

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

April 18, 2023

[REDACTED], EXECUTIVE DIRECTOR
HUMANGOOD PENNSYLVANIA
[REDACTED]

RE: THE MANSION AT ROSEMONT
404 CHESWICK PLACE
ROSEMONT, PA, 19010
LICENSE/COC#: 17663

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/15/2022 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: THE MANSION AT ROSEMONT License #: 17663 License Expiration: 06/07/2023
 Address: 404 CHESWICK PLACE, ROSEMONT, PA 19010
 County: DELAWARE Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HUMANGOOD PENNSYLVANIA
 Address: [REDACTED]
 Phone: [REDACTED] 0 Email: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 10/12/2007 Issued By: Radnor Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/15/2022

Inspection Dates and Department Representative

06/15/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 221 Residents Served: 62
 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: 62
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 19 Have Physical Disability: 0

Inspections / Reviews

06/15/2022 - Full
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 07/18/2022

Inspections / Reviews *(continued)*

04/18/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/18/2023

04/18/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 6/15/22, at 5:11 pm, the Department observed cameras throughout the hallways of the home. There were no signs to identify the areas are under surveillance within the interior area of the home.

POC Submission

Accept

Signage has been placed near areas of video surveillance/ recording throughout the community. See attached photo.

Director of Buildings and Grounds or designee will ensure signs remain in place and report through monthly QA program

Licensee's Proposed Overall Completion Date: 07/18/2022

Implemented (████) - 04/18/2023)

51 - Criminal Background Check

2. 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

On 6/15/22, there were six unsupervised contractors in the home. The home did not have criminal background checks on file for the contractors.

POC Submission

Accept

The community was in receipt of four of the six background checks before close of business on the day of the inspection. A maintenance team member was assigned to supervise the other two contractors installing flooring in vacant apartments until they completed the job.

Moving forward, our Director of Buildings and Grounds along with our General Contractor will ensure background check is on hand or a supervision plan is in place for contractors.

Director of Buildings and Grounds will conduct random bi-weekly audits and report findings through community QA program

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented (████) - 04/18/2023)

60c - Housekeeping/Maintenance

3. Requirements

2600.

60.c. Additional staff hours, or contractual hours, shall be provided as necessary to meet the laundry, food service, housekeeping and maintenance needs of the home.

Description of Violation

On 6/15/22, the trash compactor was unclean with gnats and flies flying around. According to the maintenance

60c - Housekeeping/Maintenance (continued)

director, the service was not provided due to a lack of staff to complete the task of cleaning the area around the trash compactor.

POC Submission

Accept

Since the date of the inspection, we've onboarded two additional housekeepers and have revised the assigned tasks for the contracted support. The upkeep of the compactor area have been added to housekeeper work assignments, We continue to interview, and focus on hiring and retention strategies for housekeeping. Our maintenance team has also been able to help where needed.

Housekeeping Supervisor and HR Director meet regularly to adjust openings, and screen applicants. Will report openings and workload distribution efforts monthly to QA program

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented ([REDACTED]) - 04/18/2023)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/15/22, at 9:36 am, there was a trash can on the floor of the 1st floor dining room to catch the water dripping from the pipe in the ceiling.

On 6/15/22, the home's trash compactor was unclean, there was an infestation of gnats and flies, flying around the compactor. The compactor dispelled a malodorous odor.

POC Submission

Accept

Compactor area was cleaned up immediately following inspection. Aardvark Pest Control services was engaged to treat area and put in place a gnat/fly prevention plan. Pest control will continue to check area for concerns during monthly visits. Compactor area added to 3x weekly cleaning assignment for cleanliness and any pest concerns. Housekeeping supervisor to audit condition of compactor area 2x monthly and report through community QA program.

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented ([REDACTED]) - 04/18/2023)

88a - Surfaces

5. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The ceiling located in the dining room on the 1st floor was a tile missing. The coolant pipe that was under the tile was

88a Surfaces (continued)

leaking and not in good repair.

POC Submission

Accept

The ceiling tile was replaced during the inspection. The pipe was re insulated as well, repairing the drip. Moving forward, any ceiling tile that is removed will be replaced at the same time so as not to leave an opening. Director of Building and Grounds will conduct ceiling tile audits weekly and report findings to community QA.

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented [redacted] - 04/18/2023)

95 - Furniture and Equipment

6. Requirements

2600.

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

Description of Violation

The left side handle of the faucet in the bathroom across from the dining room on the 1st floor was not in good repair. The water was not running when the handle was turned on.

POC Submission

Accept

The faucet was known to be out of order and was awaiting repair later in the day. It has since been repaired and is working as intended.

Moving forward, an out of service sign will be placed on broken equipment until repair is made.

Director of Buildings and Grounds to monitor and report findings through monthly QA

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented [redacted] - 04/18/2023)

162c - Menus Posted

7. 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

On 6/15/22, at 9:36 am, the home's menu for the week of June 12 was not posted in the dining room on the first floor.

POC Submission

Accept

The menu postings for the Personal Care dining room as described were posted in the hall outside of the dining room on a bulletin board as it normally is. Community was not aware that the inspector did not see this and therefore did not have the opportunity to address this on site. please see attached photo. We respectfully request withdrawal of this violation.

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented [redacted] - 04/18/2023)

183b - Meds and Syringes Locked

8. Requirements

183b - Meds and Syringes Locked (continued)

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] were unlocked, unattended, and accessible in resident #1's room.

POC Submission

Accept

The [redacted] was removed from the apartment and securely stored in med cart. Personal Care apartment audit conducted for any other unauthorized bedside medications. Regulation reviewed with Nursing department team members. Personal Care Manager or designee to conduct random weekly apartment audits moving forward to ensure compliance. Findings to be reported through monthly QA program

Licensee's Proposed Overall Completion Date: 07/18/2022

Implemented [redacted] - 04/18/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] extended release. However, resident #2 was administered [redacted] and [redacted].

POC Submission

Accept

The correct dosage form was on hand and retained. The Day cold and flu and Night cold and flu were removed from the medication cart at the time of inspection. Review of MAR / quantity on hand confirms resident did not receive wrong dose. Review of regulation and Potential for error addressed with nurses and medication technicians via in-service. Moving forward, Personal Care Manager or designee will audit medication dose ordered vs dose on hand for random residents weekly. Will report findings through monthly QA.

Licensee's Proposed Overall Completion Date: 07/15/2022

Implemented [redacted] - 04/18/2023)

251b - Record Entries Legible

10. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on resident's #3 contract document dated [redacted].

251b - Record Entries Legible (continued)**POC Submission****Accept**

Two areas on the noted contract where correction fluid was used have been reviewed and initialed by Administrator and resident following the inspection. Team members who participate in contract signings have been re-educated on regulation 251.b specifically about the use of correction fluid.

Moving forward, Business office manager or designee will review contracts for compliance and report findings through monthly QA program.

Licensee's Proposed Overall Completion Date: 07/18/2022

Implemented ([REDACTED] - 04/18/2023)