

Department of Human Services
Bureau of Human Service Licensing

April 19, 2022

[REDACTED]
HUMANGOOD PENNSYLVANIA
[REDACTED]

RE: RYDAL PARK PERSONAL CARE
1515 THE FAIRWAY
RYDAL, PA, 19046
LICENSE/COC#: 13812

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/08/2022, 03/09/2022, 03/15/2022 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,
Shawn Parker

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: *RYDAL PARK PERSONAL CARE* License #: *13812* License Expiration: *02/19/2023*
Address: *1515 THE FAIRWAY, RYDAL, PA 19046*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

Name: [REDACTED] Phone: *215-376-6278* Email: [REDACTED]

Legal Entity

Name: *HUMANGOOD PENNSYLVANIA*
Address: *2000 JOSHUA ROAD, LAFAYETTE HILL, PA, 19444*
Phone: *2153766278* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/11/2012* Issued By: *Abington Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *62* Waking Staff: *47*

Inspection Information

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

Inspection Dates and Department Representative

03/08/2022 - On-Site: [REDACTED]
03/09/2022 - On-Site: [REDACTED]
03/15/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *72* Residents Served: *43*

Secured Dementia Care Unit

In Home: *Yes* Area: *4th floor/ Memory Care* Capacity: *22* Residents Served: *16*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

03/08/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/18/2022*

Inspections / Reviews (*continued*)

04/19/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *04/25/2022*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], resident #1 had a fall which caused a serious injury. The home did not report this incident to the department until 3/2/22.

Plan of Correction

Accept

Staff nurses were immediately trained on ensuring that all reportable incidents be reportable to the Department of Human services regional office or the personal care home complaint hotline within 24 hours of the incidents. Going forward Administrator or designee will review and audit all incidents to ensure they are being reported in a timely manner. The home quality management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/18/2022

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 #2 was not signed by the resident nor was there any documentation that resident #2 refused to sign or was unable to sign the contract.

Plan of Correction

Accept

The contract was reviewed with resident and refusal noted. Going forward, Personal Care Home Administrator or designee will review and audit contracts within 24 hour after admission to ensure compliance. The home Quality Management will include continuous review to ensure compliance of this regulation.

Completion Date: 04/18/2022

41e - Signed Statement

1. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept

The contract was reviewed with resident and resident refused to sign, refusal noted. Going forward, Personal Care Administrator or designee will review and audit contracts within 24 hours after admission to ensure compliance. The home Quality Management program will include continuous review to ensure compliance of this regulation.

Completion Date: 04/18/2022

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The residents in bedroom [REDACTED] did not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept

Residents in [REDACTED] was given a lamp and placed at bedside at the time of inspection. Team members have been educated on ensuring an operable lamp is in each resident's bedroom and placed by the bedside. Education completed on 4/8/22. Administrator or designee has completed on audit 3/9/22 to ensure each resident has an operable lamp or other source of lighting at bedside. Administrator or designee will conduct random audits monthly to ensure compliance. This audit will be recorded in the home quality management program.

Completion Date: 04/18/2022

107d - Procedure Emergency Management Agency Submission

1. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home did not submit current written emergency procedures to the local emergency management agency.

Plan of Correction

Accept

The written emergency procedures manual was reviewed by the local fire Marshall in Abington Township and Emergency Planning for Abington Township on 4/14/21 as shown by the signed signature sheet. in the front of the manual. and audited. Administrator and or designee will review, audit and continue to submit emergency procedures annually to ensure compliance. The home Quality management program will include annual review to ensure compliance.

Completion Date: 04/18/2022

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.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #1's medical evaluation form was documented on [REDACTED]. However, section 7 or the medication addendum was incomplete and did not include a list of resident #1's medications. The form documented, "attached," but there was no attachment.

Plan of Correction**Accept**

Resident #1's medication regime has been reviewed. Team members have been educated on information needed in the Medical Evaluation, completed on [REDACTED]. Administrator and Nurse manager have completed and audit and audited medical evaluation for residents to ensure medical evaluations are in compliance. Administrator or designee will complete medical evaluation for all new admissions to ensure compliance of this regulations. The Home Quality Management program will include these audits for 12 months to ensure compliance of this regulation.

