

Department of Human Services
Bureau of Human Service Licensing

July 21, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: GREENFIELD OF PERKIOMEN
VALLEY
300 PERKIOMEN AVENUE
SCHWENKSVILLE, PA, 19473
LICENSE/COC#: 13735

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2022, 05/18/2022 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 - PUBLIC

Facility Information

Name: *GREENFIELD OF PERKIOMEN VALLEY* License #: *13735* License Expiration: *08/09/2022*
Address: *300 PERKIOMEN AVENUE, SCHWENKSVILLE, PA 19473*
County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *GREENFIELD OF PERKIOMEN VALLEY LLC*
Address: *125 NORTH WASHINGTON STREET, FALLS CHURCH, VA, 22046*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/23/2012* Issued By: *Borough of Schwenksville*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *77* Waking Staff: *58*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/18/2022*

Inspection Dates and Department Representative

05/17/2022 - On-Site: [REDACTED]
05/18/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *Willow* Capacity: *20* Residents Served: *9*

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *16* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *1*

Inspections / Reviews

05/17/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/16/2022*

06/24/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/29/2022*

07/06/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *07/09/2022*

07/21/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

64f - Record of Training

1. Requirements

2600.

64.f. A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

Description of Violation

Staff person A, [REDACTED], does not have a record trainings completed.

Plan of Correction

Accept

Staff member A is working on completing these requirements in a timely manner. Plan to be completed by 9/1/22. Once I am able to get my Nursing home administrators license for PA as well as NY (hopefully by the end of July) I would have the ability to sit as per the proctor of the PCA exam quickly for the PCA test which [REDACTED] stated could be taken often and online.

Completion Date: 09/01/2022

Document Submission

Implemented

Staff member A is working on completing these requirements in a timely manner. Plan to be completed by 9/1/22. Once I am able to get my Nursing home administrators license for PA as well as NY (hopefully by the end of July) I would have the ability to sit as per the proctor of the PCA exam quickly for the PCA test which [REDACTED] stated could be taken often and online.

In the interim [REDACTED] has mailed a letter contained here to the DHS and has received approval back from them to work in tandem as admin until requirement is fulfilled.

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 05/17/22, there was an open container of Tide Oxi Simply Pods with a manufacturer's label indicating "If swallowed, or if detergent gets in mouth or eye or on skin, call your local Poison Control Center or doctor immediately", were unlocked, unattended, and accessible to residents in an open laundry room in the Memory Care Unit. Not all the residents of the home, have been assessed capable of recognizing and using poisons safely.

On 5/17/22, the housekeeping room was unlocked, unattended, and accessible to residents in the Memory Care Unit. Not all the residents of the home, have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accept

Laundry room and housekeeping closet within the memory care unit keys will be dedicated and exclusively on the keyrings of both the med tech keyring for the unit, as well as on the dementia care coordinators keyring. In order to access either closet an employee will have to find one of these employees to grant them access to these rooms within memory care. Med tech will check each door at beginning and end of shift to ensure door is secured and complete the log that will be placed outside the doors to sign and date for access for added accountability. Responsible

82c - Locking Poisonous Materials (continued)

party will be the director of nursing.

Completion Date: 05/24/2022

Document Submission**Implemented**

Laundry room and housekeeping closet within the memory care unit keys will be dedicated and exclusively on the keyrings of both the med tech keyring for the unit, as well as on the dementia care coordinators keyring. In order to access either closet an employee will have to find one of these employees to grant them access to these rooms within memory care. Med tech will check each door at beginning and end of shift to ensure door is secured and complete the log that will be placed outside the doors to sign and date for access for added accountability. Responsible party will be the director of nursing.

85a - Sanitary Conditions**1. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/17/22, the carpets in the Memory Care patio exit were stained with what appeared to be liquid spills.

Plan of Correction**Accept**

The carpets in memory care were steam cleaned and wet/dry vacuumed. All stains were removed and the carpets are free from stains at this time. Director of Maintenance will conduct weekly walkthroughs to ensure they remain free of stains and address them as they arise. Documentation will be completed each week to show if there are any findings. Responsible party is the Director of Maintenance.

