

Department of Human Services
Bureau of Human Service Licensing

February 25, 2022

[REDACTED]

RE: HOLLAND SENIOR LIVING
COMMUNITY
1400 OLD JORDAN ROAD
HOLLAND, PA, 18966
LICENSE/CO#:#: 14657

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/06/2022 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: HOLLAND SENIOR LIVING COMMUNITY **License #:** 14657 **License Expiration:** 08/30/2022
Address: 1400 OLD JORDAN ROAD, HOLLAND, PA 18966
County: BUCKS **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: [REDACTED]
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 03/13/1989 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 69 **Working Staff:** 52

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 01/21/2022

Inspection Dates and Department Representative

01/06/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 152 **Residents Served:** 52

Secured Dementia Care Unit

In Home: Yes **Area:** Lower East **Capacity:** 27 **Residents Served:** 7

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: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 17 **Have Physical Disability:** 1

Inspections / Reviews

01/06/2022 Partial

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

Inspections / Reviews *(continued)*

02/02/2022 - POC Submission

Reviewer: [REDACTED]

Follow Up Type: *POC Submission*

Follow Up Date: *02/04/2022*

02/15/2022 POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *02/22/2022*

02/25/2022 - Document Submission

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident #1's assessment and support plan, dated 0 [redacted] /2021, indicates that the resident [redacted]. On 0 [redacted] /2022, resident #1 rang the call bell at [redacted] am. The home did not respond to the call bell until [redacted] am; [redacted] later. Staff Person A found resident #1 on the floor with his/her left hand caught in the resident's wheelchair. Resident #1 did not receive assistance with ambulating as required.

Plan of Correction

Accept

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.23a.
Issue: Call bell response was monitored at a longer time than home would like to have a response to.
Action: Pulled report for call bell system to review timing.
Plan: Will re-educate staff on the proper timing of call bell response and reminders of resetting call bell system.
Sustain: Administrator or designee will have monthly checks to ensure proper protocol is followed.

Document Submission

Implemented

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.23a.
Issue: Call bell response was monitored at a longer time than home would like to have a response to.
Action: Pulled report for call bell system to review timing.
Plan: Will re-educate staff on the proper timing of call bell response and reminders of resetting call bell system.
Sustain: Administrator or designee will have monthly checks to ensure proper protocol is followed. Will review in our meeting on 2/28/22.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour on [redacted] /2022. However, this staff person did not complete training in the following topics: emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Plan of Correction

Accept

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.65b
Issue: All required training was not documented within the 40 hours of the staff member working.

65b - Rights/Abuse 40 Hours (continued)

Action: Documented the staff member compliance and knowledge of the mandatory criteria to meet regulation 2600.65b as attached.

Plan: Created a check list of all required training needed. Will pull all staff members to check on documentation of 40 hour training.

Sustain: Administrator or designee will ensure the 40 hour training due is documented correctly by working with the scheduler for timing.

Document Submission

Implemented

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.65b

Issue: All required training was not documented within the 40 hours of the staff member working.

Action: Documented the staff member compliance and knowledge of the mandatory criteria to meet regulation 2600.65b as attached.

Plan: Created a check list of all required training needed. Will pull all staff members to check on documentation of 40 hour training.

Sustain: Administrator or designee will ensure the 40 hour training due is documented correctly by working with the scheduler for timing.

66a - Staff Training Plan

1. Requirements

2600.66.a. A staff training plan shall be developed annually.

Description of Violation

The home's annual training plan for the 2021 training year did not include training in falls and accident prevention.

Plan of Correction

Accept

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.66a

Issue: Training for falls and accident prevention was not documented in 2021.

Action: Review the fall policy with staff.

Plan: Created a training list for 2022 and started training as required.

Sustain: Administrator or designee will ensure monthly training is administered.

Document Submission

Implemented

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.66a

Issue: Training for falls and accident prevention was not documented in 2021.

Action: Review the fall policy with staff.

Plan: Created a training list for 2022 and started training as required.

