

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: BETHLEHEM MANOR
815 PENNSYLVANIA AVENUE
BETHLEHEM, PA, 18018
LICENSE/COC#: 22684

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2022, 03/02/2022 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: *BETHLEHEM MANOR* License #: *22684* License Expiration: *05/24/2023*
Address: *815 PENNSYLVANIA AVENUE, BETHLEHEM, PA 18018*
County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/11/2011* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/02/2022*

Inspection Dates and Department Representative

03/01/2022 - On-Site: [REDACTED]
03/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *57*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd floor* Capacity: *36* Residents Served: *16*

Hospice

Current Residents: *15*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *57*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *26* Have Physical Disability: *1*

Inspections / Reviews

03/01/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *05/09/2022*

05/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *05/16/2022*

05/17/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On the date of inspection, the home's first floor 2 medication carts were found unlocked and unattended at 9:00AM in the resident dining room. The residents' photos and names were displayed on the computers and residents' medication cards were observed out sitting on top of the medication carts with label containing information regarding residents' medications.

Plan of Correction

Accept

Administration will review monthly with direct care staff the importance of keeping resident records confidential, including closing out medication cart screens while unsupervised, as part of the medication administration process.

Completion Date: 05/06/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Document Submission

Implemented

Training for all Med Aides was completed after inspection on 3/4/22 in which the responsibilities of med aides were reviewed as well as 2600.17. Please see attached training sign in sheet. Memo to all med aides was also distributed at the time of training. Med aide Supervisor responsible daily for ensuring that all resident information on EMAR is kept confidential and this will be spot checked daily by Administration daily. It will also be re-reviewed at all trainings as required by the Department. Please see attached training documentation.

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident room # 112 had two enabler bars on the resident's bed one enabler bar did not have a cover.

Plan of Correction

Accept

Corrected at time of inspection

Administration will ensure direct care staff is aware of what residents have bed canes to be covered and will review assignment sheets on a weekly basis to ensure the information is added. Med-aide supervisors will review with all staff the importance of keeping these devices covered when appropriate.

81b - Resident Personal Equipment (continued)

Completion Date: 05/06/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Document Submission

Implemented

ALL MED AIDES ARE RESPONSIBLE FOR ENSURING ALL BED CANES ARE COVERED AND WILL BE CHECKED DAILY DURING AM AND PM CARE. ADMINISTRATION WILL SPOT CHECK TO ENSURE BED CANES ARE COVERED DURING THEIR DAILY WALK AROUNDS.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On the 3/1/22 the home's exterior trash dumpster lid was observed to be propped open with a wooden board allowing for insect and rodent infestation.

Plan of Correction

Accept

Corrected at time of inspection

Maintenance supervisor will check the trash can outside daily to ensure compliance is met. Monthly reminders at training will be provided to all staff the importance of keeping receptacles covered.

Completion Date: 05/06/2022

Update: 05/10/2022

Please include in plan of correction:

Who is responsible for fixing the problem and what immediate action they did to fix the issue?

What action that person will take, (training etc..) and when that action will happen - (date).

Who will monitor and be responsible for ongoing compliance?

All POC's at a minimum must include the above information.

5-10-2022 MM

Document Submission

Implemented

MAINTENANCE IS RESPONSIBLE FOR CHECKING DUMPSTER THROUGH OUT COURSE OF THE DAY TO ENSURE DUMPSTER IS CLOSED. SIGN WAS POSTED ON DUMPSTER REMINDING STAFF TO KEEP DUMPSTER CLOSED WHICH WAS ALREADY SUBMITTED TO THE DEPARMENT ON 5/6/21. ADMINISTRATION WILL ALSO CHECK DAILY TO ENSURE DUMPSTER IS BEING CLOSED.

183a - Original Containers and Injections

1. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On the date of inspection at 9:00AM the first-floor medication carts were observed in the main resident dining room with six medication cups that contained pills, were on top of the carts. The home prepared medications and were not administering medications one resident at a time.

Plan of Correction

Accept

Proper medication administration was reviewed with employee. Administration will review monthly and as needed with med-aides the importance of following correct steps of medication administration.

Completion Date: 05/06/2022

Document Submission

Implemented

Training for all Med Aides was completed after inspection on 3/4/22 in which the responsibilities of med aides were reviewed as well as 2600.183a. Please see attached training sign in sheet. Memo to all med aides was also distributed at the time of training. Med aide Supervisor responsible daily for ensuring that all medications are not prepared in advance and are given to each resident one at a time. Administration will be responsible for spot checking this on a daily basis during med passes. It will also be re-reviewed at all trainings as required by the Department. Please see attached training documentation.

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On the date of inspection at 9:00AM the home's first floor medication carts were found located in the main resident dining room. The two cars were found unlocked and unattended. No staff were in the dining room but found in the office adjacent to the dining room with the door closed. The home did not secure the resident's medications allowing for residents or others to gain access to the resident's medications.

Plan of Correction

Accept

Proper medication administration was reviewed with employee. Administration will review monthly and as needed with med-aides the importance of following correct steps of medication administration.

Completion Date: 05/06/2022

Document Submission

Implemented

Training for all Med Aides was completed after inspection on 3/4/22 in which the responsibilities of med aides were reviewed as well as 2600.183b. Please see attached training sign in sheet. Memo to all med aides was also distributed at the time of training. Med aide Supervisor responsible daily for ensuring that medication cart is locked when cart is left unattended. Administration will be responsible for spot checking this on a daily basis during med passes and throughout the day during walk arounds. It will also be re-reviewed at all trainings as required by the Department. Please see attached training documentation.

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The secured unit stairwell located across from the laundry room, did not have a code posted near the locking mechanism device.

Plan of Correction**Accept**

***Corrected at time of inspection**

Supervisor, along with administration will do weekly checks on Wednesdays to ensure all doors with an egress have directions for their operation posted conspicuously posted near the device.

Completion Date: 05/06/2022

Document Submission**Implemented**