Completion Date: 05/25/2022

Document Submission**Implemented**

The carpets in memory care were steam cleaned and wet/dry vacuumed. All stains were removed and the carpets are free from stains at this time. Director of Maintenance will conduct weekly walkthroughs to ensure they remain free of stains and address them as they arise. Documentation will be completed each week to show if there are any findings. Responsible party is the Director of Maintenance.

95 - Furniture and Equipment**1. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 5/17/22, the first floor exit's floor was missing multiple tiles. The carpet on the first floor near the escalator is ripped in various locations.

On 5/17/22, the closet in room 311 in the Memory Care doors were broken and in disrepair.

On 5/17/22, the 4th floor ceiling had brown stains that appear to be water damage. According to the resident interview, water was leaking from the bathroom light on RM 409.

Plan of Correction**Accept**

The tile floor at the exit door was removed and the concrete beneath was prepped and painted. The carpet was re-glued down so that the rips were less visible and flush with the rest of the surrounding carpet.

95 - Furniture and Equipment (continued)

The closet door which was off the tracks and had some damage on it was both repaired and placed back on the track.

All ceiling tiles that had been stained from the heavy rainstorm the night prior were replaced, and a roofer was called to assess the roof and is making some minor repairs.

Maintenance director will conduct weekly walkthroughs to identify any areas of carpet/flooring/ceiling tiles in need of cleaning or repair and will include Documentation of walk throughs and what action, if any had taken place.

Responsible party is the director of maintenance.

Completion Date: 05/25/2022

Document Submission**Implemented**

The tile floor at the exit door was removed and the concrete beneath was prepped and painted. The carpet was re-glued down so that the rips were less visible and flush with the rest of the surrounding carpet.

The closet door which was off the tracks and had some damage on it was both repaired and placed back on the track.

All ceiling tiles that had been stained from the heavy rainstorm the night prior were replaced, and a roofer was called to assess the roof and is making some minor repairs.

Maintenance director will conduct weekly walkthroughs to identify any areas of carpet/flooring/ceiling tiles in need of cleaning or repair and will include Documentation of walk throughs and what action, if any had taken place.

Attached are the paid bill from roofing repair and the weekly audit sheets.

Responsible party is the director of maintenance.

101j7 - Lighting/Operable Lamp**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 2 does not have a source of light that can be turned on/off at bedside. The light source is not within the resident's reach.

Plan of Correction**Accept**

Lamp was moved to the nightstand of the resident, and is within reach. An audit was completed house wide to ensure compliance and no outstanding issues were found at the time of the audit.

Housekeeping staff will inspect resident rooms during their services to ensure a source of light or other type of lighting source is at bedside and will address at the time of their inspection to ensure compliance.

101j7 - Lighting/Operable Lamp (continued)

Responsible party is Director of Maintenance.

Completion Date: 05/26/2022

Document Submission**Implemented**

Lamp was moved to the nightstand of the resident, and is within reach. An audit was completed house wide to ensure compliance and no outstanding issues were found at the time of the audit.

Housekeeping staff will inspect resident rooms during their services to ensure a source of light or other type of lighting source is at bedside and will address at the time of their inspection to ensure compliance.

Responsible party is Director of Maintenance.

103d - Storing Food Off Floor**1. Requirements**

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 5/17/22, there were four 5 gallon water jugs stored on the floor in the small dining room area near the water fountain. There were twenty 5 gallon water jugs stored on the first floor hallway floor.

Plan of Correction**Accept**

The 5 gallon water jugs were placed on plastic palettes off of the ground. Director of Maintenance and Director of food services will inspect all areas where emergency water is kept weekly to ensure water is kept on palettes and not on floor. Responsible party is the director of Maintenance.

Completion Date: 05/26/2022

Document Submission**Implemented**

The 5 gallon water jugs were placed on plastic palettes off of the ground. Director of Maintenance and Director of food services will inspect all areas where emergency water is kept weekly to ensure water is kept on palettes and not on floor. Responsible party is the director of Maintenance.

103f - Refrigerator/Freezer Temps**1. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/17/22, at 10:28, the temperature in the refrigerator was 55 degrees Fahrenheit.

