

Department of Human Services
Bureau of Human Service Licensing

July 20, 2022

[REDACTED], SENIOR VICE PRESIDENT OF HEALTHCARE SERVICES
[REDACTED]
[REDACTED]

RE: THE GLEN AT WILLOW VALLEY
675 WILLOW VALLEY SQUARE
LANCASTER, PA, 17602
LICENSE/COC#: 32191

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/08/2022 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: *THE GLEN AT WILLOW VALLEY* License #: *32191* License Expiration: *02/19/2023*
 Address: *675 WILLOW VALLEY SQUARE, LANCASTER, PA 17602*
 County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *WILLOW VALLEY COMMUNITIES*
 Address: *100 WILLOW VALLEY LAKES DRIVE, WILLOW VALLEY, PA, 17584*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *12/10/2019* Issued By: *West Lampeter Township*
 Type: *I-2* Date: *12/10/2019* Issued By: *West Lampeter Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *44* Waking Staff: *33*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *06/08/2022*

Inspection Dates and Department Representative

06/08/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* Residents Served: *44*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *44*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

06/08/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/26/2022*

Inspections / Reviews (*continued*)

07/11/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *07/18/2022*

07/20/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The refrigerator in the kitchenette of the dining room contained unlabeled and undated food items, including a half-eaten "Jersey Mike's" sub/sandwich and an opened bottle of "Simply Orange" Orange Juice.

The refrigerator in the Northeast wing had an opened butter stick (not labeled or covered) and its freezer contained unlabeled ice-cream..

Plan of Correction**Accept****1. Licensing Violation**

- *2600.103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.*
- *Notes about The Glen PC: The refrigerator in the kitchenette of the dining room contained unlabeled and undated food items, including a half-eaten "Jersey Mike's" sub/sandwich and an opened bottle of "simply Orange" orange juice. The refrigerator in the Northeast wing had an opened bitter stick (not labeled or covered) and its freezer contained unlabeled ice cream.*

Why did this happen?

- *Item was placed in fridge without a name or date. It is unknown who the items belong to without this information. It is not known when the items were placed in the appliances. Appears the person did not know to label or did not have what is needed to label the items at the time they were placed in the fridge (pen or marker or sticker). Routine audits of appliances were not being done or assigned due to recent staff turnover.*

What do we do right now to fix the problem?

- *Who – Administrator removed all items without appropriate labels or dates and discarded from all appliances on 6/8/22.*
- *What – Verbal education provided by Administrator to team working in Personal Care day of survey that appliances are only to be used for resident or Recreational Therapy food/drinks on 6/8/22*
- *When – Meeting scheduled with Culinary and Recreational Therapy to review daily audit process and delegate the team that will complete daily.*

How do we prevent this from happening again?

- *Who - Administrator will order stickers to place next to each appliance with pens. Administrator will provide education to residents about process at Town Hall meetings for the next 3 months, starting in June. Recreational Therapy team member will audit the refrigerator and freezer daily for unlabeled food/drinks. Food that is unlabeled with no date will be discarded. Culinary will ensure all items (supplied by WVC) placed in the appliances, are dated per the USDA guidelines. Expired food/drinks will be discarded.*
- *What - Audit tool documentation was selected and started daily*

103e - Left Overs (continued)

- *When – Daily ongoing*

Timeframe/Work plan (Action, Owner, Completion Date)

- *Unlabeled/undated food and drinks will be thrown away by Recreational Therapy daily, ongoing.*
- *Checking expiration dates when adding new items to the fridge/freezer and discard items that are expired by culinary daily, ongoing*
- *Education will be provided to Residents of Personal Care in Town Hall meetings/minutes about labeling and dating food and drink items placed in the appliances, Town Hall 6/21/22 through July and August by Administrator. Minutes from meetings are always available and posted.*
- *Education to all PC team members that they are not to use resident appliances for their own personal food or drinks, Administrator, started completed by June 30th and will be reviewed at July and September Team Member Meetings.*
- *Stickers for labeling food and drinks will be stored next to each appliance with pens/markers, Recreational Therapy, 6/23/22 and refilled ongoing.*
- *A magnetic sign will be placed on the side of each appliance with instructions on labeling and dating items, Administrator 6/23/22.*
- *A laminated tent card will also be placed in the appliance as a second reminder to label and date all items, Administrator 6/23/22*

