

Department of Human Services
Bureau of Human Service Licensing

August 31, 2022

[REDACTED], EXECUTIVE DIRECTOR
[REDACTED]
[REDACTED]

RE: THE COMMUNITY AT ROCKHILL
3250 STATE ROAD
SELLERSVILLE, PA, 18960
LICENSE/COC#: 12687

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2022, 06/23/2022 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: *THE COMMUNITY AT ROCKHILL* License #: *12687* License Expiration: *04/02/2023*
Address: *3250 STATE ROAD, SELLERSVILLE, PA 18960*
County: *BUCKS* Region: *SOUTHEAST*

Administrator

Name: *Pamela Keller* Phone: *2152572751* Email:
pkeller@communityatrockhill.org,
miajohnson@pa.gov

Legal Entity

Name: *THE COMMUNITY AT ROCKHILL*
Address: *3250 STATE ROAD, SELLERSVILLE, PA, 18960*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>Other</i>	Date: <i>12/18/1997</i>	Issued By: <i>West Rockhill Township</i>
Type: <i>I-2</i>	Date: <i>03/01/2012</i>	Issued By: <i>West Rockhill Township</i>
Type: <i>Other</i>	Date: <i>03/01/2012</i>	Issued By: <i>West Rockhill Township</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/23/2022*

Inspection Dates and Department Representative

06/22/2022 - On-Site: [REDACTED]
06/23/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *36*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>36</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>0</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

06/22/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/16/2022*

07/18/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/01/2022*

08/31/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [REDACTED], for resident #1 was not signed by the administrator or a designee.

Plan of Correction

Accept

The agreement was updated for resident #1 and signed by the current administrator. An audit will be made by the administrator and clinical coordinator to review current agreements to make sure signatures are completed. See attached documentation.

Completion Date: 07/16/2022

Document Submission

Implemented

The agreement was updated for resident #1 and signed by the current administrator. An audit will be made by the administrator and clinical coordinator to review current agreements to make sure signatures are completed. See attached documentation.

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

The home is currently using video recording devices of the home's entrances and exits for security purposes. In reviewing resident files, there is no documentation that residents 1, 2, 3, and 4 were informed at admission that these areas are subject to video recording.

Plan of Correction

Accept

Information was added to the agreement to reflect the usage of security cameras. All agreements going forward will contain the updated information to include knowledge of video recording devices. Current residents will receive an addendum to their contract specifying the new information regarding video recording devices. Administrator and clinical coordinator will be responsible to ensure continued compliance. See attached documentation.

Completion Date: 08/31/2022

Document Submission

Implemented

Information was added to the agreement to reflect the usage of security cameras. All agreements going forward will contain the updated information to include knowledge of video recording devices. Current residents will receive an addendum to their contract specifying the new information regarding video recording devices. Administrator and clinical coordinator will be responsible to ensure continued compliance. See attached documentation.

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:

1. Resident rights.
2. Emergency medical plan.

65b - Rights/Abuse 40 Hours (continued)

- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A completed his/her 40th scheduled work hour by 09/30/21. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Staff person B completed his/her 40th scheduled work hour by 01/20/22. However, this staff person did not complete training in the following topics: emergency medical plan, reporting of reportable incidents and conditions.

Plan of Correction

Accept

Staff person A/B will complete and update the 40 hour training schedule. Staff training and orientation process is being reviewed and revised to include all first day and 40 hours of training. Staff will be required to have all completed before the new employee, volunteer or substitute staff begins work. Human Resources and Clinical Coordinator will be responsible for continued compliance. See attached form.

Completion Date: 08/31/2022

Update: 07/18/2022

Provide documentation of training

Document Submission

Implemented

Staff person A/B will complete and update the 40 hour training schedule. Staff training and orientation process is being reviewed and revised to include all first day and 40 hours of training. Staff will be required to have all completed before the new employee, volunteer or substitute staff begins work. Human Resources and Clinical Coordinator will be responsible for continued compliance. See attached form.

65i - Training Record

1. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include any training after orientation for staff member C.

The home's record of direct care staff training does not include any training after orientation for staff member D.

Plan of Correction

Accept

Staff Orientation Book was updated and an audit of all the staff requirements will be completed to ensure compliance. Although documentation was not contained in employee C/D files at time of inspection the attached documentation reflects trainings completed after orientation. Training reports will be kept in a binder in the administrator's office to ensure continued compliance. A biannual year audit will be completed by the administrator and clinical coordinator. See attached documentation.

Completion Date: 08/31/2022

Document Submission

Implemented

Staff Orientation Book was updated and an audit of all the staff requirements will be completed to ensure compliance. Although documentation was not contained in employee C/D files at time of inspection the attached documentation reflects trainings completed after orientation. Training reports will be kept in a binder in the

65i - Training Record (continued)

administrator's office to ensure continued compliance. A biannual year audit will be completed by the administrator and clinical coordinator. See attached documentation.