Plan of Correction**Accept**

Refrigerator in question was immediately emptied and the items within discarded. Refrigerator was scheduled for service and removed from use until parts can be received to fix it. Due to the supply shortage of electronic and other components to the refrigerator it may not be able to be fixed, in which case we will discard it. We will then utilize our box refrigerator in which there is a log for temperature, two thermometers and current readings are showing

103f - Refrigerator/Freezer Temps (continued)

proper food storage conditions. Director of food services/cook will ensure that thermometers/temperatures are monitored throughout the day and ensure foods are kept at appropriate temperatures and address any issues immediately.

Responsible party is the Director of Food Services.

Completion Date: 05/26/2022

Document Submission**Implemented**

Refrigerator in question was immediately emptied and the items within discarded. Refrigerator was scheduled for service and removed from use until parts can be received to fix it. Due to the supply shortage of electronic and other components to the refrigerator it may not be able to be fixed, in which case we will discard it. We will then utilize our box refrigerator in which there is a log for temperature, two thermometers and current readings are showing proper food storage conditions. Director of food services/cook will ensure that thermometers/temperatures are monitored throughout the day and ensure foods are kept at appropriate temperatures and address any issues immediately.

Responsible party is the Director of Food Services.

103i - Outdated Food**1. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/17/22, there was an unlabeled, and undated, plate of herbs, hot dogs, jar of juice, bag of juice, and 2 heads of lettuce inside the small refrigerator in the main kitchen.

On 5/17/22, the walk-in refrigerator contained an unlabeled, undated, and uncovered 38 salad plates and 30 servings of cherry pie.

On 5/17/22, there were unlabeled, and undated packs of cheese, a plate of peaches, and a tray of pasta were observed in the walk-in refrigerator.

Plan of Correction**Accept**

All Cooks/Food prep staff was inserviced and educated by the executive director on food safety, proper food handling, proper labelling and dating of food products and review of the regulations which govern their food handling practices. All dietary staff was educated. Random audits conducted weekly x3 months to ensure compliance and sound practice by staff. Executive director and or food service director will conduct quarterly in-services on food safety, proper food handling, proper labelling and dating of food products and a review of those regulations which govern their food handling practices.

Responsible party is the director of Food services.

Completion Date: 05/26/2022

Document Submission**Implemented**

All Cooks/Food prep staff was inserviced and educated by the executive director on food safety, proper food handling, proper labelling and dating of food products and review of the regulations which govern their food handling practices. All dietary staff was educated. Random audits conducted weekly x3 months to ensure compliance and sound practice by staff. Executive director and or food service director will conduct quarterly in-services on food

103i - Outdated Food (continued)

safety, proper food handling, proper labelling and dating of food products and a review of those regulations which govern their food handling practices.

Responsible party is the director of Food services.

107c - Food/Water 3 Day Supply**1. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 5/17/22, the home served 55 residents, requiring 165 gallons of emergency drinking water. However, the home had 24 large gallons of 5 gallons of water each, for a total of only 120 gallons. The home does not have a contract with a local bottled water supplier.

On 5/17/22, the home served 55 residents. However, the home does not have any emergency food stored.

Plan of Correction**Accept**

Immediately ordered 3 day emergency supply of both food and water. Working on contracting with our water provider for emergencies. Food ordered and has arrived on site and is in storage and dated for emergency supply. Food service director Will continue random audits x3 months to ensure continued compliance. This supply will be audited monthly ongoing by the food service director and will be monitored for expiration and rotate out 30 days prior to expiration and replacement will be ordered to ensure compliance.

Completion Date: 05/26/2022

Document Submission**Implemented**

Immediately ordered 3 day emergency supply of both food and water. Working on contracting with our water provider for emergencies. Food ordered and has arrived on site and is in storage and dated for emergency supply. Food service director Will continue random audits x3 months to ensure continued compliance. This supply will be audited monthly ongoing by the food service director and will be monitored for expiration and rotate out 30 days prior to expiration and replacement will be ordered to ensure compliance.

162c - Menus Posted**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The menu for the week of 05/15/22 to 05/21/22 was posted. However, the menu for the following week was not posted in a conspicuous and public place in the home.

