

Department of Human Services  
Bureau of Human Service Licensing

April 19, 2022

[REDACTED], EXECUTIVE DIRECTOR

RE: KIRKLAND VILLAGE  
1 KIRKLAND VILLAGE  
BETHLEHEM, PA, 18017  
LICENSE/COC#: 22050

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/25/2022, 01/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

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: *KIRKLAND VILLAGE* License #: *22050* License Expiration: *02/19/2023*  
Address: *1 KIRKLAND VILLAGE, BETHLEHEM, PA 18017*  
County: *NORTHAMPTON* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *01/21/1994* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *01/26/2022*

**Inspection Dates and Department Representative**

01/25/2022 - On-Site: [REDACTED]  
01/26/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *64* Residents Served: *33*

**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: *33*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

01/25/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *03/16/2022*

03/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *04/04/2022*

04/19/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The documentation of medical evaluation (DME) forms dated [redacted] and [redacted] for resident #1 were both missing the following information: Height, weight, and pulse.

Plan of Correction

Accept

1. A new DME Form was completed for Resident #1 on [redacted]
2. RSM and Administrator audited all resident charts to ensure all DMEs are complete and up to date.
3. Educated clinical team members and practitioner on requirement to ensure all sections of DME form are complete and not to leave any areas blank.
4. Resident Service Manager to audit all new DME’s for completeness monthly and report to Quality Assurance and Performance Improvement Committee quarterly times 2 quarters.

Completion Date: 03/16/2022

Document Submission

Implemented

Supporting documentation attached

187a - Medication Record

1. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident’s name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

**187a - Medication Record (continued)**

13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

Resident #2 has a physician's order for [REDACTED], to be held if the systolic blood pressure is less than 90. The pharmacy label indicates that this medication should be held if the systolic blood pressure is less than 110. The pharmacy label did not match the Medication Administration record.

**Plan of Correction****Accept**

1. Resident #2 Medication was re-dispensed with label accurate with physician's order.
2. The pharmacy conducted an audit to review all current residents' orders and compare the order to the medication label to ensure accuracy
3. A double check of medication labels will be conducted by pharmacy staff to ensure accuracy with physician's order
4. An audit will be completed by the Pharmacy manager or designee on 3 residents weekly times 4 weeks and then on 5 residents monthly times 2 months to assure accuracy of medication labels with physician orders. Audit results will be submitted for review and recommendation to the Quality Assurance Performance Improvement (QAPI) Committee.

**Completion Date:** 03/31/2022

**Document Submission****Implemented**

Supporting documentation attached

**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**

Resident #3 receives 1:1 care from a private duty aide on all shifts. The support plan dated [REDACTED] was not updated to reflect this additional care.

**Plan of Correction****Accept**

1. Support Plan for Resident #3 was updated to reflect the private duty aide services [REDACTED]. Updated Support Plan was reviewed and signed by resident and staff at time of review.
2. RSM audited all resident support plans with private duty services to ensure the Support Plan reflected the private duty services being provided.
3. Educate all clinical team members of requirement to include private duty and hospice services on the support plan.
4. Resident Service Manager to audit monthly and report to quarterly Quality Assurance and Performance Improvement Committee times two quarters.

**Completion Date:** 03/31/2022

**Update:** 03/28/2022

Please provide proof of staff training. 3-28-2022 MM

227d - Support Plan Medical/Dental (continued)

Document Submission

Implemented

Supporting documentation attached

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

The support plan dated [redacted] for resident #3 was not signed by the resident or by the staff person who completed the support plan.

The support plan for resident #3 was updated on 5/27/21 when the resident began receiving hospice services. The support plan dated [redacted] was not signed by the staff person who completed the plan until [redacted]

Plan of Correction

Accept

1. Resident #3 support plan was reviewed and completed with signatures on [redacted].
2. Resident Service Manager audited all resident support plans to ensure completion of date and signatures.
3. Educate all clinical team members to who participate in the development of the support plan of requirement to sign and date the support plan with each update/review.
4. Resident Service Manager to audit monthly and report to quarterly Quality Assurance and Performance Improvement Committee times two quarters.

Completion Date: 03/16/2022

Update: 03/28/2022

Please provide proof of staff training. 3-28-2022 MM

Document Submission

Implemented

Supporting documentation attached