Completion Date: 06/24/2022

Document Submission**Implemented***1. Licensing Violation*

- *2600.103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.*
- *Notes about The Glen PC: The refrigerator in the kitchenette of the dining room contained unlabeled and undated food items, including a half-eaten "Jersey Mike's" sub/sandwich and an opened bottle of "simply Orange" orange juice. The refrigerator in the Northeast wing had an opened bitter stick (not labeled or covered) and its freezer contained unlabeled ice cream.*

Why did this happen?

- *Item was placed in fridge without a name or date. It is unknown who the items belong to without this information. It is not known when the items were placed in the appliances. Appears the person did not know to label or did not have what is needed to label the items at the time they were placed in the fridge (pen or marker or sticker). Routine audits of appliances were not being done or assigned due to recent staff turnover.*

What do we do right now to fix the problem?

- *Who – Administrator removed all items without appropriate labels or dates and discarded from all appliances on 6/8/22.*

103e - Left Overs (continued)

- *What – Verbal education provided by Administrator to team working in Personal Care day of survey that appliances are only to be used for resident or Recreational Therapy food/drinks on 6/8/22*
- *When – Meeting scheduled with Culinary and Recreational Therapy to review daily audit process and delegate the team that will complete daily.*

How do we prevent this from happening again?

- *Who - Administrator will order stickers to place next to each appliance with pens. Administrator will provide education to residents about process at Town Hall meetings for the next 3 months, starting in June. Recreational Therapy team member will audit the refrigerator and freezer daily for unlabeled food/drinks. Food that is unlabeled with no date will be discarded. Culinary will ensure all items (supplied by WVC) placed in the appliances, are dated per the USDA guidelines. Expired food/drinks will be discarded.*
- *What - Audit tool documentation was selected and started daily*
- *When – Daily ongoing*

Timeframe/Work plan (Action, Owner, Completion Date)

- *Unlabeled/undated food and drinks will be thrown away by Recreational Therapy daily, ongoing.*
- *Checking expiration dates when adding new items to the fridge/freezer and discard items that are expired by culinary daily, ongoing*
- *Education will be provided to Residents of Personal Care in Town Hall meetings/minutes about labeling and dating food and drink items placed in the appliances, Town Hall 6/21/22 through July and August by Administrator. Minutes from meetings are always available and posted.*
- *Education to all PC team members that they are not to use resident appliances for their own personal food or drinks, Administrator, started completed by June 30th and will be reviewed at July and September Team Member Meetings.*
- *Stickers for labeling food and drinks will be stored next to each appliance with pens/markers, Recreational Therapy, 6/23/22 and refilled ongoing.*
- *A magnetic sign will be placed on the side of each appliance with instructions on labeling and dating items, Administrator 6/23/22.*
- *A laminated tent card will also be placed in the appliance as a second reminder to label and date all items, Administrator 6/23/22*

All steps have been completed with the exception of the Team Member meetings and resident Town Hall meetings. These steps are in progress due to dates not occurring yet for these meetings.

105g - Lint Removal and Duct Cleaning**1. Requirements**

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was layer of lint in the lint trap of the dryer, located in the laundry room next to Resident Room 349. It was noted that there were no clothing items in the dryer and the dryer was not in use upon this discovery.

Plan of Correction**Accept***Licensing Violation*

- 2600.105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.
- Notes about The Glen PC: There was layer of lint in the lint trap of the dryer, located in the laundry room next to Resident Room 349. It was noted that there were no clothing items in the dryer and the dryer was not in use upon this discovery.

Why did this happen?

