

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

Facility Information

Name: *HALCYON SENIOR LIVING* License #: *45109* License Expiration: *08/31/2022*
Address: *528 DEWEY AVENUE, BRIDGEVILLE, PA 15017*
County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/13/1998* Issued By: *Labor & Industry*
Type: *I-2* Date: *05/14/2020* Issued By: *Borough of Bridgeville*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *107* Waking Staff: *80*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Incident* Exit Conference Date: *04/07/2022*

Inspection Dates and Department Representative

04/04/2022 - On-Site: [REDACTED]
04/05/2022 - On-Site: [REDACTED]
04/06/2022 - On-Site: [REDACTED]
04/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *88* Residents Served: *65*

Secured Dementia Care Unit

In Home: *Yes* Area: *2nd Floor* Capacity: *40* Residents Served: *31*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *63*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *42* Have Physical Disability: *1*

Inspections / Reviews

04/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/08/2022*

05/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/23/2022*

05/17/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/20/2022*

05/24/2022 - 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 4/5/22 at 9:30 a.m., the following resident records were unlocked, unattended and accessible at the 1st floor nurses' station:

- A physician's order dated 3/3/22, for resident #2 for ted hose, on top of the fax/printer
- 24-Hour Report Sheets, 1st Floor binder, containing an incident/accident report, dated 4/4/22 for resident #3, and a Via Quest Hospice binder for resident #4 containing the resident's DOB, diagnoses and other medical information, on top of the desk

Plan of Correction

Accept

- All staff were inserviced 5/4 on 2600.17. (See Attached Inservice and Sign in Sheet)
- All resident-related information including, but not limited to, binders, charts, fax machine, faxes and physician order mailbox were relocated inside the locked nurses station.
- Admin/DON or designee to walk thru units daily for compliance with HIPPA/resident related information storage.
- Date of Compliance 5/4/2022

Completion Date: 05/04/2022

Document Submission

Implemented

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 4/6/22, the bathroom lock was inoperable on the door of bedroom 212's shared bathroom.

Plan of Correction

Accept

- The lock to door 212 bathroom was repaired 5/7/2022.
- Education was provided to all staff regarding 2600.42s.
- All bathroom locks throughout the building have been checked for proper operability. (Please see attached audit)
- Maintenance will perform audit monthly ongoing to ensure operability. (See attached Preventative Maintenance Audit Form)
- Date of Compliance: 5/4/2022

Completion Date: 05/04/2022

Document Submission

Implemented

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A, hired [REDACTED] does not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

- Staff person A is no longer employed with Halcyon Senior Living effective [REDACTED]
- Education was provided to all staff regarding 2600.54a.
- ALL employee business office files were audited for compliance with 2600.54a. (See Staff Diploma audit attached)
- New Employee File Checklist was implemented to audit all employee files on hire.
- Date of Compliance: 5/4/2022

Completion Date: 05/04/2022

Document Submission

Implemented

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/5/22 at 9:51 a.m., there was feces smeared approximately ¾' x ½" on the sides of the toilet seat, and a smear approximately ¼" x 3" on the top left side of the toilet seat in the 2nd floor shared bathroom across from the emergency exit.

On 4/5/22 at 9:44 a.m., there was an unlabeled, used bar of soap in the soap holder in the shower stall located in the 1st floor shower room.

On 4/5/22 at 9:56 a.m., there was an unlabeled, used bar of soap in the soap holder in the shower stall located in the 2nd floor shower room.

Plan of Correction

Accept

- Bar of soap was removed from the shower room immediately.
- Plastic soap boxes were purchased (see attached receipt) and all bars of soap were stored and properly labeled with resident names. The soap boxes will be stored resident room on AL and in the labeled hygiene storage areas in the dementia unit.
- Education was provided to all staff regarding 2600.85a.
- Bathrooms will be checked daily by housekeeping staff to ensure that no resident hygiene items are left in shared areas.
- Date of Compliance: 5/6/2022

Completion Date: 05/06/2022

85a - Sanitary Conditions (continued)

Document Submission

Implemented

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 4/5/22 at 9:23 a.m., there was an accumulation of approximately 1/4-inch of lint in dryer #1 and 1/4-inch of lint in dryer #2 in the laundry room.

Plan of Correction

Accept

- Lint traps were cleaned and hoses were vacuumed immediately.
- A sign was placed on each of 2 dryer doors as a reminder to clean lint trap with each use. (See Attachment)
- An audit form was added to each dryer door for night shift supervisor to verify that lint trap is clean at the end of every night shift. (See Attachment) Maintenance will continue to clean traps and hoses to external vent monthly. (See Attachment)
- Education was provided to all staff on 2600.105g.
- Date of Compliance: 5/4/2022

Completion Date: 05/04/2022

Document Submission

Implemented

141a - Medical Evaluation

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.

