

Department of Human Services
Bureau of Human Service Licensing

May 10, 2022

[REDACTED]
LITTLE WALKER HOLDINGS LLC
[REDACTED]

RE: TWIN CEDAR SENIOR LIVING
364 LITTLE WALKER ROAD
SHOHOLA, PA, 18458
LICENSE/COC#: 22850

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/15/2022, 02/17/2022, 02/18/2022, 03/03/2022, 03/07/2022, 03/14/2022, 03/15/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
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: *TWIN CEDAR SENIOR LIVING* License #: *22850* License Expiration: *12/20/2022*
Address: *364 LITTLE WALKER ROAD, SHOHLA, PA 18458*
County: *PIKE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5702967471 / 570-899-1830* Email: [REDACTED]

Legal Entity

Name: *LITTLE WALKER HOLDINGS LLC*
Address: *1120 53 RD, BROOKLYN, NY, 11219*
Phone: *5702967471* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/08/1995* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *03/15/2022*

Inspection Dates and Department Representative

02/15/2022 - On-Site: [REDACTED]
02/17/2022 - Off-Site: [REDACTED]
02/18/2022 - Off-Site: [REDACTED]
03/03/2022 - Off-Site: [REDACTED]
03/07/2022 - Off-Site: [REDACTED]
03/14/2022 - Off-Site: [REDACTED]
03/15/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 37

Residents Served: 23

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: 23

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 2

Have Physical Disability: 0

Inspections / Reviews

02/15/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/02/2022

04/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/26/2022

05/10/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: Not Required

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

On 12/29/21 Resident #1 was prescribed Keflex 500 mg 3 times a day for 7 days. Resident did not begin medication until 12/31/21.

Plan of Correction

Accept

POA refused facility to get medications from Primecare pharmacy. POA was adamant with facility to never get anything from Primecare pharmacy. POA was complaining about resident being on different antibiotics and didn't want to continuously pay even after it was explained to [REDACTED] that the heel culture resident had was the reason for antibiotic change. Resident was not alert, POA was primary contact and made the decisions for resident, In the future the facility will have in contract that states if family is getting medications for resident, they have to get to the home timely. Any stat medications will be ordered from our facility pharmacy to prevent delay in treatment.

Completion Date: 04/04/2022

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission

Implemented

In the future the administrator will ensure that all stat medications or medications not delivered by family in a timely fashion will be ordered from house pharmacy to prevent delay in treatment.

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

On 11/26/21, Resident #1 assessment and support plan indicated that Resident had a left heel wound that was being monitored by their PCP. Beginning on 12/9/21, resident #1's podiatrist ordered betadine wet dry dressing covered with an ace bandage to be changed every other day. [REDACTED] began on 1/26/22. The treatments were not addressed in the Support plan. The assessment and support plan does not indicate what staff was doing verses what [REDACTED] was treating to ensure the needs of the resident's heel wound were being addressed.

Plan of Correction

Accept

11/26/21 the resident had closed blister. Primary MD was aware. No treatment was initiated at this time. 12/9/21 the podiatrist ordered treatment after [REDACTED] lanced blister which then became an open wound the treatment was put in MAR which was then done by Med Aide. The treatment was not changed when wound care began. All treatment was documented in MAR. Treatments will be updated in the RASP as well as MAR in the future. Admin to ensure this is done.

Completion Date: 04/04/2022

227d - Support Plan Medical/Dental (continued)

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission

Implemented

Treatments that are in MAR will be updated on support plan to address who will be treatments/care. The nurse to be responsible for this documentation and reviewed by administrator.

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 #1 participated in the development of [redacted] support plan on [redacted]. However, the resident did not sign the support plan.

Plan of Correction

Accept

Resident was unable to sign support plan. The support plan was witnessed by two employees due to resident unable to sign. In the future, the box that resident is unable to sign will be checked by administrator.

Completion Date: 04/04/2022

Update: 04/19/2022

Please include in plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 04-19-2022 MM

Document Submission

Implemented

The nurse will ensure all boxes are checked off correctly in Support plan when resident is unable to sign.