

Department of Human Services
Bureau of Human Service Licensing

June 12, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: RITTENHOUSE VILLAGE AT
MUHLENBERG
2900 LAWN TERRACE
READING, PA, 19605
LICENSE/COCC#: 22802

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/29/2022, 03/30/2022, 03/31/2022 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: *RITTENHOUSE VILLAGE AT MUHLENBERG* License #: *22802* License Expiration: *05/01/2023*
Address: *2900 LAWN TERRACE, READING, PA 19605*
County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *DISCOVERY READING LEASING LLC*
Address: *3461 BONITA BAY BLVD, SUITE 100, SUITE 201, BONITA SPRINGS, FL, 34134*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *11/17/2009* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *89* Waking Staff: *67*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint* Exit Conference Date: *03/31/2022*

Inspection Dates and Department Representative

03/29/2022 - On-Site: [REDACTED]
03/30/2022 - On-Site: [REDACTED]
03/31/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *104* Residents Served: *86*

Secured Dementia Care Unit

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

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *86*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

03/29/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *05/22/2022*

06/03/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/10/2022*

06/12/2022 - 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 home's CO2 detector located on the 2nd floor west wing of the facility had expired batteries. The batteries had a date of 3/1/21 and are required to be replaced yearly.

Plan of Correction

Accept

- Battery was replaced at the time of the inspection.
- CO2 Log was updated to include the location of all CO2 detectors located in the community.
- Director of Facility Maintenance/Designee will utilize and maintain log to ensure batteries are replaced in all CO2 detectors annually.
- Executive Director will monitor for compliance.

Completion Date: 03/29/2022

Document Submission

Implemented

- Battery was replaced at the time of the inspection.
- CO2 Log was updated to include the location of all CO2 detectors located in the community.
- Director of Facility Maintenance/Designee will utilize and maintain log to ensure batteries are replaced in all CO2 detectors annually.
- Executive Director will monitor for compliance.

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

Th following rooms, 110 and 217, had enabler bars that had no covers with opening that were 5 inches or greater.

Repeat Violation -7/13/21

Plan of Correction

Accept

- Enabler bars in apartments 110 and 217 did not have coverings at the request of the residents.
- Residents in apartment 110 and 217 stated to the inspector they do not want coverings on the enabler bars as it impedes the use of the bars.
- Director of Health and Wellness provided education to the Residents in apartment 110 and 217 on 4/8/22 that included the hazard of not having the enabler bars covered, and coverings were placed.
- Director of Housekeeping/Designee will monitor resident apartments that utilize enabler bars during their weekly cleaning to ensure they have coverings.
- Executive Director will monitor for compliance.

Completion Date: 04/08/2022

Document Submission

Implemented

- Enabler bars in apartments 110 and 217 did not have coverings at the request of the residents.

81b - Resident Personal Equipment (continued)

- Residents in apartment 110 and 217 stated to the inspector they do not want coverings on the enabler bars as it impedes the use of the bars.
- Director of Health and Wellness provided education to the Residents in apartment 110 and 217 on 4/8/22 that included the hazard of not having the enabler bars covered, and coverings were placed.
- Director of Housekeeping/Designee will monitor resident apartments that utilize enabler bars during their weekly cleaning to ensure they have coverings.
- Executive Director will monitor for compliance.

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The following rooms had hot water temperatures over 120°F. Room #217 had a water temperature of 128°F and room #317 had a water temperature of 124°F.

Plan of Correction

Accept

- Mechanical company was contacted on 4/1/22 to have water heaters adjusted.
- Water heaters were adjusted to 120 degrees by mechanical company on 4/18/22.
- Director of Facility Maintenance/Designee will check water temperatures weekly in resident apartments, rotating apartments to ensure water temperatures are below 120 degrees.
- Executive Director will monitor for compliance.

Completion Date: 04/18/2022

Update: 06/03/2022

Please send proof of water temperature checks. 6-3-2022 MM

Document Submission

Implemented

- Mechanical company was contacted on 4/1/22 to have water heaters adjusted.
- Water heaters were adjusted to 120 degrees by mechanical company on 4/18/22.
- Director of Facility Maintenance/Designee will check water temperatures weekly in resident apartments, rotating apartments to ensure water temperatures are below 120 degrees.
- Executive Director will monitor for compliance.