92 - Windows**1. Requirements**

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The screen for one of the windows in room 124 had popped out and was leaning against the outside wall and window.

Plan of Correction**Accept**

Maintenance department was called and the screen was put back into place. The lead maintenance technician reviewed the importance of completing tasks with the team according to the regulations. An exterior review of the facility has been completed and no additional concerns noted. Going forward exterior reviews will be reviewed at Quarterly Quality Assurance Meetings. Maintenance lead technician is responsible for prompt and appropriate repairs going forward. See attached picture of screen repair.

Completion Date: 06/23/2022

Document Submission**Implemented**

Maintenance department was called and the screen was put back into place. The lead maintenance technician reviewed the importance of completing tasks with the team according to the regulations. An exterior review of the facility has been completed and no additional concerns noted. Going forward exterior reviews will be reviewed at Quarterly Quality Assurance Meetings. Maintenance lead technician is responsible for prompt and appropriate repairs going forward. See attached picture of screen repair.

121a - Unobstructed Egress**1. Requirements**

2600.

- 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 06/23/22, an expandable net with a red and white sign reading "STOP" blocked the steps from Garden View and Sky View down to the fitness center, basement and fire exit. The door leading to these steps from Garden View was marked "411".

Plan of Correction**Accept**

The expandable net was removed at the time of inspection. Inspector witnessed the removal. A daily walk through of the facility by the administrator, clinical coordinator or nursing supervisor will be completed to ensure all stairways, hallways, doorways, passage ways and egress routes from the rooms and building are unlocked and unobstructed.

Completion Date: 06/23/2022

Document Submission**Implemented**

The expandable net was removed at the time of inspection. Inspector witnessed the removal. A daily walk through of the facility by the administrator, clinical coordinator or nursing supervisor will be completed to ensure all stairways,

121a - Unobstructed Egress (continued)

hallways, doorways, passage ways and egress routes from the rooms and building are unlocked and unobstructed.

185a - Implement Storage Procedures**1. 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

On 06/16/22, at 4:33 P.M., resident #2's glucometer had a reading of [REDACTED]. This reading was recorded as [REDACTED] in the resident's Medication Administration Record (MAR). Resident received 2 units of [REDACTED] instead of 1 unit due to this error.

Repeat Violation: 04/05/2021

Plan of Correction**Accept**

Medication error reported to DHS and email sent to nursing regarding plan of action (see attached). Family, resident and physician notified. Counseling and re-education provided to staff person who made the error. Medication administration refresher including diabetic refresher scheduled for 8/3/22 with the communities Nurse educator for all med technicians and nurses. An audit binder will be added to check glucometers and blood sugars entered into the electronic administration record to match. Weekly audit will be done by the 11-7 nurse for the next month followed by monthly audits.

Completion Date: 08/03/2022

Document Submission**Implemented**

Medication error reported to DHS and email sent to nursing regarding plan of action (see attached). Family, resident and physician notified. Counseling and re-education provided to staff person who made the error. Medication administration refresher including diabetic refresher scheduled for 8/3/22 with the communities Nurse educator for all med technicians and nurses. An audit binder will be added to check glucometers and blood sugars entered into the electronic administration record to match. Weekly audit will be done by the 11-7 nurse for the next month followed by monthly audits.

187d - Follow Prescriber's Orders**1. Requirements**

2600.

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

Description of Violation

Resident #2 is prescribed [REDACTED] on a sliding scale based on a blood glucose reading; 200-250 = 1 unit, 251-300 = 2 units, 301-350 = 3 units, 351-400 = 4 units, 401-700 = 5 units and call physician if over 600. On 06/16/22, at 4:33 P.M., resident #2's glucometer had a reading of 235. This reading was recorded as 265 in the resident's Medication Administration Record (MAR). Resident received 2 units of Insulin Lispro Solution 100 Unit/ML instead of 1 unit due to this error.

Plan of Correction**Accept**

Medication error reported to DHS and email sent to nursing regarding plan of action (see attached). Family, resident and physician notified. Counseling and re-education provided to staff person who made the error. Medication administration refresher including diabetic refresher scheduled for 8/3/22 with the communities Nurse educator for

187d - Follow Prescriber's Orders (continued)

all med technicians and nurses. An audit binder will be added to check glucometers and blood sugars entered into the electronic administration record to match. Weekly audit will be done by the 11-7 nurse for the next month followed by monthly audits.

