

Department of Human Services
Bureau of Human Service Licensing

May 17, 2022

[REDACTED]
KAREN ADAMS
314 FALLOWFIELD AVENUE
CHARLEROI, PA, 15022

RE: THE ADAMS HOUSE
314 FALLOWFIELD AVENUE
CHARLEROI, PA, 15022
LICENSE/COC#: 41371

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/04/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Larry Mazza

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *THE ADAMS HOUSE* License #: *41371* License Expiration: *03/13/2022*
Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022*
County: *WASHINGTON* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7244837171* Email: [REDACTED]

Legal Entity

Name: *KAREN ADAMS*
Address: *314 FALLOWFIELD AVENUE, CHARLEROI, PA, 15022*
Phone: *7244837171* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/02/1998* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *04/26/2022*

Inspection Dates and Department Representative

04/04/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *21* Residents Served: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *21* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *18* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/04/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2022*

05/10/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/16/2022*

05/11/2022 - 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

At 12:35 pm, a binder labeled, "The Adams House 2021" was unlocked and unattended on an end table in the home's living room. The binder contained assessments and support plans for numerous residents, including resident #1.

Plan of Correction

Accept

The RASP binder was immediately locked up upon discovery. The RASP binder is required to be accessible to the direct care staff yet is to be in a designated, locked filing cabinet in the kitchen when not in use. The facility will educate all staff on the designated location for the RASP binder, with it being locked when unattended, and the continued importance of record confidentiality and regulation 2600.17. The education will be uploaded.

When will the staff education be completed? Since [REDACTED] need to conduct multiple educations, in order to conduct this meeting [REDACTED] need to extend the deadline from Friday, May 13, 2022 to Monday, May 16, 2022. The staff education will be completed by Monday, May 16, 2022.

What is the home's monitoring step? The home's monitoring step will be that the administrative assistant will check for compliance with record confidentiality including but not limited to what is on the walls, medication cart, counters, file cabinets, as well as the location of the RASP binder weekly when [REDACTED] does [REDACTED] facility walk through.

Completion Date: 05/16/2022

Document Submission

Implemented

Please see attached.

23b - Instrumental Activities of Daily Living Assistance

1. Requirements

2600.

- 23.b. A home shall provide each resident with assistance with IADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident #1's most recent assessment and support plan, dated [REDACTED], indicates the resident requires full physical assistance with managing and securing healthcare, requires some physical assistance with making and keeping appointments and that staff persons will schedule dental appointments for the resident every 6 months and as needed; however, the resident has not been to a dentist in approximately 5 years.

Plan of Correction

Accept

Resident #1 has refused to go to the dentist and has refused the opportunity to receive dentures. We still provide and offer the scheduling service in the support plan. Effective immediately, an updated RASP will be completed for Resident #1 with the dental information changed and the facility will document the refusal (if applicable) in the annual RASP. Updated RASP will be uploaded.

23b - Instrumental Activities of Daily Living Assistance (continued)

When will resident #1 be offered a dentist apt? The home will offer Resident #1 a dentist appt Wednesday, May 11, 2022 and if the resident wants one the home's coordinator will make one and if the Resident #1 declines, the home will create documentation for [REDACTED] to sign stating so.

Were all other resident RASP's reviewed for accuracy? The home's director will audit all the RASPs for accuracy on Wednesday, May 11, 2022.

What is the home's monitoring step?

The home's monitoring step will be an audit on the RASP binder once every month performed by the director.

How will the home ensure residents are provided assistance with IADL's and ADL's in accordance with their RASPs? Each time the director updates or completes a RASP, the director will discuss with the administrative assistant and the dayshift coordinator before finalizing to ensure the information going into the RASP regarding the resident's IADL's and ADL's are properly evaluated and appropriate for the resident's needs and wants.

Since we need to conduct multiple educations, in order to conduct this meeting we need to extend the deadline from Friday, May 13, 2022 to Monday, May 16, 2022. The staff education will be completed Monday, May 16, 2022.

