

Department of Human Services
Bureau of Human Service Licensing

June 23, 2022

[REDACTED], ADMINISTRATOR

RE: THE ROBERT PACKER HOSPITAL
PERSONAL CARE HOME
603 WILLIAM STREER
TOWANDA, PA, 18848
LICENSE/COC#: 22987

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2022, 04/06/2022 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: *THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME* License #: *22987* License Expiration: *06/14/2023*
Address: *603 WILLIAM STREER, TOWANDA, PA 18848*
County: *BRADFORD* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *THE ROBERT PACKER HOSPITAL*
Address: *1 GUTHRIE SQUARE, SAYRE, PA, 18840*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/07/2021* Issued By: *Towanda Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *68* Waking Staff: *51*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/06/2022*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* Residents Served: *67*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *16* Are 60 Years of Age or Older: *67*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

04/05/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/12/2022*

06/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/20/2022*

06/23/2022 - 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

During the onsite inspection, the third-floor medication cart was found by room #308 with the resident's medication administration record, opened and unattended by staff at approximately 9:15 AM.

Plan of Correction

Accept

Medication administration record was secured by staff. Administrator/Designee will educate staff on the importance of confidentiality of resident's personal/medical information. The administrator/Designee will incorporate education in all annual staff training. Ongoing audits at least once a month to be completed by administrator or designee to ensure medication administration records are secured.

Completion Date: 06/10/2022

Update: 06/12/2022

Please send proof of staff training.

Document Submission

Implemented

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's DOA 12/30/21, their contract and resident's rights were not signed by the resident. The resident was reported to be capable and able to participate in their admission process.

Plan of Correction

Accept

Administrator/designee will ensure if the resident is capable and able to sign the resident will sign all appropriate documents upon admission. The administrator/Designee will implement a quarterly audit of resident charts to ensure the resident signed if applicable.

Completion Date: 06/10/2022

Update: 06/12/2022

Please send updated (contract) documents for resident 1.

Document Submission

Implemented

original and updated are attached

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

26b - Quality Management Plan Content *(continued)*

Description of Violation

The home did not conduct an annual quality management plan review for 2021.

Plan of Correction

Administrator/ Designee will implement a quarterly management policy/procedure and conduct quarterly management meetings monthly.

Completion Date: 06/10/2022

Update: 06/12/2022

Please send proof of QMP for 2021.

Accept

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

The GE dryer located on the first-floor level had a thick layer of lint in the lint trap. The dryer was empty and cool to touch.

Plan of Correction

Corrected at the time of inspection. Audit completed to ensure dryers are lint free. Administrator/designee will educate staff on the importance of emptying the lint traps after each use of the dryer. Administrator/designee will review policies/regulations with staff and document understanding. Ongoing random weekly audit for four weeks to ensure compliance with regulation.

Completion Date: 06/10/2022

Update: 06/12/2022

Please send proof of staff training.

Accept

Document Submission

Implemented

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 #2's [redacted] was not dated when opened.

Resident #3's 25 mg tab. [redacted], had an expiration date 10/13/21.

Resident #4's [redacted] had an expiration date of 2/21/21.

183d - Prescription Current (continued)**Plan of Correction****Accept**

Corrected at the time of inspection the inhaler, [REDACTED] and [REDACTED] supplement were disposed of properly. Administrator/designee will educate staff regarding regulation 183D and the importance of dating and initialing medication upon opening them. Administrator/designee will educate staff on the regulations and policies of discarding medications when they are expired. Administrator/designee will conduct monthly cart audits to ensure compliance with regulations.

Completion Date: 06/10/2022

Update: 06/12/2022

Please send proof of staff training.

Document Submission**Implemented**