Description of Violation

The medical evaluation, dated [redacted] for resident #7 is blank in the areas of immunizations and body positioning.

The medical evaluation, dated [redacted], for resident #8 is blank in the areas of height and pulse rate.

Plan of Correction

Accept

- New DMEs completed for residents #7 and #8 with missing items corrected. (Please see attached)
- Audit completed for DME completeness on all residents. (See Attachment)
- Audit to be completed Monthly on all DMEs for completeness. (See Attachment for audit tool)
- Education provided to ALL staff regarding 2600.141a.
- Date of Compliance: 5/4/2022

Completion Date: 05/04/2022

Document Submission

Implemented

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #8 is prescribed [redacted], instill 1 drop into affected eyes daily at bedtime; however, there was no open date indicated on the bottle. The medication guidelines indicate, after first opening the bottle, use within four weeks.

Plan of Correction

Accept

- Resident #8s [redacted] were immediately removed from the medication cart and reordered from the pharmacy to ensure compliance with open dates. New container was labeled as per regulation.
- A medication cart audit was completed on both med carts to ensure that all medications were labeled as per regulation. (See attachment)
- Med Cart audit will be completed every Friday by Admin/DON or designee to ensure compliance with regulation. (See Attachment)
- Education was provided to ALL staff regarding 2600.183e.
- Date of Compliance: 5/4/2022

Completion Date: 05/04/2022

Document Submission

Implemented

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

The April 2022 medication administration records (MARs) for multiple residents do not include the diagnoses and purpose for medications, including the following:

- Resident #5 - [redacted], one tablet daily before breakfast, [redacted], one tablet daily, [redacted], one tablet at bedtime
- Resident #6 - [redacted], 1 tablet three times daily, [redacted], one tablet daily, [redacted], one tablet at bedtime
- Resident #8 - [redacted] one tablet twice daily, [redacted] 0mg, one tablet daily, [redacted], one tablet at bedtime

Plan of Correction

Accept

- [redacted] Pharmacy was contacted to assist with plan of correction as the facility has pharmacy initiated medication ordering. The pharmacy places all medication orders on the MAR and medications cards.
- Pharmacy completed an audit of all resident MARs on 5/5/2022 for missing diagnoses and indications for use.
- [redacted] Pharmacy and TabulaPro software worked together to solve the software problem.
- 5/7/2022- [redacted] Pharmacy verified that the issue was fixed. (See attached email verification)
- Software now has a double check system in which the med tech AND DON must verify medication orders prior to them being applied to the MAR.
- Education provided to all staff regarding 2600.187a.
- Date of Compliance: 5/7/2022

187a - Medication Record (continued)

Completion Date: 05/07/2022

Document Submission

Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600. 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #6 is prescribed [redacted] ointment, cleanse small back wound w/soap & water, apply a small amount of Bacitracin topically to back wound; cover w/bordered gauze once daily. However, on 4/5/22, the medication was not administered because it was not available in the home.

Plan of Correction

Accept

- Medication for resident #6 was immediately ordered and physician and family were notified of deficient practice.
- Medication cart was audited for presence of needed medications for all residents.
- Med Cart audit to be completed weekly on Friday to verify that all ordered medications are present in the medication cart.
- Education provided to ALL staff regarding 2600.187d
- Date of Compliance 5/4/2022.

Completion Date: 05/04/2022

Document Submission

Implemented

225a - Assessment 15 Days

1. Requirements

2600. 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

The assessment, dated [redacted] for resident #1 does not include the diagnoses of [redacted] which is indicated on the medical evaluation, dated [redacted].

The assessment, dated [redacted] for resident #5, indicates the resident has no problem with irritability, agitation, aggression and a minimal problem with judgment. However, documentation from [redacted] in the resident's record indicates the resident was becoming increasingly more [redacted] towards staff and other residents.

The assessment, dated [redacted] for resident #6, indicates the resident has no problem with agitation and aggression and a minimal problem with judgment and agitation. However, the assessment was not updated to include the following: On 3/2/22, the resident became increasingly [redacted], and assaulted a visitor when the visitor would not give [redacted] a basket that [redacted]. Resident #6 put both of [redacted] hands on the visitor's head and neck and shook [redacted]. On 3/18/22, it was noted that over the last month, the resident was seen by a physician for ongoing [redacted] and was becoming physically aggressive with staff and other residents and unable to be redirected.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

Within 30 calendar days from receipt of this plan of correction – The administrator or a designated staff person will review all assessments of current residents for accuracy and completion including supervision and behavioral needs.