Completion Date: 05/16/2022

Document Submission

Implemented

Please see attached.

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

On 3/25/22, resident #1 was prescribed a soft diet; however, resident #1's most recent assessment, dated [REDACTED], indicates the resident has no dietary needs.

Plan of Correction

Accept

The administrative assistant was not aware that Resident #1 had a new order for a prescription diet of soft food. Immediately, the administrative assistant, whom is the designated person responsible for creating RASPs, will communicate to staff that [REDACTED] should receive a copy of every discharge paper or physician appointment summary. The discharge and/or physician summary papers are a crucial and important tool for updating each residents' plan and will be utilized immediately to create an updated RASP for Resident #1. The communication documentation and updated RASP will be uploaded.

When will resident #1's RASP be updated? Resident #1's RASP will be updated Wednesday, [REDACTED]

Were all other resident RASP's reviewed? The home's director will audit all the RASPs for accuracy on Wednesday,

225c - Additional Assessment (continued)

May 11, 2022.

Was staff education completed with employees who are responsible for updating RASP's? Staff education for those involved with the updating of the RASP will be completed by Monday, May 16, 2022.

What is the home's monitoring step? The home's monitoring step will be an audit of all hospital discharge papers as well as dr visit summary papers to check for changes that need to be updated on the RASPs. This will be done once a week by the director in coordination with the administrative assistant and the day shift coordinator.

Since we need to conduct multiple educations, in order to conduct this meeting we need to extend the deadline from Friday, May 13, 2022 to Monday, May 16, 2022. The staff education will be completed Monday, May 16, 2022.

Completion Date: 05/16/2022

Document Submission

Implemented

Please see attached.

228b - Discharge or Transfer

1. Requirements

2600.

228.b. If the home initiates a discharge or transfer of a resident, or if the legal entity chooses to close the home, the home shall provide a 30-day advance written notice to the resident, the resident's designated person and the referral agent citing the reasons for the discharge or transfer. This shall be stipulated in the resident-home contract. A 30-day advance written notice is not required if a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home, as certified by a physician or the Department. This may occur when the resident needs psychiatric or long-term care or is abused in the home, or the Department initiates closure of the home.

Description of Violation

On [redacted] resident #2 was sent to the hospital so that the resident could be discharged from the hospital to a skilled nursing facility; however, the home did not issue a written 30-day notice to the resident and the resident's designated person. The home does not have documentation from a physician indicating a delay in discharge or transfer would jeopardize the health, safety or well-being of the resident or others in the home.

Plan of Correction

Accept

Effective immediately, the facility will make sure to diligently issue a 30 day notice as stated in our contract for resident discharges and transfers. If the situation requires it, we will get documentation from the resident's physician indicating if a delay in discharge or transfer would jeopardize the health, safety, or well-being of the resident or others in the home. For Resident #2's case, we do have documentation of the latter and will upload it.

When was the delay in discharge notice issued by resident #2's physician? [redacted]

What is the home's monitoring step to ensure residents are provided a 30-day advance written notice of intent to discharge the resident? The director, the administrator, the administrative assistant, and the coordinator will have a monthly meeting to discuss resident's conditions and considerations for discharge if any. This meeting will ensure that we have properly evaluated the resident(s) together, problem solved, and that the proper 30-day written notice is created if we have exhausted our options.

Education will be done for all staff. This involves all staff because not only does the administration and coordinator

228b - Discharge or Transfer (continued)

work hand in hand with the residents but the direct care aides also continually assess resident's placement in the home and their appropriateness. All staff need to be educated including the administration because the 30-day written notice and the discharge procedures need to be discussed with everyone in order to properly coordinate care with the residents, their drs, and the staff. The education shall include ensuring appropriate discharge in accordance with 2600.228h, as well as ensuring a written 30-day notice is provided to the resident/designated person in accordance with 2600.228b. This education will be completed Monday, May 16, 2022.

Completion Date: 05/16/2022

Document Submission

Implemented

Please see attached.