

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

March 18, 2023

[REDACTED]
EMBASSY MERCER LLC
[REDACTED]
[REDACTED]

RE: THE LAKES AT JEFFERSON
7271 WEST MARKET STREET
MERCER, PA, 16137
LICENSE/COC#: 45151

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2022 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: THE LAKES AT JEFFERSON License #: 45151 License Expiration: 08/04/2022

Address: 7271 WEST MARKET STREET, MERCER, PA 16137

County: MERCER Region: WESTERN

Administrator

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

Legal Entity

Name: EMBASSY MERCER LLC

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 06/01/2017 Issued By: Jefferson County

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 48 Waking Staff: 36

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:

Reason: Renewal, Complaint Exit Conference Date: 04/26/2022

Inspection Dates and Department Representative

04/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 69 Resident Served: 42

Secured Dementia Care Unit

In Home: No Area: Capacity: Resident Served:

Hospice

Current Resident : 3

Number of Residents Who:

Receive Supplemental Security Income: 42 Are 60 Years of Age or Older: 40

Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 2

Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

04/26/2022 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/27/2022

Inspections / Reviews (*continued*)

06/22/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/27/2022

02/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/21/2023

03/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 4/26/22 the home's current license, dated 8/4/21 - 8/4/22, was not posted in a conspicuous and public place in the home.

POC Submission

Directed [redacted] - 02/14/2023)

The administrator previously contacted DHS via phone on 3/8/22 and via e mail on 3/9/22 when the administrator noticed was license was out of date. The administrator did not follow up again with DHS. The current license was posted with in 2 hours after being shown the license was not current.

The administrator will conduct a weekly audit of the current license to confirm the license remains posted in a conspicuous and public area and remains current. ADDED.. Attached is a weekly check off sheet, attached is a weekly sign off sheet competed by the administrator.

Directed:

Per the administrator, [redacted] posted the current license on 4/26/23.

Per the administrator, weekly audits began 5/31/22 until 10/4/22.

Directed Completion Date: 12/06/2022

Implemented [redacted] - 03/18/2023)

26a - Quality Management Plan

2. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home did not conduct a quality management meeting from 1/1/21 to 12/31/21.

POC Submission

Directed [redacted] - 02/14/2023)

The director of wellness stated that the previous administrator did complete a Quality Management Plan. The plan discussion and paperwork for 2021 could not be located. The current administrator will complete a Quality Management team meeting by July 10. ADDED.....Below

The administrator will up load the information discussed and the template that will be used. The Quality Management Team will meet every three months. Please review attachment. This attachment also shows the committee members as follows, [redacted].

Directed:

Per the administrator, beginning 1/10/23, meetings will be held monthly.

26a - Quality Management Plan (continued)

Directed:

Per the administrator, a quality management plan review was conducted 2/14/23.

Directed Completion Date: 12/06/2022

Implemented () - 03/18/2023)

85e - Trash Outside Home

3. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

At 09:00 a.m., the left lids of the two large dumpsters on the left side of the facility were open. Each dumpster contained multiple bags of trash.

POC Submission

Directed () - 02/14/2023)

The administrator contacted Tri-County Industry's regarding the problem that was observed, with the top lids being blown over. Tri-County will be replacing both dumpster's with dumpster's that has a bar on top of the lids to keep the lids down. These dumpsters will probably be switched out in 7 days the administrator and maintenance director will check the lids a few times a day and keep written documentation. On Saturday's and Sunday's the cooks will be responsible to keep an eye on the dumpster lids. ADDED... The dumpster was delivered 6/29/2022. Please review check off sheet and pictures of both dumpster's with lock bar.

Directed:

Per the administrator, () contacted Tri-County Industry on 6/15/22 and new dumpsters were delivered 6/29/22.

Directed:

Per the administrator, beginning 5/31/22 - 7/27/22, () or the maintenance director checked the dumpster lids daily on weekdays, and the cooks checked daily on weekends.

Directed Completion Date: 12/06/2022

Implemented () - 03/18/2023)

131f - Fire Extinguisher Inspection

4. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher in the attic has not been inspected by a fire safety expert since 08/20.

