

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

March 14, 2023

[REDACTED], ADMINISTRATOR
PRESBYTERIAN HOMES INC
[REDACTED]
[REDACTED]

RE: PRESBYTERIAN HOME AT
WILLIAMSPORT
810 LOUISA STREET
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 20054

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/25/2022 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: PRESBYTERIAN HOME AT WILLIAMSPORT **License #:** 20054 **License Expiration:** 06/22/2023

Address: 810 LOUISA STREET, WILLIAMSPORT, PA 17701

County: LYCOMING **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: PRESBYTERIAN HOMES INC

Address: [REDACTED]

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 08/19/1981 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 20 **Waking Staff:** 15

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 05/25/2022

Inspection Dates and Department Representative

05/25/2022 **On Site:** [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 27 **Residents Served:** 20

Secured Dementia Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 20

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

05/25/2022 - Full

Lead Inspector: [REDACTED] **Follow Up Type:** POC Submission **Follow Up Date:** 06/23/2022

Inspections / Reviews (*continued*)

07/21/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/20/2022

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 07/28/2022

02/14/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 08/26/2022

03/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

65b - Rights/Abuse 40 Hours

1. 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:

Description of Violation

Staff person A, hire date [REDACTED], and Staff person B, hire date [REDACTED], did not complete training in the topic of Emergency Medical Plan.

POC Submission

Accept

65B

- 1. Staff person A completed training for Emergency medical plan on [REDACTED] and Staff person B completed the training on [REDACTED]
- 2. All recent hire charts were audited completed by the Administrator within 2 days of the survey to ensure required training was completed.
- 3. The New Employee Orientation Binder has been updated including a training topics sheet that includes Emergency Medical Plan. Personal Care Home Administrator reviewed policy and procedures to assure correct completion of appropriate paperwork according to DHS regulations for new employee orientation.
- 4. PCHA will use training topic form with each New Employee Orientation (NEO) including ancillary staff. After each NEO administrator will audit new employee charts to assure appropriate paperwork is completed.

Licensee's Plan Completion Date: 05/25/2022

Implemented ([REDACTED] - 03/14/2023)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.

Description of Violation

Staff person A, hire date [REDACTED], did not complete training that included a demonstration of job duties, followed by supervised practice, before performing unsupervised direct care for residents.

POC Submission

Accept

65D

- 1. Staff person A completed the required training and demonstration of job duties on 5/25/2022
- 2. All recent hire charts were audited by the Administrator within 2 days of the survey to ensure required training was completed.
- 3. The New Employee Orientation (NEO) Binder has been updated including a training topics sheet that includes Training & demonstration of job duties prior to unsupervised direct care for residents. Personal Care Home Administrator (PCHA) reviewed policy and procedures to assure correct completion of appropriate paperwork according to DHS regulations for new employee orientation.
- 4. PCHA will use training topic form with each NEO including ancillary staff. After each NEO, administrator will audit new employee charts to assure appropriate paperwork is completed.

65d Initial Direct Care Training (continued)

Licensee's Plan Completion Date: 05/25/2022

Implemented [redacted] - 03/14/2023)

185a - Implement Storage Procedures

3. 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

Resident #1 has a current order for [redacted]. This medication was not available in the medication cart at time of inspection.

POC Submission

Directed

2600. 185.a.

- 1. Resident #1 doctor was notified of nonuse for Eye Drops Advanced Relief and order was discontinued.
- 2. LPN and Administrator audited other residents with prn orders that have been in nonuse that they were available and if nonuse had them discontinued.
- 3. LPN and medication technician were educated on the need to assure that when doing cart audits that all medications are present and can be matched against the MAR.
- 4. LPN and Medication Technician will audit the medication cabinets against the MAR for 5 random residents once a month x 3 month to assure compliance.

Directed Plan of Correction:

The Administrator will oversee the process in the long term to ensure ongoing compliance.

[redacted], 8 19 22

Directed Completion Date: 07/25/2022

Implemented [redacted] - 03/14/2023)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #1 is prescribed [redacted]. Resident #1's medication administration record does not indicate the special precautions "Not to exceed 3GM/day" as found on the medication's label.

POC Submission

Directed

2600.187.a

- 1. Physician clarified medication order so medication and label match.
- 2. Home Administrator and LPN conducted an audit to review current residents' with two Tylenol orders to assure the order label matched the orders in their MAR. No variances were noted
- 3. Re educate licensed staff and Medication Technicians on the Rights of Medication Administration. Re educate

187a - Medication Record (continued)

licensed staff and Medication Technicians on the scanning process.

4. An audit will be completed by the Pharmacy manager or designee, 5 residents monthly times 3 months to assure medication labels match physician orders. Audit results will be submitted for review and recommendations to the Quality Assurance Performance Improvement (QAPI) Committee.

Directed Plan of Correction:

The Administrator will oversee the process in the long term to ensure ongoing compliance.

█, 8-19-22

Directed Completion Date: 07/25/2022

Implemented (█ - 03/14/2023)

225c - Additional Assessment**5. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident 2's most recent assessment was completed on █. The resident has not had an annual assessment completed as required by this regulation.

POC Submission

Directed

1. Resident #2 evaluation was updated █
2. Home Administrator audited charts for up to date RASP dates. No other residents were outside of assessment time. PCHA and LPN will continue with chart audits x 3 months
3. LPN and Administrator provided education to follow the regulations to assure when Documented Medical Evaluation is completed that the RASP also gets updated. Any change in condition or services evaluations also need to be updated
4. Home Administrator will monitor evaluations and service plans monthly with known annual assessments to assure that assessments are updated appropriately x 3 months.

Directed Plan of Correction:

The Administrator will oversee the process in the long term to ensure ongoing compliance.

█, 8-19-22

Directed Completion Date: 07/25/2022

Implemented (█ - 03/14/2023)

227d - Support Plan Medical/Dental**6. Requirements**

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's RASP, dated [REDACTED], does not include that the resident began receiving hospice services on [REDACTED] and what services hospice is responsible to provide.

POC Submission**Directed**

1. Resident #2 RASP and Support Plan was updated with receiving hospice services and the services that hospice is providing,
2. Administrator audited charts for up to date RASP dates. No other residents receive other outside services at this time.
3. LPN and Administrator reviewed and education provided to follow the regulations, to assure when a DME is completed if outside services are necessary that a RASP gets updated. Any change in condition or services is also updated on service plan.
4. Home Administrator will monitor evaluations and service plans monthly with known annual assessments of 5 random residents to assure that RASP are updated appropriately for outside services x 3 months.

Directed Plan of Correction:

The Administrator will oversee the process in the long term to ensure ongoing compliance.

[REDACTED], 8-19-22

Directed Completion Date: 07/25/2022

Implemented ([REDACTED] - 03/14/2023)