Completion Date: 06/17/2022

Document Submission

Implemented

15b - Supervisor Plan

1. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home’s staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 3/14/22, between approximately 6:00 p.m. and 8:30 p.m., staff person A yelled at resident #1, which was overheard by staff person B. The resident told staff person B that staff person A was mean and accused the resident of lying about the ability to use left hand. At approximately 8:30 p.m., staff person B informed staff person C about the incident. The home did not immediately develop and implement a plan of supervision or suspend staff person A. Staff person A continued to work unsupervised in the home until 11:00 p.m. on that day.

Repeat violation: 4/23/21

Plan of Correction

Accept

If any future allegations of abuse occur, the home will immediately take the following steps:

If allegations of abuse occur, the administrator will ensure the home will immediately take the following steps:

**Place the accused staff person on a plan of supervision which includes not having access to any residents without the presence of another qualified direct care staff person or suspend the staff person or persons involved. If a plan of supervision is developed, the home will send the plan to the Department for approval.*

Completion Date: 05/20/2022

Document Submission

Implemented

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident #1 has a diagnosis of [REDACTED] of the left side of body. The home assessed resident #1 as non-weight bearing and being totally dependent for all transfers and requiring some physical assistance with toileting.

On 3/14/22, between approximately 6:00 p.m. and 8:30 p.m., staff person A was assisting resident #1 with toileting and instructed resident #1 to hold the grab bar with her left hand. When resident #1 replied that she was not able to use

42b - Abuse (continued)

her left hand, staff person A yelled at the resident, and insisted she saw resident #1 use it in the past and that she was lying.

Staff person B overheard staff person A yelling and went into resident #1's bathroom. Staff person B told staff person A to leave and finished toileting resident #1. Resident #1 told staff person B multiple times that staff person A was mean, yelled at her and said she was lying about being unable to use her left hand. Resident #1 and staff person B went out into the hallway. Staff person A was there and continued to yell and repeatedly accuse resident #1 of lying about her hand.

On 3/21/22 between approximately 8:30 – 9:00 a.m., residents #5 and #6 were seated next to each other at an activity table. Both residents are diagnosed with [REDACTED] and reside in the secured dementia care unit (SDCU). Resident #5 became agitated and hit resident #6 about the head and pulled resident #6's hair. Staff person D was unable to separate the residents alone and needed assistance from additional staff. However, staff person D did not have a walkie-talkie and left the area to get assistance from other staff who were assisting another resident. When staff person D returned with other staff, resident #5 was still hitting resident #6 in the head. Both residents were taken to the hospital where resident #5 was diagnosed with a concussion. The home failed to adequately supervise the residents and to immediately intervene when resident #5 began to hit resident #6.

Repeat violation: 4/23/21

Plan of Correction**Directed**

Within 30 calendar days from receipt of this plan of correction – All staff persons will be trained on §2600.42(b) by an outside source approved by the Department.

Within 30 calendar days from receipt of this plan of correction – All staff persons will be trained on transferring, repositioning residents in bed, and assisting with mobility needs from an outside source approved by the Department.

Within 30 calendar days from receipt of this plan of correction – The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 4 residents regarding care and treatment, including assistance with incontinence care, bathing, repositioning and bathing. Documentation of interviews will be kept.

Within 30 calendar days from receipt of this plan of correction – The administrator or designee will increase supervision of staff during care to ensure that staff are proficiently assisting residents with care and mobility needs in a manner that's compliant with §2600.42(b). The administrator will provide continual reinforcement of residents' rights and appropriate treatment of residents.

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).

42b - Abuse (continued)

Completion Date: 06/17/2022

Document Submission

Implemented

Within 30 calendar days from receipt of this plan of correction – All staff persons will be trained on §2600.42(b) by an outside source approved by the Department.

Within 30 calendar days from receipt of this plan of correction – All staff persons will be trained on transferring, repositioning residents in bed, and assisting with mobility needs from an outside source approved by the Department.

Within 30 calendar days from receipt of this plan of correction – The administrator will implement procedures that ensure compliance with §2600.42(b). The procedures will include, at a minimum, monthly administrator or designee interviews with at least 4 residents regarding care and treatment, including assistance with incontinence care, bathing, repositioning and bathing. Documentation of interviews will be kept.

Within 30 calendar days from receipt of this plan of correction – The administrator or designee will increase supervision of staff during care to ensure that staff are proficiently assisting residents with care and mobility needs in a manner that's compliant with §2600.42(b). The administrator will provide continual reinforcement of residents' rights and appropriate treatment of residents.

DIRECTED: Within 30 calendar days of receipt of the plan of correction: The home will conduct a quality management plan review and evaluation. The Administrator will place an increased emphasis on these plans of correction and take action to improve the quality of its resident rights and Older Adult Protective Services Act (OAPSA) training for all newly hired staff within 40 scheduled working hours in accordance with §2600.65(b)(1) and §2600.65(b)(3) and annually in accordance with §2600.65(g)(3) and §2600.65(g)(4).