131f - Fire Extinguisher Inspection (continued)

POC Submission

Directed (SQ 02/14/2023)

The facility has 34 fire extinguishers in the facility. The current administrator nor maintenance manager did not realize there was a extinguisher in the attic. The facilities extinguishers are test by ABCO. All the fire extinguisher's will be checked today by the administrator to make sure they were inspected with in the past year. ABCO will be notified the next time they come to the facility to inspect the extinguishers and ABCO will be given a detailed list of where each extinguisher is located.

The outdated fire extinguisher was removed and replaced 5/25. I borrowed an extinguisher form one of our sister buildings. This extinguisher was not being used. The extinguisher is current with the ABCO inspection date. ADDED.. The maintenance director added this extinguisher to the extinguisher list and this extinguisher was checked on 6/29 and will be checked monthly as all the extinguisher's will be.

Directed:

Per the administrator, [redacted] checked all fire extinguishers on and [redacted] gave ABCO a detailed list of fire extinguisher ocations on 6/15/22.

Directed:

Per the administrator, [redacted] removed and replaced the fire extinguisher in the attic on 5/25/22.

Directed:

Per the administrator, the maintenance director added the attic extinguisher to the extinguisher list on 5/31/22.

Directed:

Per the administrator, the maintenance director began monthly fire extinguisher checks on 6/29/22.

Directed Completion Date: 12/06/2022

Implemented [redacted] - 03/18/2023)

132c - Fire Drill Records

5. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill records indicate the following:

Date	Time	# of residents in home at time of alarm	# of residents evacuated
12/29/21	6:30 a.m.	37	12
1/28/22	8:30 a.m.	41	3
2/26/22	1:00 p.m.	44	3
3/27/22	3:00 p.m.	44	5

However, multiple staff and resident interviews indicate that on theses dates and times, all residents evacuated.

POC Submission

Directed (SQ - 02/14/2023)

This morning, I emailed [redacted] regarding 132c, I would like to have further discussion regarding to to have a

132c - Fire Drill Records (continued)

POC for this violation. Once speak with [REDACTED], I will update this POC submission. Thank you.
 ADDED....Administrator spoke with [REDACTED], Administrator and maintenance director now understands the proper documentation. Please see up loaded paperwork.

Directed:

Per the administrator, beginning with the fire drill conducted 4/27/22, the maintenance director began documenting the number of residents in the building and the number of residents evacuated at the time of the drill.

Directed:

Per the administrator, beginning with the 4/27/22 fire drill, [REDACTED] reviews and signs off on the fire drill log within 48 hours of the drill, to ensure all data is accurately documented.

Directed Completion Date: 12/06/2022

Implemented [REDACTED] - 03/18/2023)

184a Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] 325mg - Take 2 tablets by mouth every six hours as needed for pain; however, the pharmacy label indicates [REDACTED] 326mg- Take by mouth twice per day as needed.

Resident #1 is prescribed [REDACTED] Give 8 units subcutaneously two times a day before lunch and dinner hold if blood sugar is less than 150 or if patient not eating; however, the pharmacy label indicates [REDACTED] - Give 8 units subcutaneously before every meal.

Resident #2 is prescribed [REDACTED] 2 puffs by mouth two times a day; however, the pharmacy label indicates [REDACTED] Two puffs by mouth four times daily as needed.

POC Submission

Directed [REDACTED] - 02/14/2023)

Resident #1 clarification order was written for the [REDACTED] and faxed to the doctor and to the pharmacy to provide the correct label. Medication was marked with a check mar sticker.

Resident #1 clarification order was written and faxed to the doctor and the pharmacy to provide the correct label. Medication marked with check mar sticker.

Resident #2 Clarification order was written and faxed to the doctor and to the pharmacy to provide the correct Label. Medication marked with a check mar sticker.

