

Department of Human Services
Bureau of Human Service Licensing

July 1, 2022

[REDACTED]

SENIOR LIVING NP LLC
501 PLUSH MILL ROAD
WALLINGFORD, PA, 19086

RE: PLUSH MILLS
501 PLUSH MILL ROAD
WALLINGFORD, PA, 19086
LICENSE/COC#: 13104

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2022 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: *PLUSH MILLS* License #: *13104* License Expiration: *12/09/2022*
Address: *501 PLUSH MILL ROAD, WALLINGFORD, PA 19086*
County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *SENIOR LIVING NP LLC*
Address: *501 PLUSH MILL ROAD, WALLINGFORD, PA, 19086*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *78* Waking Staff: *59*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *05/24/2022*

Inspection Dates and Department Representative

05/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *79* Residents Served: *61*

Secured Dementia Care Unit

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

Hospice

Current Residents: *NM*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *61*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

05/19/2022 - Partial

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/11/2022*

06/29/2022 POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/29/2022*

Inspections / Reviews *(continued)*

06/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/04/2022*

07/01/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident #1 cannot self-administer medications and staff are to administer the medication to the resident.

The morning of [redacted]/22, staff person A did not administer resident #1's medications. Staff person A left resident #1's medication in the resident's apartment without administering the medication.

Plan of Correction

Do Not Accept

I just received this POC. I have spoken to [redacted], today, [redacted]/22 to inform [redacted]. Thank you for your understanding. If you have any questions, please do not hesitate to call me. [redacted] Thank you. [redacted], Executive Director/Director of Wellness

Completion Date: 06/27/2022

Plan of Correction

Directed

I just received this POC. I have spoken to [redacted] a, today, [redacted]/22 to inform her. Thank you for your understanding. If you have any questions, please do not hesitate to call me. [redacted] Thank you. [redacted], Executive Director/Director of Wellness

6/29/22

Attached is the updated POC with the 4 steps.

Thank you very much. [redacted] Executive Director/Director of Wellness

DPOC -SP - 06-29-2022

1. State what action was taken immediately to correct the violation along with the date

All med techs were in-serviced on the 5 rights of giving medications. (Dates: 5/25/22 thru 6/1/22)

2. State what steps are in place to ensure the violation doesn't take place again

Med techs will be evaluated quarterly instead of yearly to ensure that the 5 rights are being followed. Monthly nursing staff meetings are also held and the med techs will also be reminded about the 5 rights.

3. What type of staff training has been completed or will be completed

Med Techs were in-serviced on the 5 rights of giving medications

4. Who is responsible? Not staff names but more so titles (Nursing, direct care staff, med techs, maintenance, housekeeping)

Director of Nursing, Assistant Director of Nursing and the Charge Nurses, and Med Techs.

Completion Date:

Document Submission

Implemented

Documents attached.

182c - Medication Administration (continued)

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Thank you. [REDACTED], Executive Director/Director of Wellness

6/29/22

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