Plan of Correction**Accept**

Menu was changed immediately when it was noticed, changing to the upcoming week was not done yet. Was corrected immediately upon noticing. Menus at dining room were updated but not those at our café. Food service

162c - Menus Posted (continued)

director will ensure that weekly menus are posted in all areas on Monday to ensure compliance.

Completion Date: 05/26/2022

Document Submission

Implemented

Menu was changed immediately when it was noticed, changing to the upcoming week was not done yet. Was corrected immediately upon noticing. Menus at dining room were updated but not those at our café. Food service director will ensure that weekly menus are posted in all areas on Monday to ensure compliance.

171c - Home's Vehicle Documents

1. Requirements

2600.

171.c. The home shall maintain current copies of the following documentation for each of the home's vehicles used to transport residents:

- 1. Vehicle registration.
- 2. Valid driver's license for vehicle operator.
- 3. Vehicle insurance.
- 4. Current inspection.
- 5. Commercial driver's license for vehicle operator if applicable.

Description of Violation

The registration for the 2006 Ford Bus used to transport residents expired on February 28, 2022. The home provided a new registration that was renewed on 5/18/22.

Plan of Correction

Accept

All documents for vehicles are up to date and accurate. We had the registration for the Ford Bus and provided it and it was not expired. Therefore everything has been provided to satisfy this requirement. Executive director will audit monthly to ensure there are no outstanding issues with vehicle documents.

Completion Date: 05/24/2022

Document Submission

Implemented

All documents for vehicles are up to date and accurate. We had the registration for the Ford Bus and provided it and it was not expired. Therefore everything has been provided to satisfy this requirement. Executive director will audit monthly to ensure there are no outstanding issues with vehicle documents.

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

On 5/17/22, the [redacted] tab blister card, prescribed for resident 3, had foil on the back of two pills that had been ripped.

Plan of Correction

Accept

All med techs will be trained on the importance of not taping the medication blister pack and what to do if the blister pack tears.

Weekly narcotic and medication blister pack checks will be conducted by wellness and/or HCC. HCC/Wellness will conduct quarterly in-services on medication management regarding storage of medication in an organized

183e - Storing Medications (continued)

manner under proper conditions of sanitation, temperature, moisture and light in accordance with manufacturers instructions.

Completion Date: 05/26/2022

Document Submission**Implemented**

All med techs will be trained on the importance of not taping the medication blister pack and what to do if the blister pack tears.

Weekly narcotic and medication blister pack checks will be conducted by wellness and/or HCC. HCC/Wellness will conduct quarterly in-services on medication management regarding storage of medication in an organized manner under proper conditions of sanitation, temperature, moisture and light in accordance with manufacturers instructions.

185a - Implement Storage Procedures**1. 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 5/17/22, [REDACTED], prescribed for resident 4 was observed in the lock box in medication cart 3. However, the count in the narcotic log book was 16 and the blister card had 17.

On 5/16/22, at 7:30 p.m., the glucometer for resident 5 read 160; however the MAR log was documented as 150. On 5/16/22, at 11:30 p.m., the glucometer for resident 5 did not have a recorded reading; however the MAR log was documented as 112.

Plan of Correction**Accept**

All med techs to be trained on proper documentation surrounding transcribing accu checks readings onto MAR. Med techs to be trained on not signing out narcotics or any medication prior to administering medication. Weekly Narcotic and glucometer checks to be conducted by wellness nurse and/or HCC. HCC or wellness nurse will conduct quarterly training on procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons to ensure compliance.

Completion Date: 05/26/2022

Document Submission**Implemented**

All med techs to be trained on proper documentation surrounding transcribing accu checks readings onto MAR. Med techs to be trained on not signing out narcotics or any medication prior to administering medication. Weekly Narcotic and glucometer checks to be conducted by wellness nurse and/or HCC. HCC or wellness nurse will conduct quarterly training on procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons to ensure compliance.

233c - Key-Locking Devices**1. Requirements**

2600.

233c - Key-Locking Devices (continued)

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the entrance door to the Secure Dementia Care Unit (SDCU).

Plan of Correction

Combination to the memory care doors was posted immediately outside the doors.