Pharmacy completed a medication audit on 5/23/2022 and will check medication carts every 3 months. Medtechs will check medication carts weekly along with the Mars to match the medication labels. Medtechs will review with the director of wellness week started on 5/23/2022. ADDED: [REDACTED] (medtech) or [REDACTED] (medtech) will

184a - Resident's Meds Labeled (continued)

check all medication labels, matched to the Mars for accuracy immediately starting 6/27/2022, and with every new admission, completion to be 7/04/2022 All medtechs will be inserviced immediately on the Labeling Requirements by the Director of wellness, to be completed by 7/04/2022

Directed:

On 5/25/22, [REDACTED], LPN, contacted the prescriber and clarified resident #1 is prescribed [REDACTED] 325mg - Take 2 tablets by mouth every six hours as needed. On 5/25/22, [REDACTED], LPN, placed "Check Med-Sheet" sticker resident #1's [REDACTED] label.

Directed:

Per the administrator, on 5/25/22, [REDACTED], LPN, contacted the prescriber and clarified resident #1 is prescribed [REDACTED] - Give 8 units subcutaneously two times a day before lunch and dinner hold if blood sugar is less than 150 or if patient not eating. On 5/25/22, [REDACTED], LPN, placed "Check Med-Sheet" sticker on resident #1's [REDACTED].

Directed:

On 5/25/22, [REDACTED], LPN, contacted the prescriber and clarified resident #2 is prescribed [REDACTED] - [REDACTED] 2 times a day. On 5/25/22, [REDACTED], LPN, placed "Check Med-Sheet" sticker on resident #1's [REDACTED] label.

Directed:

Per the administrator, 3 month pharmacy cart audits began 5/23/22, and are ongoing, and weekly audits by medtechs began 5/23/22 and are ongoing.

Directed Completion Date: 07/04/2022

Implemented [REDACTED] - 03/18/2023)

185a - Implement Storage Procedures**7. 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.

Description of Violation

On 4/26/22 at 11:56 a.m. resident #2's [REDACTED] glucometer was not calibrated to the to the correct date and time.

POC Submission

Accept [REDACTED] - 02/14/2023)

Resident # 2 Glucometer was removed from the cart and replaced with a new meter. The time and date was calibrated to the correct date and time. Medtech will do a two person check for each glucometer in the medication cart and submit to the director of wellness for review weekly for 4 weeks and then once monthly ongoing. This process started on 04/29/2022 ADDED: on 4/26/2022 the glucometer was removed by the Medtech [REDACTED] and the Director of wellness. All medtechs will be inserviced by 7/04/2022 on Glucometer requirements by the director of wellness

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 07/04/2022

Implemented [REDACTED] - 03/18/2023)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed [REDACTED] - Give 8 units subcutaneously two times a day before lunch and dinner hold if blood sugar is less than 150 or if patient not eating; however, on 4/17/22, 4/21/22 4/22/22 at 5pm the staff person administering the medication did not initial the medication record at the time of administration.

POC Submission

Directed [REDACTED] - 02/14/2023)

All medtechs were in-serviced on signing the medication mar directly after administering the medication. Two medtechs will monitor the glucometer readings daily for 4 weeks then weekly ongoing and submit to the director of wellness for review. ADDED: Medtech [REDACTED] or [REDACTED] will monitor the Mars daily and on-going for missing Initials. Another In-service will be conducted by 7/04/2022 on the importance of initialing after giving medications by the director of wellness.

Directed:

Per the administrator, on 7/28/22 all medtechs were in-serviced By [REDACTED], on signing the medication mar directly after administering the medication.

Directed:

Per the administrator, on 2/6/23, the director of wellness implemented an audit sheet. The medtech conducting a blood glucose reading documents the reading on the resident MAR and the audit sheet and signs off on the reading on the audit sheet. Another med tech verifies the audit sheet matches the MAR after the blood glucose reading is conducted, and signs off on the audit sheet. The director or wellness or designee compares the audit sheet to the MAR and the glucometer reading daily, on weekdays, beginning 2/6/23.

