of Correction**Accept**

Nursing and med tech staff were in serviced and retrained on following medication orders. See attached sign in sheet. Compliance will be monitored through Pharmacy cart audits. Audits will be reviewed by Director of Health and Wellness and also at annual QMP meetings

Completion Date: 01/19/2022

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

The order for resident #4's [REDACTED] was changed from every 12 hours as needed to every 8 hours as needed. However, the pharmacy label on resident #4's Oxycodone 5 mg blister pack still read every 12 hours as needed. The direction change sticker was not on the blister pack.

184a - Labeling OTC/CAM (continued)

Plan of Correction**Accept**

Nursing staff and med techs were in serviced on 1/19/22 regarding med change procedures, see attached. Compliance will be monitored during quarterly cart audits conducted by pharmacy. Director of Health and Wellness will review audits with nursing staff at time of completion, and during annual QMP meetings

Completion Date: 01/19/2022

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 #3 was given [REDACTED] at bedtime on 12/20/2021. There is no staff initial for this administration on the resident's December medication administration record (MAR).

Resident #5 is prescribed [REDACTED] twice a day as needed. Resident #5's December MAR does not include the initials of the staff person who administered it on 12/03, 8, 12, 13, 18, and 19/2021.

Plan of Correction**Accept**

Nursing staff and Med techs were all in serviced on new procedure for monitoring MAR documentation. Shift supervisor is to be reviewing all MARs prior to end of shift. Compliance will be monitored by DHW through MAR monthly audits. Audits will be reviewed during annual QMP Meetings

Completion Date: 01/19/2022

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [REDACTED] 1/2 tab in the morning and one tab at bedtime. However, resident #3 was administered a 1/2 tab at 08:00 PM on 12/07/2021.

Plan of Correction**Accept**

Nursing and med tech staff were in serviced and retrained on following medication orders. See attached sign in sheet. Compliance will be monitored through Pharmacy cart audits. Audits will be reviewed by Director of Health and Wellness and also at annual QMP meetings

Completion Date: 01/19/2022

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.

225a - Assessment 15 Days (continued)

Description of Violation

Resident #6 was admitted to the home on [redacted]; however, the resident's assessment was not completed until 11/26/2019.

Plan of Correction

Accept

Nursing staff have been re-educated on admission documentation, among other topics. Please see attached sign in sheet and RASP training PPT. Compliance will be monitored monthly through file audits. Audits will be reviewed during annual QMP meetings

Completion Date: 01/19/2022

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 assessment/support plan for resident #7, dated [redacted], indicates that the resident is able to self-administer the medications. The resident was found to be unable to self-administer in November 2021 and the home has been administering the meds for the resident since then. However, the resident's assessment/support plan was not updated to reflect this change.

Plan of Correction

Accept

Residents RASP was updated to note the change in medication administration status. Going forward, updates will be noted in RASPs by DHW. Compliance will be monitored by Executive Director through monthly file audits. Audits will be reviewed in annual QMP meeting

Completion Date: 01/25/2022

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #6's assessment and support plans (RASP) dated [redacted] and [redacted] were not signed by the assessor. Resident #8's RASP dated [redacted] was not signed by the assessor.

Plan of Correction

Accept

The assessor who completed these RASPs is no longer employed here at HMOR, so those RASPs cannot be corrected, however, going forward all RASPs are to be signed by all parties involved. Compliance will be monitored by the Executive Director through monthly file audits. Audits will be reviewed in annual QMP meetings

Completion Date: 01/25/2022

252 - Record Content

1. Requirements

252 - Record Content (continued)

2600.

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

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The picture of resident #6 on file was dated [REDACTED]

Plan of Correction**Accept**

Residents picture was updated in her file. Going forward, when residents annual RASPs are being completed, a new picture will be taken by the Director of Health and wellness or designee. Compliance will be monitored through monthly file audits. Audits will be reviewed during annual QMP meetings.

Completion Date: 01/25/2022