Completion Date: 05/26/2022

Accept

Document Submission

Combination to the memory care doors was posted immediately outside the doors. In this picture you can see our memory care doors and the code is posted outside and circled in the picture for reference.

Implemented

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home does not have an FBI background check for Staff A, hired on [REDACTED].

Repeat violation: 02/15/2022.

Plan of Correction

Staff A was hired on [REDACTED] but did not work in the building until the end of February when I had officially moved to the state of PA. Prior to arriving to the facility I provided a full FBI background check done in the state of NY and the state police background check which was completed for me. Upon finding out that I required a dept of aging background check as well, one was immediately scheduled for their earliest appointment at IDENTGO. on 3/10/22 the PA dept of aging and FBI background fingerprinting was completed. As of a call to IDENTGO both during the survey period and as of todays date, my fingerprints are still in the processing stage due to delays at the state with processing. There is nothing within my power to complete this any more rapidly than it has been. I am awaiting a response for over three months on the status of the fingerprinting and background check from the PA department of aging. Please see receipt from date of background check. Feel free to contact IDENTOGO and inquire why it has taken so long. The system is totally automated and states my check is still in the processing phase. I will include fingerprinting information which was conducted at the beginning of this year with the same company. I have never worked or lived outside the state of NY prior to this move with my family to a new state.

Completion Date: 03/10/2022

Accept

Document Submission

Please see attached.

Implemented

53a - Qualifications

1. Requirements

2600.

53a - Qualifications *(continued)*

- 53.a. The administrator shall have one of the following qualifications:
1. A license as a registered nurse from the Department of State.
 2. An associate's degree or 60 credit hours from an accredited college or university.
 3. A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
 4. A license as a nursing home administrator from the Department of State.
 5. For a home serving 8 or fewer residents, a general education development diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

Description of Violation

On 05/17/22, the home was serving 55 residents. Staff person A, [REDACTED], could not provide documentation to show that qualifications are met to serve as the home's administrator.

Repeat violation: 02/15/2022.

Plan of Correction

Accept

Staff person A has an active license and is a masters in social work. This will satisfy this requirement. Please see attached diploma for Staff member A

Completion Date: 02/15/2022

Document Submission

Implemented

Staff person A has an active license and is a masters in social work. This will satisfy this requirement. Please see attached diploma for Staff member A

64a - Admin Training

1. Requirements

2600.

- 64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:
1. An orientation program approved and administered by the Department.
 2. A 100-hour standardized Department-approved administrator training course.
 3. A Department-approved competency-based training test with a passing score.
 4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person A [REDACTED], has not successfully completed the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.

Repeat violation: 02/15/2022.

Plan of Correction

Accept

Staff member A currently working on transferring NY NHA license to PA. Scheduled to sit for state NHA exam end of this month. This will satisfy this requirement. PA state nursing home exam is scheduled for on or around July 15th. At this time if the exam is passed I will be able to apply to receive my PA nursing home administrators license once the paperwork is processed through the appropriate departments. I have four chances to pass this exam and have taken it one time without success. I plan on passing this next time in the exam and moving forward with getting my license for PA as well as NY. I am unable to schedule more exams or trainings until the test is completed for PA

64a - Admin Training (continued)

nursing home admin license transfer. Please see receipts and emails. One shows I took the exam once (did not pass) I have paid for and reapplied for NAB approval which can taken up to 120 days (listed in their email) for approval to schedule the exam. I am in the process of waiting for the approval, so that I may schedule the exam. I am hoping to schedule that exam by the end of July, and to get a passing score and be licensed as a nursing home administrator in PA at that time. Once that is complete I can sit for the PCA exam as per the proctor of said exam at Penn State (discussed via telephone). I estimate this time frame to be approximately 2-3 months. The next available documentation will come once the exam is passed.