Directed Completion Date: 07/04/2022

Implemented [REDACTED] 03/18/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 is prescribed [redacted] - Give 8 units subcutaneously two times a day before lunch and dinner hold if blood sugar is less than 150 or if patient not eating; however, this medication was not administered in April 2022 at 1:00 PM on multiple dates to include the following:

Date Blood Sugar Level

4/8/22 [redacted]
4/12/22 [redacted]
4/13/22 [redacted]

POC Submission

Directed [redacted] - 02/14/2023)

All medtechs were in-serviced on signing the medication mar directly after administering the medication. Two medtechs will monitor the glucometer readings daily for 4 weeks then weekly ongoing and submit to the director of wellness for review.

ADDED: Medtechs will be in-serviced by 07/04/2022 on signing the medication mar directly after administering the medication by the Director of Wellness. Medtech Regina King or Medtech Hila Yeaples monitor the Medication Mars daily for accuracy.

Directed:

Per the administrator, on 7/28/22 all medtechs were in-serviced By [redacted], on signing the medication mar directly after administering the medication.

Directed:

Per the administrator, on 2/6/23, the director of wellness implemented an audit sheet. The medtech conducting a blood glucose reading documents the reading on the resident MAR and the audit sheet and signs off on the reading on the audit sheet. Another med tech verifies the audit sheet matches the MAR after the blood glucose reading is conducted, and signs off on the audit sheet. The director or wellness or designee compares the audit sheet to the MAR and the glucometer reading daily, on weekdays, beginning 2/6/23.

Directed Completion Date: 07/04/2022

Implemented [redacted] - 03/18/2023)

225a Assessment 15 Days

10. 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

An assessment was not completed for resident #2, who was admitted to the home on [redacted]/22.

POC Submission

Directed [redacted] - 02/14/2023)

Resident # 2 initial assessment was completed on [redacted] 2022 and reviewed and signed on [redacted] 2022. All new residents will have an initial assessment done within 15 days of admission completed by the director of wellness. Attached form will be completed by the director of wellness with all new admissions. ADDED: all charts reviewed by the director of wellness and was completed by 06/30/2022 including all new admission for June. All nursing staff will be in-serviced by 07/04/2022 on initial assessments by the director of wellness. All initial assessments will be

225a - Assessment 15 Days (continued)

monitored ongoing - monthly by the Director of wellness. See attached tracking tool.

Directed:

Per the administrator, resident # 2's initial assessment was completed on [REDACTED] 2022 by [REDACTED], and reviewed and signed on [REDACTED]/2022 by resident #2 and [REDACTED].

Directed:

Per the administrator, beginning 10/17/22, all new residents will have an initial assessment done within 15 days of admission completed by the director of wellness. Attached form will be completed by the director of wellness with all new admissions.

Directed:

Per the administrator, all initial assessments will be monitored ongoing - monthly by the administrative assistant, beginning 1/23.

Directed Completion Date: 07/04/2022

Implemented [REDACTED] - 03/18/2023)

227a - Support Plan 30 Days**11. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #2 was admitted in the home on [REDACTED]/22; however, the home did not completed a support plan to address the residents care needs.

POC Submission

Directed ([REDACTED] - 02/14/2023)

Resident # support plan was completed on [REDACTED]/2022 and reviewed and signed on [REDACTED]/2022. All new residents will have a support plan done within 30 days of admission completed by the director of wellness. Attached form will be completed by the director of wellness with all new admissions. ADDED: all charts reviewed by the director of wellness and was completed by 06/30/2022 including all new admission for June. All nursing staff will be in-serviced by 07/04/2022 on Support Plans by 07/04/2022 by the director of wellness. All Support Plans will be monitored ongoing - monthly by the Director of wellness. See attached tracking tool.

Directed:

Per the administrator, resident #2's support plan was completed on [REDACTED]/2022 by [REDACTED] and reviewed and signed on [REDACTED]/2022 by [REDACTED].

Directed:

Per the administrator, beginning 10/17/22, all new residents will have a support plan done within 30 days of admission completed by the director of wellness. Attached form will be completed by the director of wellness with all new admissions.

Directed:

227a - Support Plan 30 Days (continued)

Per the administrator, all support plans will be monitored ongoing - monthly by the administrative assistant, beginning 1/23.

Directed Completion Date: 07/04/2022

Implemented [REDACTED] - 03/18/2023)