- Resident was using the laundry room and had not completed pick up of her laundry, which was on top of the dryer, folded. Resident did not clean the lint trap at the end of her load. Team Members had not checked the laundry trap after the resident last load of laundry was finished in the dryer. Resident has memory deficits and did not follow the directions noted on the sign attached to the dryer. Reminder sign color matches dryer color making it difficult to see.

What do we do right now to fix the problem?

- Who – Administrator checked all dryers on 6/8/22 after lint was noted and all were already cleared/cleaned.
- What – Administrator verbally educated all staff present on 6/8/22 to check and empty the lint traps for all dryers after staff use the dryers and at the end of each shift, unless residents are noted to be using the dryers, then staff will check more frequently each shift.
- When – Three times in 24 hours unless dryers are in use by residents, lint traps would be checked more frequently when in use.

How do we prevent this from happening again?

- Who - Administrator will hang new colorful signs on each dryer with instructions to check and empty lint trap after each load of laundry. Staff will check traps three times daily or more frequently when dryers are in use by residents.
- What - Education will be provided to all residents and all team members about cleaning the lint traps after each load of laundry. Will add a prompt on the RCA assignment sheets to check traps at the end of each shift that require staff initials
- When – Town Hall meeting for 3 months, will review with residents and add to meeting minutes. Team Member meetings in July and September – will review the same. Environmental rounds will be done quarterly by PC staff which includes checking the lint traps in all dryers.

Timeframe/Work plan (Action, Owner, Completion Date)

- Additional new colorful signs will be placed on each dryer as a reminder to clean lint trays at the end of each laundry load, Administrator, June 2022
- Review of regulation 2600.105g at resident Town Hall meeting on 6/21/22 and reminders that when residents do laundry they must also empty trap after each laundry load, Administrator, 6/21/22, 7/22, and 8/22 Town

105g - Lint Removal and Duct Cleaning (continued)

Hall meetings.

- Review of regulation 2600.105g at Team Member meeting in July and September 2022, and team member responsibilities to check and empty traps at the end of each shift more frequently when dryers are in use. RCAs will initial this has been done on their assignment sheets. Administrator, June through September 2022
- Quarterly Environmental rounds to ensure all dryer traps are clean, PC staff, next September 2022
- Dryers lint traps and area under the lint traps will be vacuumed by housekeeping every Friday, effective 6/10/22 and ongoing.
- Professional vent cleaning will be completed at The Glen Personal Care, Outside Company, Annually.

Completion Date: 06/24/2022

Document Submission

Implemented

Licensing Violation

- 2600.105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.
- Notes about The Glen PC: There was layer of lint in the lint trap of the dryer, located in the laundry room next to Resident Room 349. It was noted that there were no clothing items in the dryer and the dryer was not in use upon this discovery.

Why did this happen?

- Resident was using the laundry room and had not completed pick up of her laundry, which was on top of the dryer, folded. Resident did not clean the lint trap at the end of her load. Team Members had not checked the laundry trap after the resident last load of laundry was finished in the dryer. Resident has memory deficits and did not follow the directions noted on the sign attached to the dryer. Reminder sign color matches dryer color making it difficult to see.

What do we do right now to fix the problem?

- Who – Administrator checked all dryers on 6/8/22 after lint was noted and all were already cleared/cleaned.
- What – Administrator verbally educated all staff present on 6/8/22 to check and empty the lint traps for all dryers after staff use the dryers and at the end of each shift, unless residents are noted to be using the dryers, then staff will check more frequently each shift.
- When – Three times in 24 hours unless dryers are in use by residents, lint traps would be checked more frequently when in use.

How do we prevent this from happening again?

- Who - Administrator will hang new colorful signs on each dryer with instructions to check and empty lint trap after each load of laundry. Staff will check traps three times daily or more frequently when dryers are in use by residents.
- What - Education will be provided to all residents and all team members about cleaning the lint traps after each load of laundry. Will add a prompt on the RCA assignment sheets to check traps at the end of each shift that require staff initials
- When – Town Hall meeting for 3 months, will review with residents and add to meeting minutes. Team Member meetings in July and September – will review the same. Environmental rounds will be done quarterly by PC staff which includes checking the lint traps in all dryers.

