

Department of Human Services
Bureau of Human Service Licensing

June 11, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: NOTTINGHAM VILLAGE
RETIREMENT CENTER
60 NEITZ ROAD, PO BOX 32
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 20213

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2022, 03/29/2022 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

Facility Information

Name: *NOTTINGHAM VILLAGE RETIREMENT CENTER* License #: *20213* License Expiration: *04/26/2023*
Address: *60 NEITZ ROAD, PO BOX 32, NORTHUMBERLAND, PA 17857*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *LEEDS HEALTH CARE SERVICES INC*
Address: *PO BOX 32, NORTHUMBERLAND, PA, 17857*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/02/2002* Issued By: *PALI*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *42* Waking Staff: *32*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *03/29/2022*

Inspection Dates and Department Representative

03/24/2022 - On-Site: [REDACTED]
03/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *42*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *42*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *3*

Inspections / Reviews

03/24/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/04/2022*

06/07/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/14/2022*

06/11/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act requires that all CO2 detectors operating with a battery be changed annually and dated with battery installation date. The CO2 detector in the kitchen and directly outside of the kitchen door had a battery with an installed date of 1/17/2021.

Plan of Correction

Accept

Carbon Monoxide alarm batteries within the facility have been checked and are currently up to date. Maintenance staff will perform monthly detector checks to insure batteries are good and detectors are operable. All detector batteries will be due to be replaced by 3/3/2023 (see battery replacement log). Administrator will work with maintenance to insure batteries are changed in a timely manner.

Completion Date: 06/03/2022

Document Submission

Implemented

Carbon Monoxide alarm batteries within the facility have been checked and are currently up to date. Maintenance staff will perform monthly detector checks to insure batteries are good and detectors are operable. All detector batteries will be due to be replaced by 3/3/2023 (see battery replacement log). Administrator will work with maintenance to insure batteries are changed in a timely manner.

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

7. Telephone use and notification of emergency services.

Description of Violation

Staff Member A was hired on [REDACTED], but the home did not have verification that the staff member had orientation on their first day in the topic of telephone use and notification of emergency services.

Plan of Correction

Accept

Regulation was reviewed with department managers to improve understanding of orientation requirements regarding telephone use and notification of emergency services (see attached sign in sheet for educational session). For the next three months, department managers have been instructed to turn in orientation sheets to administrator to review that all required content areas have been covered (see attached Orientation Audit tool).

Completion Date: 06/03/2022

Update: 06/07/2022

Please send proof of staff person A's training. 6-7-2022 MM

Document Submission

Implemented

Regulation was reviewed with department managers to improve understanding of orientation requirements regarding telephone use and notification of emergency services (see attached sign in sheet for educational session). For the next three months, department managers have been instructed to turn in orientation sheets to administrator to review that all required content areas have been covered (see attached Orientation Audit tool).

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:

1. Resident rights.

Description of Violation

Staff Member A was hired on [REDACTED], but the home did not have verification that the staff member had an orientation within their first 40 hours in the topic of resident rights.

Plan of Correction

Accept

Regulation was reviewed with department managers to improve understanding of orientation requirements regarding Resident Rights (see attached sign in sheet for educational session). For the next three months, department managers have been instructed to turn in orientation sheets for any new hires to administrator to review that all required content areas have been covered. See attached Orientation Audit tool.

Completion Date: 06/03/2022

Update: 06/07/2022

Please send proof of staff person A's training. 6-7-2022 MM

Document Submission

Implemented

Regulation was reviewed with department managers to improve understanding of orientation requirements regarding Resident Rights (see attached sign in sheet for educational session). For the next three months, department managers have been instructed to turn in orientation sheets for any new hires to administrator to review that all required content areas have been covered. See attached Orientation Audit tool.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The rooms of Resident 1 and Resident 2 each had landline telephones that did not have emergency numbers posted near them.

Plan of Correction

Accept

Emergency telephone numbers have been added to the rooms for Residents 1 and 2. Monthly audits will be conducted by resident services staff to insure emergency numbers are posted on or by all phones. Audits will continue until 100% accuracy is achieved for at least three consecutive months (see attached audit tool). Administrator will spot check audit tools for completion (see attached Administrator Spot Check Tool).

Completion Date: 06/03/2022

Document Submission

Implemented

Emergency telephone numbers have been added to the rooms for Residents 1 and 2. Monthly audits will be conducted by resident services staff to insure emergency numbers are posted on or by all phones. Audits will continue until 100% accuracy is achieved for at least three consecutive months (see attached audit tool). Administrator will spot check audit tools for completion (see attached Administrator Spot Check Tool).

131a - Fire Extinguisher

1. Requirements

2600.

131.a. There shall be at least one operable fire extinguisher with a minimum 2-A rating for each floor, including the basement and attic.

Description of Violation

The fire extinguisher in the hallway next to the dining room was last inspected 1/2021.

Plan of Correction

Accept

██████████ Fire Equipment was notified the day that violation was noticed. Representative came to facility and inspected extinguisher and attached appropriate inspection tag for year 2022. Representative stated that tag must have been missed upon inspection of all extinguishers at the facility and came to facility to place tag on extinguisher (see attached photo). Maintenance has inspected extinguisher each month since Susquehanna Fire Equipment came to update tag. Maintenance shall conduct monthly audits to insure that fire extinguishers within the facility are all up to date with monthly inspections (see attached audit tool). Maintenance Director will oversee the completion of the audits. Administrator will spot check audits for completion (see attached Administrator Spot Check Tool)..