100a - Exterior - Free of Hazards

1. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The home's exit door located at the south end of the building near the laundry room has a ravine with no barrier. Approximately 5 feet from the exit door is a steep drop off which is around 15 feet down. The home previously had shrubs which prevented access to the area but they were removed and no barrier was put in place to make the area safe for those who exit this door.

100a - Exterior - Free of Hazards (continued)

Plan of Correction

Accept

- Eleven arborvitaes were removed in the Fall due to being dead, and unable to be replanted until Spring due to weather.
- Eleven arborvitaes were installed on 4/6/22 creating a barrier for the ravine.
- Director of Facility Maintenance/Designee will monitor the property daily to ensure the property is free of hazards.
- Executive Director will monitor for compliance.

Completion Date: 04/06/2022

Update: 06/03/2022

Please send picture. 6-3-2022 MM

Document Submission

Implemented

- Eleven arborvitaes were removed in the Fall due to being dead, and unable to be replanted until Spring due to weather.
- Eleven arborvitaes were installed on 4/6/22 creating a barrier for the ravine.
- Director of Facility Maintenance/Designee will monitor the property daily to ensure the property is free of hazards.
- Executive Director will monitor for compliance.

107c - Food/Water 3 Day Supply

1. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home did not have a 3 day supply of emergency water available in the home. The home's water supplier letter did not state that they would provide emergency water to the facility immediately, in the event of an emergency.

Plan of Correction

Accept

- Emergency water supply letter states the vendor will immediately make effort to supply the community with water within 24 hours.
- Emergency water was purchased by supplier to have enough water available in the community for the first 24 hours, until the community water supplier is able to provide.
- Director of Culinary/Designee will monitor the community emergency water supply to ensure there is a 24 hour supply.
- Executive Director will monitor for compliance.

Completion Date: 05/21/2022

Update: 06/03/2022

Please send Emergency water supply letter and picture of 24 hour water supply.
6-3-22 MM

Document Submission

Implemented

- Emergency water supply letter states the vendor will immediately make effort to supply the community with water within 24 hours.
- Emergency water was purchased by supplier to have enough water available in the community for the first

107c - Food/Water 3 Day Supply (continued)

24 hours, until the community water supplier is able to provide.

- Director of Culinary/Designee will monitor the community emergency water supply to ensure there is a 24 hour supply.
- Executive Director will monitor for compliance.

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit on the first floor adjacent to the main kitchen and resident activity room had 2 large trash cans, 50-pound bag of rock salt and rock salt spreader machine blocking the path to the exterior of the building.

Plan of Correction

Accept

- Trash cans, rock salt and spreader were removed from the corridor by the 1st floor emergency exit at the time of the inspection.
- Executive Director provided education to maintenance staff on 4/4/22 including the importance of having all emergency exits unobstructed.
- Director of Facility Maintenance/Designee will monitor all emergency exits daily to ensure they are unobstructed.
- Executive Director will monitor for compliance.

Completion Date: 04/04/2022

Document Submission

Implemented

- Trash cans, rock salt and spreader were removed from the corridor by the 1st floor emergency exit at the time of the inspection.
- Executive Director provided education to maintenance staff on 4/4/22 including the importance of having all emergency exits unobstructed.
- Director of Facility Maintenance/Designee will monitor all emergency exits daily to ensure they are unobstructed.
- Executive Director will monitor for compliance.

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident [REDACTED] take 1 tab under the tongue every 4 hours as needed for excessive secretions had an expiration date of 12/2021.

Plan of Correction

Accept

- Resident [REDACTED] was discarded at the time of the inspection.
- Director of Health and Wellness contacted hospice company that was supplying Resident #1 medication to request a refill on 4/1/22.

183d - Prescription Current (continued)

- Hospice company delivered Resident [REDACTED] refill on 4/5/22 to the community.
- Director of Health and Wellness provided education to med techs that included monitoring expiration dates on medications.
- Director of Health and Wellness/Designee will audit resident medications monthly.
- Executive Director will monitor for compliance.

Completion Date: 04/05/2022

Document Submission**Implemented**

- Resident [REDACTED] was discarded at the time of the inspection.
- Director of Health and Wellness contacted hospice company that was supplying Resident #1 medication to request a refill on 4/1/22.
- Hospice company delivered Resident [REDACTED] refill on 4/5/22 to the community.
- Director of Health and Wellness provided education to med techs that included monitoring expiration dates on medications.
- Director of Health and Wellness/Designee will audit resident medications monthly.
- Executive Director will monitor for compliance.