

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

December 6, 2022

[REDACTED]  
PETER BECKER COMMUNITY  
800 MAPLE AVENUE  
ATTN:DIRECTOR OF PERSONAL CARE  
HARLEYSVILLE, PA, 19438

RE: PETER BECKER COMMUNITY  
800 MAPLE AVENUE, 1ST FLOOR  
HARLEYSVILLE, PA, 19438  
LICENSE/COC#: 12773

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/12/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *PETER BECKER COMMUNITY* License #: 12773 License Expiration: 06/09/2023  
Address: 800 MAPLE AVENUE, 1ST FLOOR, HARLEYSVILLE, PA 19438  
County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: *PETER BECKER COMMUNITY*  
Address: 800 MAPLE AVENUE, ATTN:DIRECTOR OF PERSONAL CARE, HARLEYSVILLE, PA, 19438  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 07/30/1974 Issued By: CWOPA Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
Reason: Renewal Exit Conference Date: 04/12/2022

**Inspection Dates and Department Representative**

04/12/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
License Capacity: 68	Residents Served: 52		
Secured Dementia Care Unit			
In Home: Yes	Area: Larkspur Lane	Capacity: 11	Residents Served: 10
Hospice			
Current Residents: 1			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 52		
Diagnosed with Mental Illness: 6	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 13	Have Physical Disability: 1		

**Inspections / Reviews**

04/12/2022 - Full  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/07/2022

05/19/2022 - POC Submission  
Submitted By: [REDACTED] Date Submitted: 12/05/2022  
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/02/2022

Inspections / Reviews *(continued)*

12/06/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2022

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff person A, whose first day of work was [REDACTED] did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

POC Submission

Accept

Staff Person A resigned [REDACTED] position before the annual survey.

PC Administrator/designee will re-educate Human Resources on direct care staff training and orientation procedures and timeframes.

New hire requirements and orientation will be audited monthly by Human Resources Director/designee for new staff and the results will be presented at the quarterly Quality Insurance Performance Improvement meeting for any further follow up.

Licensee's Proposed Overall Completion Date: 06/01/2022

Document Submission

Implemented (MJ - 12/06/2022)

See attached.

Licensee's Proposed Overall Completion Date: 12/05/2022

65b - Rights/Abuse 40 Hours

2. 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.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

65b - Rights/Abuse 40 Hours (continued)

**Description of Violation**

Staff person A completed his/her 40th scheduled work hour on 2/15/22. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

**POC Submission**

**Accept**

PC Administrator/designee will re-educate Human Resources on direct care staff person training and orientation procedures and timeframes. Human Resources will ensure 40 hour training is inclusive of resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act. Human Resources has created a checklist to incorporate all of the above safety procedures during orientation for new employees. New hire requirements and orientation will be audited monthly by Human Resources/designee for new staff. Results will be presented at quarterly Quality Insurance Performance Improvement meeting.

Licensee's Proposed Overall Completion Date: 06/01/2022

**Document Submission**

**Implemented (MJ - 12/06/2022)**

Provide documentation of re-education.

Licensee's Proposed Overall Completion Date: 12/05/2022

127a - Portable Space Heaters

**3. Requirements**

2600.  
127.a. Portable space heaters are prohibited.

**Description of Violation**

On 4/12/22, at 10:00 am, a portable space heater was located in resident room 134.

**POC Submission**

**Accept**

Space heater has been removed from resident's room 134.  
PC Administrator/designee will re-educate staff on prohibition of space heaters.  
PC Administrator/designee will audit resident rooms monthly to ensure safety and compliance.

Licensee's Proposed Overall Completion Date: 06/01/2022

**Document Submission**

**Implemented (MJ - 12/06/2022)**

Provide documentation of re-education.

Licensee's Proposed Overall Completion Date: 12/05/2022

185a - Implement Storage Procedures

**4. Requirements**

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.

185a - Implement Storage Procedures (continued)

Description of Violation

On 4/7/22, at 9:13 pm, resident #1's glucometer reading was missing from the glucometer but was documented on the Medication Administration Record as 231.

On 4/4/22, at 5:32 pm, resident #1's glucometer reading was 93 but was documented on the Medication Administration Record as 94.

POC Submission

Accept

The glucometers have been calibrated to ensure proper reading.

Nurses and Medication Technicians have in-service on accurate documentation of the glucometer reading on Medication Administration Records.

Personal Care Administrator/Designee will audit records weekly to ensure accurate documentation. Findings will be presented at the quarterly Quality Insurance Performance Improvement meeting for further follow up if necessary.

Licensee's Proposed Overall Completion Date: 06/01/2022

Document Submission

Implemented (MJ - 12/06/2022)

Provide documentation of in-service.

Licensee's Proposed Overall Completion Date: 12/05/2022

224a - Preadmission Screen Form

5. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Resident #2 was admitted to the home on [redacted] however, the resident's preadmission screening form was completed on [redacted]

POC Submission

Accept

PC Administrator/designee will re-educate staff on timeframe requirements of Preadmission Screen Form.

PC administrator/designee will conduct monthly audits to ensure compliance. Findings will be presented at the quarterly Quality Insurance Performance Improvement meeting.

Licensee's Proposed Overall Completion Date: 06/01/2022

Document Submission

Implemented (MJ - 12/06/2022)

PCHA will audit all new admissions to ensure prescreening are completed as per regulations.

Licensee's Proposed Overall Completion Date: 12/05/2022