Sustain: Administrator or designee will ensure monthly training is administered.

Our next meeting and training is 2/24/22 and will be on dementia care.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141a 1 10 Medical Evaluation Information (continued)

- 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 medical diagnoses including [REDACTED]

Plan of Correction

Accepted

Our POC was prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.141a

Issue: DME was not completed correctly by the PCP and not checked properly by facility.

Action: DME was pulled and reviewed with the PCP. [REDACTED] did not want to re-sign at that time.

Plan: PCA / designee will initiate DME for annuals, receive the signed document and will be reviewed by CSM and then passed to PCA for second check.

Sustain: The administrator or designee will conduct bi-annual audits of all residents DME to ensure all required elements are documented, starting Jan. 2022.

Document Submission

Implemented

Our POC was prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.141a

Issue: DME was not completed correctly by the PCP and not checked properly by facility.

Action: DME was pulled and reviewed with the PCP. He did not want to re-sign at that time.

Plan: PCA / designee will initiate DME for annuals, receive the signed document and will be reviewed by CSM and then passed to PCA for second check.

Sustain: The administrator or designee will conduct bi-annual audits of all residents DME to ensure all required elements are documented, starting Jan. 2022. This will be reviewed in our meeting on 2/28/22.

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 #1 was admitted to the home on [REDACTED]/2021; however, the resident’s assessment was not completed until [REDACTED]/2021.

225a Assessment 15 Days (continued)

Plan of Correction

Accept

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.225a

Issue: Assessment was completed █ days after due date.

Plan: Created a flow sheet with due dates of assessment and support plans.

Sustain: CSM / Designee will ensure that all assessments are completed on time via the whiteboard updates.

Monthly meetings between CSM and Administrator to confirm care plans are completed.

Document Submission

Implemented

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.225a

Issue: Assessment was completed █ days after due date.

Plan: Created a flow sheet with due dates of assessment and support plans.

Sustain: CSM / Designee will ensure that all assessments are completed on time via the whiteboard updates. Monthly meetings between CSM and Administrator to confirm care plans are completed.

In order to ensure we stay in compliance, our meeting is scheduled for 2/28/22.

225c - Additional Assessment

1. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident 1's most recent assessment was completed on █/2021. Resident #1 had multiple falls in █ 2021 and █ 2022. The home has not re-assessed the resident.

Plan of Correction

Accept

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.225c

Issue: Re-assessment was not completed after █ falls in █ 2021.

Plan: When nursing notifies a change (fall, change in mental status, fracture), CSM / designee will have that specific nurse update the care plan. Inservice to be completed by █/22

Sustain: CSM / Designee will ensure that all assessments are completed based on the monthly meetings between CSM and Administrator to confirm care plans are completed.

Document Submission

Implemented

Our POC will be prepared and executed as a means to continually improve the quality of care and to comply with all applicable state and federal regulatory requirements under 2600.225c

Issue: Re-assessment was not completed after █ falls in █ 2021.

Plan: When nursing notifies a change (fall, change in mental status, fracture), CSM / designee will have that specific nurse update the care plan. Inservice completed as attached.

225c - Additional Assessment (continued)

CSM / Designee will ensure that all assessments are completed based on the monthly meetings between CSM and Administrator to confirm care plans are completed.
Our meeting is scheduled for 2/28/22.

226b - Mobility Requirements

1. Requirements

2600.

226.b. If a resident is determined to have mobility needs as part of the initial or annual assessment, specific requirements relating to the care, health and safety of the resident shall be met immediately.

Description of Violation

On [redacted] /21, resident #1 was evaluated by a physician [redacted]. The physician made a recommendation of [redacted].
[redacted] The resident was [redacted].

Plan of Correction

will call you regarding this as I do not see where we violated this regulation. I need help in distinguishing exactly what we did wrong so I am able to correct it going forward.

iolation Withdrawn 2/15/22 CM

Document Submission

Thank you for with-drawling the violation.

We will continue to adhere to regulation 226b - Mobility Requirements on our residents.

Accept

Implemented