Timeframe/Work plan (Action, Owner, Completion Date)

- Additional new colorful signs will be placed on each dryer as a reminder to clean lint trays at the end of

105g - Lint Removal and Duct Cleaning (continued)

each laundry load, Administrator, June 2022

- Review of regulation 2600.105g at resident Town Hall meeting on 6/21/22 and reminders that when residents do laundry they must also empty trap after each laundry load, Administrator, 6/21/22, 7/22, and 8/22 Town Hall meetings.
- Review of regulation 2600.105g at Team Member meeting in July and September 2022, and team member responsibilities to check and empty traps at the end of each shift more frequently when dryers are in use. RCAs will initial this has been done on their assignment sheets. Administrator, June through September 2022
- Quarterly Environmental rounds to ensure all dryer traps are clean, PC staff, next September 2022
- Dryers lint traps and area under the lint traps will be vacuumed by housekeeping every Friday, effective 6/10/22 and ongoing.
- Professional vent cleaning will be completed at The Glen Personal Care, Outside Company, Annually.

All steps have been completed with the exception of the Team Member meetings and resident Town Hall meetings. These steps are in progress due to dates not occurring yet for these meetings and next quarterly environment audit is not due until September.

187a - Medication Record**1. Requirements**

2600.

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

3. Name of medication.

Description of Violation

Resident 1 has the medication, [REDACTED] located in their room as the resident self-administers medication. However, the medication is not documented on the Resident's Order Summary Report/ Medication list.

Plan of Correction**Accept****Licensing Violation**

- 2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered. 3. Name of medication
- Notes about The Glen PC: Resident 1 has medication, [REDACTED] located in their room as the resident self-administers medication. However, the medication is not documented on the Residents Order Summary Report/Medication List.

Why did this happen?

- Medication was only for 7 days then discontinued. Order dropped of the medication orders after 7 days. Resident still had medication in room and did not dispose of. Staff did not check with resident that the medication was discontinued after 7 days and should be discarded. Missed this package of eye drops with last annual self-administration assessment and medication review with nurse. Self-Administration of Medication Assessment does not include information on residents responsibilities with limited prescription instructions (such as eye drops that are only to be administered for 7 days) and discarding any remaining supply after medication was to be stopped. Assessment also does not include information on resident checking medication expiration and discarding by the expiration date. There is no specific audit schedule in place between annual

187a - Medication Record (continued)

Self-Administration of Medications assessments.

What do we do right now to fix the problem?

- *Who – Surveyor notified nurse that medication was in room and medication was removed. Resident was in agreement and aware why the medication should be discarded and stated she had not used the medication. It was not opened. Administrator provided education to nursing team on duty.*
- *What – Verbal education was provided to nursing team on duty that when a medication ends, medications need to be disposed of for residents who self-administer. During the annual assessments, medications should be checked with the MAR to ensure only medications that are currently ordered are present. Education to resident to dispose of medications not ordered and not in use.*
- *When – 6/8/22*

How do we prevent this from happening again?

- *Who - Nurses will dispose of medications that are not ordered, specifically with residents who self-administer their medications. This will be done the day the medications are discontinued. Medications will be verified with the MAR on the annual assessments and medications not on MAR will be disposed of.*
- *What - Education to nurses will be provided on the proper process for doing the self-administration assessment annually. An audit tool will be created for a quarterly comparison of the MAR with the medications for all residents that self-administer medications. New copy of medications will be provided to the resident with any medication order changes. Medications in room will be compared to new orders with any medication changes.*
- *When – This will be started June 2022 and continue quarterly and annually.*

Timeframe/Work plan (Action, Owner, Completion Date)