Completion Date: 08/03/2022

Document Submission**Implemented**

Medication error reported to DHS and email sent to nursing regarding plan of action (see attached). Family, resident and physician notified. Counseling and re-education provided to staff person who made the error. Medication administration refresher including diabetic refresher scheduled for 8/3/22 with the communities Nurse educator for all med technicians and nurses. An audit binder will be added to check glucometers and blood sugars entered into the electronic administration record to match. Weekly audit will be done by the 11-7 nurse for the next month followed by monthly audits.

190b - Insulin Injections**1. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 05/13/22 at "PM" and Bedtime, staff person C, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months, administered ██████ to resident #2.

Plan of Correction**Accept**

Staff Person C completed the diabetes program and is up to date as of 6/30/22. Personal Care Administrative Assistant took over the scheduling and tracking of diabetic, first aid and CPR training for all staff going forward. Staff will be notified two months prior to set up a date for recertification. If recertification is not completed by the expiration date of current certificate the staff member will be removed from the medication of administration schedule but can remain on the caregiver schedule. See attached tracking documentation and updated certification for Staff member C.

Completion Date: 07/08/2022

Document Submission**Implemented**

Staff Person C completed the diabetes program and is up to date as of 6/30/22. Personal Care Administrative Assistant took over the scheduling and tracking of diabetic, first aid and CPR training for all staff going forward. Staff will be notified two months prior to set up a date for recertification. If recertification is not completed by the expiration date of current certificate the staff member will be removed from the medication of administration schedule but can remain on the caregiver schedule. See attached tracking documentation and updated certification for Staff member C.

190c - Record of Training**1. Requirements**

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

190c - Record of Training (continued)

The home's medication administration training record for staff person C did not include documentation of successful completion of the diabetes education training at the time of the staff record review. This missing certification resulted in the home having the wrong diabetic recertification date for staff person C.

Plan of Correction**Accept**

Staff Person C completed the diabetes program and is up to date as of 6/30/22. Personal Care Administrative Assistant took over the scheduling and tracking of diabetic, first aid and CPR training for all staff going forward. Staff will be notified two months prior to set up a date for recertification. If recertification is not completed by the expiration date of current certificate the staff member will be removed from the medication of administration schedule but can remain on the caregiver schedule. See attached tracking documentation and updated certification for Staff member C.

Completion Date: 07/08/2022

Document Submission**Implemented**

Staff Person C completed the diabetes program and is up to date as of 6/30/22. Personal Care Administrative Assistant took over the scheduling and tracking of diabetic, first aid and CPR training for all staff going forward. Staff will be notified two months prior to set up a date for recertification. If recertification is not completed by the expiration date of current certificate the staff member will be removed from the medication of administration schedule but can remain on the caregiver schedule. See attached tracking documentation and updated certification for Staff member C.

224a - Preadmission Screen Form**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form has not been completed.

Plan of Correction**Accept**

An audit of all resident files will be completed to ensure all residents have completed prescreens. Any new perspective resident will be assessed for the ability to reside in Personal Care and a prescreen will be provided with each assessment. The completion of the prescreen will be the responsibility of the clinical coordinator, administrator, nurse supervisor or whomever is tasked with the responsibility of doing a resident assessment for residency. See attached documentation noting the violation on 6/22/22 inspection will be put in the residents file.

Completion Date: 08/31/2022

Document Submission**Implemented**

An audit of all resident files will be completed to ensure all residents have completed prescreens. Any new perspective resident will be assessed for the ability to reside in Personal Care and a prescreen will be provided with each assessment. The completion of the prescreen will be the responsibility of the clinical coordinator, administrator, nurse supervisor or whomever is tasked with the responsibility of doing a resident assessment for residency. See attached documentation noting the violation on 6/22/22 inspection will be put in the residents file.

252 - Record Content**1. Requirements**

252 - Record Content *(continued)*

2600.

252. Content of Resident Records - Each resident’s record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident’s physician or source of health care.
7. The current and previous 2 years’ physician’s examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #2's record does not include the preadmission screening.

Plan of Correction

Accept

An audit of all resident files will be completed to ensure all residents have completed prescreens. Any new perspective resident will be assessed for the ability to reside in Personal Care and a prescreen will be provided with each assessment. The completion of the prescreen will be the responsibility of the clinical coordinator, administrator, nurse supervisor or whomever is tasked with the responsibility of doing a resident assessment for residency. See attached documentation noting the violation on 6/22/22 inspection will be put in the residents file.

Completion Date: 08/31/2022

Document Submission

Implemented

An audit of all resident files will be completed to ensure all residents have completed prescreens. Any new perspective resident will be assessed for the ability to reside in Personal Care and a prescreen will be provided with each assessment. The completion of the prescreen will be the responsibility of the clinical coordinator, administrator, nurse supervisor or whomever is tasked with the responsibility of doing a resident assessment for residency. See attached documentation noting the violation on 6/22/22 inspection will be put in the residents file.