In addition to the above plan to correct: The legal entity has hired an Interim Administrator to support the current administrator. MJ 7/6/22

Completion Date: 07/27/2022

Document Submission

Implemented

Staff member A currently working on transferring NY NHA license to PA. Scheduled to sit for state NHA exam end of this month. This will satisfy this requirement. PA state nursing home exam is scheduled for on or around July 15th. At this time if the exam is passed I will be able to apply to receive my PA nursing home administrators license once the paperwork is processed through the appropriate departments. I have four chances to pass this exam and have taken it one time without success. I plan on passing this next time in the exam and moving forward with getting my license for PA as well as NY. I am unable to schedule more exams or trainings until the test is completed for PA nursing home admin license transfer. Please see receipts and emails. One shows I took the exam once (did not pass) I have paid for and reapplied for NAB approval which can taken up to 120 days (listed in their email) for approval to schedule the exam. I am in the process of waiting for the approval, so that I may schedule the exam. I am hoping to schedule that exam by the end of July, and to get a passing score and be licensed as a nursing home administrator in PA at that time. Once that is complete I can sit for the PCA exam as per the proctor of said exam at Penn State (discussed via telephone). I estimate this time frame to be approximately 2-3 months. The next available documentation will come once the exam is passed.

In the interim [redacted] has mailed a letter contained here to the DHS and has received approval back from them to work in tandem as admin until requirement is fulfilled.

In addition to the above plan to correct: The legal entity has hired an Interim Administrator to support the current administrator. MJ 7/6/22

64e - Completion of Training

1. Requirements

2600.

64.e. An administrator who has successfully completed the training in subsections (a)—(d) shall provide written verification of successful completion to the Department’s personal care home regional office.

Description of Violation

Staff person A, [redacted] has not submitted written documentation of the successful completion of all trainings and qualifications to the Department's personal care home regional office.

Repeat violation: 02/15/2022.

Plan of Correction

Accept

Staff member A currently working on transferring NY NHA license to PA. Scheduled to sit for state NHA exam end of this month. This will satisfy this requirement. PA state nursing home exam is scheduled for on or around July 15th.

64e - Completion of Training (continued)

At this time if the exam is passed I will be able to apply to receive my PA nursing home administrators license once the paperwork is processed through the appropriate departments. I have four chances to pass this exam and have taken it one time without success. I plan on passing this next time in the exam and moving forward with getting my license for PA as well as NY. I am unable to schedule more exams or trainings until the test is completed for PA nursing home admin license transfer. Please see receipts and emails. One shows I took the exam once (did not pass) I have paid for and reapplied for NAB approval which can taken up to 120 days (listed in their email) for approval to schedule the exam. I am in the process of waiting for the approval, so that I may schedule the exam. I am hoping to schedule that exam by the end of July, and to get a passing score and be licensed as a nursing home administrator in PA at that time. Once that is complete I can sit for the PCA exam as per the proctor of said exam at Penn State (discussed via telephone). I estimate this time frame to be approximately 2-3 months. The next available documentation will come once the exam is passed.

In addition to the above plan to correct: The legal entity has hired an Interim Administrator to support the current administrator. MJ 7/6/22

Completion Date: 09/01/2022

Document Submission**Implemented**

Staff member A currently working on transferring NY NHA license to PA. Scheduled to sit for state NHA exam end of this month. This will satisfy this requirement. PA state nursing home exam is scheduled for on or around July 15th. At this time if the exam is passed I will be able to apply to receive my PA nursing home administrators license once the paperwork is processed through the appropriate departments. I have four chances to pass this exam and have taken it one time without success. I plan on passing this next time in the exam and moving forward with getting my license for PA as well as NY. I am unable to schedule more exams or trainings until the test is completed for PA nursing home admin license transfer. Please see receipts and emails. One shows I took the exam once (did not pass) I have paid for and reapplied for NAB approval which can taken up to 120 days (listed in their email) for approval to schedule the exam. I am in the process of waiting for the approval, so that I may schedule the exam. I am hoping to schedule that exam by the end of July, and to get a passing score and be licensed as a nursing home administrator in PA at that time. Once that is complete I can sit for the PCA exam as per the proctor of said exam at Penn State (discussed via telephone). I estimate this time frame to be approximately 2-3 months. The next available documentation will come once the exam is passed.

In the interim [REDACTED] has mailed a letter contained here to the DHS and has received approval back from them to work in tandem as admin until requirement is fulfilled.

In addition to the above plan to correct: The legal entity has hired an Interim Administrator to support the current administrator. MJ 7/6/22