Completion Date: 04/18/2022

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:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed 2 different orders for Tylenol.

Order #1 reads - 325mg (2 tabs) twice a day

Order #2 reads - 325mg (2 tabs) as needed every eight hours

However, the medication labels on the cart do not match the physician's orders. There was one bottle of Tylenol 325mg on the med-cart for resident #2 and the pharmacy label read, "take two tablets (650mg) by mouth every 4 hours as needed."

Plan of Correction**Accept**

Resident #2 medication was immediately removed from the cart. Administrator received telephone verbal order to clarify Tylenol order which was sent to the pharmacy; pharmacy delivered Tylenol medication. Team members have been educated on OTC medications to ensuring proper labeling. Education completed on 4/8/22. Administrator and nurse manager completed audit on 4/8/22 of medication cart to ensure OTC medication were properly labeled. Administrator or designee will conduct weekly audits of OTC medication and compare to physician orders to ensure that medication/labels located in the medication cart. The Home Quality Management Program will include these audits to ensure compliance to the regulations.

Completion Date: 04/18/2022

185a - Implement Storage Procedures

1. Requirements

185a - Implement Storage Procedures (continued)

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #3 is prescribed:

- *Trazodone 50mg, 1 tab as needed*
- *Acetaminophen 325mg, 2 tab every 6 hours as needed*
- *Benefiber Sugar Free as needed*

On 3/9/22, the medication(s) were not available in the home.

Resident #4 is prescribed accu-checks once a week. Resident #4's glucometer was not calibrated to the correct date and time. The dates and readings in the glucometer did not correspond with the computerized accu-check log.

Plan of Correction**Accept**

Resident #3 medication was renewed and received.

Resident #4 glucometer was recalibrated. Administrator audited other glucometer to ensure accuracy. Team members were educated on the calibration of the glucometer on 3/16/22 and 4/8/22.

Administrator and/designee will conduct weekly audits to ensure glucometers are calibrated.

Team members were educated on the importance of reordering medication timely to have available for the residents seven days before medication runs out.

Staff was educated on storage Procedures of medication on 4/8/22 to ensure medications are available and that glucometers are calibrated. The Home quality management program will include the above audits to ensure compliance of this regulation.

Completion Date: 04/18/2022

191 - Resident Right to Refuse**1. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #2 was admitted [REDACTED]. The home did not document that resident #2 was educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction**Accept**

Resident #2 was educated on the resident's right to refuse medication procedure on 3/10/22. Team members were educated on the Residents Rights procedure for resident refusal of medication. Administrator and/ designee will conduct audits of any medication refusal to ensure proper procedure and education was completed with the resident. An audit of the medication refusal education was completed 4/8/22. The home quality management program will include audits related to medication refusals to ensure compliance of this regulation.

Completion Date: 04/18/2022

227h - Support Plan Refuse Sign**1. Requirements**

2600.

227h - Support Plan Refuse Sign (continued)

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #2's support plan was complete on [REDACTED]. The home did not have resident #2 sign the support plan. There was no documentation that resident #2 was unable to sign or refused to sign the plan.

Plan of Correction**Accept**

Residents #2 support plan was reviewed with resident and resident refused to sign, refusal noted on support plan, 3/10/22 Team members educated on the procedure for when a resident refuse to sign their support plan completed on 4/8/22. Administrator and/ designee will review and conduct monthly audits of support plans monthly. The home Quality Management program will include these audits to ensure compliance to this regulation.

Completion Date: 04/18/2022

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 directions for operating the home's locking mechanism are not conspicuously posted near the door to the Secure Dementia Care Unit (SDCU) by room 4236/4237 and the code was missing for the quiet room library/book area.

Plan of Correction**Accept**

The directions for the operating the home's locking mechanism by room 4236/4237 as well as the quiet room library area have been conspicuously posted on 3/9/22. Team members have been educated about conspicuously posting directions for the home's locking mechanism. Administrator and/ or designee will conduct random weekly audits of this posting to ensure compliance

The Home Quality Management program will include these audits ensure compliance.

Completion Date: 04/18/2022