Completion Date: 04/01/2022

Update: 06/07/2022

Please send proof of compliance (picture). 6-7-2022 MM

Document Submission

Implemented

██████████ Fire Equipment was notified the day that violation was noticed. Representative came to facility and inspected extinguisher and attached appropriate inspection tag for year 2022. Representative stated that tag must have been missed upon inspection of all extinguishers at the facility and came to facility to place tag on extinguisher (see attached photo). Maintenance has inspected extinguisher each month since Susquehanna Fire Equipment came to update tag. Maintenance shall conduct monthly audits to insure that fire extinguishers within the facility are all up to date with monthly inspections (see attached audit tool). Maintenance Director will oversee the completion of the audits. Administrator will spot check audits for completion (see attached Administrator Spot Check Tool)..

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 dated ██████████ for Resident 3 does not indicate their ability to self-administer medications. This section was left blank on the form.

141a 1-10 Medical Evaluation Information (continued)

Plan of Correction

Accept

DME for Resident 3 was completed. Monthly audits will be completed by nursing for all DMEs of residents who admit, have an annual review, or a significant change within that month (see attached Monthly DME Audit tool). Audits will continue for 3 months until 100% accuracy is achieved. Administrator will oversee audit completion (see attached Administrator Spot Check Tool).

Completion Date: 06/03/2022

Update: 06/07/2022

Please send resident #3's DME. 6-7-2022 MM

Document Submission

Implemented

DME for Resident 3 was completed. Monthly audits will be completed by nursing for all DMEs of residents who admit, have an annual review, or a significant change within that month (see attached Monthly DME Audit tool). Audits will continue for 3 months until 100% accuracy is achieved. Administrator will oversee audit completion (see attached Administrator Spot Check Tool).

162c - Menus Posted

1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's food menu was not posted for a week in advance.

Plan of Correction

Accept

Menus for at least one month a public bulletin board in the facility. Hospitality staff will update postings at the start of each monthly menu cycle to insure menus are up to date. Hospitality staff will log when this task is complete on attached audit log. Director of hospitality will monitor audit for completion. Audits will continue until 100% accuracy is achieved for three consecutive months. Administrator will complete spot checks to oversee goal is met (see attached Administrator Spot Check Tool).

Completion Date: 06/03/2022

Update: 06/07/2022

Please send proof of compliance (picture). 6-7-2022 MM

Document Submission

Implemented

Menus for at least one month a public bulletin board in the facility. Hospitality staff will update postings at the start of each monthly menu cycle to insure menus are up to date. Hospitality staff will log when this task is complete on attached audit log. Director of hospitality will monitor audit for completion. Audits will continue until 100% accuracy is achieved for three consecutive months. Administrator will complete spot checks to oversee goal is met (see attached Administrator Spot Check Tool). \

Please note that menu pictures provided have costs included, which only apply to Independent Residents living in the facility.

185a - Implement Storage Procedures

1. Requirements

2600.

185a - Implement Storage Procedures (continued)

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

The Glucometer of Resident 4 was not calibrated with the correct time.

Plan of Correction**Accept**

Glucometer for Resident 4 was correctly calibrated on 3/24/2022. Weekly audits will be completed by nursing staff to insure glucometers are correctly calibrated. Nursing supervisor will oversee audits. Weekly audits will be completed until 100% accuracy is achieved for four consecutive weeks. Once goal is achieved, audits will continue on a monthly basis. Administrator will do spot checks to make sure audits are being completed (see Administrator Spot Check Tool).

Completion Date: 06/03/2022

Document Submission**Implemented**

Glucometer for Resident 4 was correctly calibrated on 3/24/2022. Weekly audits will be completed by nursing staff to insure glucometers are correctly calibrated. Nursing supervisor will oversee audits. Weekly audits will be completed until 100% accuracy is achieved for four consecutive weeks. Once goal is achieved, audits will continue on a monthly basis. Administrator will do spot checks to make sure audits are being completed (see Administrator Spot Check Tool).

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:

Description of Violation

Resident 5's Medication Administration Record for March 2022 listed a PRN medication for [REDACTED] that was discontinued on 1/3/2022.

Plan of Correction**Accept**

Nursing charge staff have been educated on proper Medication Administration Record procedures for medication discontinuation (see attached education). Nursing staff will conduct monthly audits of Medication Administration Records for 5 randomly selected residents each month (see attached audit tool) for the next three months. Audits will continue beyond three months until no errors are found for two consecutive months. Nursing Supervisor to oversee audits. Facility to provide ongoing education to Charge Staff regarding MAR and procedures for start/discontinuation of medications. Administrator will monitor audits for compliance (see attached Administrator Spot Check Tool).

Completion Date: 06/02/2022

Document Submission**Implemented**

Nursing charge staff have been educated on proper Medication Administration Record procedures for medication discontinuation (see attached education). Nursing staff will conduct monthly audits of Medication Administration Records for 5 randomly selected residents each month (see attached audit tool) for the next three months. Audits will continue beyond three months until no errors are found for two consecutive months. Nursing Supervisor to oversee audits. Facility to provide ongoing education to Charge Staff regarding MAR and procedures for start/discontinuation of medications. Administrator will monitor audits for compliance (see attached Administrator Spot Check Tool).