- *Education to nursing team on disposal of medications when orders are completed or discontinued will be reviewed DHS education following survey in June 2022, by the Administrator and with next nursing meetings in July 2022 and September 2022, by Administrator.*
- *Self-Administrator of Medications assessment tool has been updated to include information about medications ordered for a limited amount of time and resident discarding after the medication order has been completed. Also included is the resident will check expirations on their medications and discard medications by the expiration date, updated by Administrator, June 2022.*
- *Nurses will check medications in rooms with current medication orders annually and if there is a medication change or discontinued medication, ensuring the resident has an updated copy of the medication orders with the changes, nurse will dispose medications that are not ordered if resident has not already done so, and the tool used will be the Self-Administration of Medication assessment, implemented by Administrator, June 2022 and ongoing quarterly*
- *Education to residents in Town Hall meeting regarding self-administration of medications in room need to be ordered by a physician. Review reg 187.a. Administrator, 6/23/22*

Completion Date: 06/24/2022

Document Submission

Implemented

Licensing Violation

- *2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered. 3. Name of medication*
- *Notes about The Glen PC: Resident 1 has medication, [REDACTED], located in their room as the resident self-administers medication. However, the medication is not documented on the Residents Order Summary Report/Medication List.*

187a - Medication Record (continued)*Why did this happen?*

- *Medication was only for 7 days then discontinued. Order dropped of the medication orders after 7 days. Resident still had medication in room and did not dispose of. Staff did not check with resident that the medication was discontinued after 7 days and should be discarded. Missed this package of eye drops with last annual self-administration assessment and medication review with nurse. Self-Administration of Medication Assessment does not include information on residents responsibilities with limited prescription instructions (such as eye drops that are only to be administered for 7 days) and discarding any remaining supply after medication was to be stopped. Assessment also does not include information on resident checking medication expiration and discarding by the expiration date. There is no specific audit schedule in place between annual Self-Administration of Medications assessments.*

What do we do right now to fix the problem?

- *Who – Surveyor notified nurse that medication was in room and medication was removed. Resident was in agreement and aware why the medication should be discarded and stated she had not used the medication. It was not opened. Administrator provided education to nursing team on duty.*
- *What –Verbal education was provided to nursing team on duty that when a medication ends, medications need to be disposed of for residents who self-administer. During the annual assessments, medications should be checked with the MAR to ensure only medications that are currently ordered are present. Education to resident to dispose of medications not ordered and not in use.*
- *When – 6/8/22*

How do we prevent this from happening again?

- *Who - Nurses will dispose of medications that are not ordered, specifically with residents who self-administer their medications. This will be done the day the medications are discontinued. Medications will be verified with the MAR on the annual assessments and medications not on MAR will be disposed of.*
- *What - Education to nurses will be provided on the proper process for doing the self-administration assessment annually. An audit tool will be created for a quarterly comparison of the MAR with the medications for all residents that self-administer medications. New copy of medications will be provided to the resident with any medication order changes. Medications in room will be compared to new orders with any medication changes.*
- *When – This will be started June 2022 and continue quarterly and annually.*

Timeframe/Work plan (Action, Owner, Completion Date)

- *Education to nursing team on disposal of medications when orders are completed or discontinued will be reviewed DHS education following survey in June 2022, by the Administrator and with next nursing meetings in July 2022 and September 2022, by Administrator.*
- *Self-Administrator of Medications assessment tool has been updated to include information about medications ordered for a limited amount of time and resident discarding after the medication order has been completed. Also included is the resident will check expirations on their medications and discard medications by the expiration date, updated by Administrator, June 2022.*
- *Nurses will check medications in rooms with current medication orders annually and if there is a medication change or discontinued medication, ensuring the resident has an updated copy of the medication orders with the changes, nurse will dispose medications that are not ordered if resident has not already done so, and the tool used will be the Self-Administration of Medication assessment, implemented by Administrator, June 2022 and ongoing quarterly*
- *Education to residents in Town Hall meeting regarding self-administration of medications in room need to*

187a - Medication Record (continued)

be ordered by a physician. Review reg 187.a. Administrator, 6/23/22

All steps have been completed with the exception of the Team Member meetings and resident Town Hall meetings. These steps are in progress due to dates not occurring yet for these meetings.