

Department of Human Services
Bureau of Human Service Licensing

October 2, 2022

[REDACTED]
BROADWAY MANOR LLC
[REDACTED]

RE: BROADWAY MANOR
560 BROADWAY STREET
MILTON, PA, 17847
LICENSE/COC#: 23030

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *BROADWAY MANOR* License #: *23030* License Expiration: *10/14/2022*
Address: *560 BROADWAY STREET, MILTON, PA 17847*
County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *(570) 473-9472* Email: [REDACTED]

Legal Entity

Name: *BROADWAY MANOR LLC*
Address: *59 SOUTH FRONT STREET, MILTON, PA, 17847*
Phone: *5704739472* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint* Exit Conference Date: *06/06/2022*

Inspection Dates and Department Representative

05/26/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* Residents Served: *43*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *34* Are 60 Years of Age or Older: *30*
Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *12*
Have Mobility Need: *0* Have Physical Disability: *2*

Inspections / Reviews

05/26/2022 - Partial

Lead [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/25/2022*

Inspections / Reviews (*continued*)

07/21/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/28/2022*

08/28/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/06/2022*

10/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On 4/10/22 Resident #1 alleged that direct care staff member A threw a towel and a washcloth at the resident the night before. The possible resident rights violation was not reported to the Department.

Plan of Correction

Accept

The Administrator has done an incident report, the resident gave notice on [REDACTED], left that morning and didn't return except to retrieve [REDACTED] belongs. The administrator was also told the towel and washcloth were tossed to the resident, of course they should have just been handed to [REDACTED]. In the future all possible resident right violations, along with any other reportable incidents will be reported to the department in the appropriate time frame by the Administrator.

Completion Date: 06/22/2022

Update: 07/21/2022

Please note in Step 2 that document has been reviewed and accepted for verification in Step 1.
AG, 7-21-22

Document Submission

Implemented

The Administrator has done an incident report, the resident gave notice on [REDACTED], left that morning and didn't return except to retrieve [REDACTED] belongs. The administrator was also told the towel and washcloth were tossed to the resident, of course they should have just been handed to [REDACTED]. In the future all possible resident right violations, along with any other reportable incidents will be reported to the department in the appropriate time frame by the Administrator.

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 4/9/22 around 11:30pm Direct care staff member A tossed a towel and washcloth at Resident #1. The staff member did not treat Resident #1 with dignity and respect.

On 4/9/22 during snack time Direct care staff member B told resident #1 that the staff member has dealt with bigger, badder b"". The staff member did not treat Resident #1 with dignity and respect.

Plan of Correction

Accept

Staff have been counceled on treatment of residents and have had training on resident's rights, specifically to these incidents.

The Administrator will be doing additional training in this area using the AAA on line training.

Completion Date: 05/12/2022

42c - Treatment of Residents (continued)

Update: 07/21/2022

Please note in Step 2 that document has been reviewed and accepted for verification in Step 1.

Upon completion of additional training, please submit for review.

AG, 7-21-22

Document Submission

Implemented

Staff have been counceled on treatment of residents and have had training on resident's rights, specifically to these incidents.

The Administrator will be doing additional training in this area using the AAA on line training.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's DME dated [redacted] did not include anything for body positioning/movement.

Plan of Correction

Do Not Accept

This was an oversite from Administrator. The Administrator will examine DME's when received to ensure they include all information. The resident had already moved out, so [redacted] could not get [redacted] DME updated. [redacted] have attached a new recent DME to show compliance.

Completion Date: 06/20/2022

Update: 07/21/2022

The med eval submitted as verification is incomplete. It is missing Immunization information.

AG, 7-21-22

Plan of Correction

Accept

This was an oversite from Administrator. The Administrator will examine DME's when received to ensure they include all information. The resident had already moved out, so [redacted] could not get [redacted] DME updated. [redacted] have attached a new recent DME to show compliance.

Completion Date: 07/21/2022

Update: 08/28/2022

Please note in Step 2 that verification was reviewed and approved by AG in Step 1.

AG, 8-28-22

141a 1-10 Medical Evaluation Information (continued)

Document Submission**Implemented**

This was an oversight from Administrator. The Administrator will examine DME's when received to ensure they include all information. The resident had already moved out, so [REDACTED] could not get [REDACTED]'s DME updated. [REDACTED] have attached a new recent DME to show compliance.