

Department of Human Services
Bureau of Human Service Licensing

July 28, 2022

[REDACTED], PRESIDENT/CEO

RE: THE MUHLENBERG LODGE
300 ST. MARK AVENUE
LITITZ, PA, 17543
LICENSE/COC#: 32182

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2022, 06/29/2022 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 MUHLENBERG LODGE* License #: *32182* License Expiration: *03/13/2023*
Address: *300 ST. MARK AVENUE, LITITZ, PA 17543*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *03/23/1999* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *93* Waking Staff: *70*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *06/29/2022*

Inspection Dates and Department Representative

06/28/2022 - On-Site: [REDACTED]
06/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *90* Residents Served: *68*

Secured Dementia Care Unit

In Home: *Yes* Area: *Gardenia* Capacity: *30* Residents Served: *25*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *68*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *25* Have Physical Disability: *0*

Inspections / Reviews

06/28/2022 - Full

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

Inspections / Reviews (*continued*)

07/22/2022 - POC Submission

Reviewer: [REDACTED]

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

07/25/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/03/2022*

07/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On [REDACTED] 2022 at approximately 1:45 PM, [REDACTED], with a manufacturer's label indicating, "if swallowed: immediately call poison center or doctor," was unlocked, unattended, and accessible to residents in the [REDACTED]. The residents in the Secured Dementia Care Unit are not considered to be capable of recognizing and using poisons safely.

On 6/29/2022 at approximately 1:45 PM, Ecotemp Ultra Klene was observed to be uncapped, unlocked, unattended, and accessible to residents in the Secured Dementia Care Unit. The manufacturer's label indicates that Ecotemp Ultra Klene, "causes severe skin burns and eye damage." If inhaled or if the substance gets into someone's eyes, Poison Center/doctor must be called immediately. The residents in the [REDACTED] are not considered to be capable of recognizing and using poisons safely.

Plan of Correction**Accept**

- * On 6/29/22 the Dietary Manager immediately locked the cabinet in SDMC unit kitchen area which contained the poisons.
- * On 6/29/22 and 6/30/22 the Dietary Manager provided verbal education to the dining associate's responsible for the 1st floor SDMC about unattended accessible chemicals. Cabinet will remain locked at all times when not in use.
- * The SDMC staff -Med Techs will monitor area in-between meal time to ensure kitchen area is not accessible to residents at any time.
- * On 6/29/2022 the PCHA educated the PC staff(Med Techs, LPN's) immediately following the survey and again at a follow up staff meeting on 7/12/22 to monitor kitchen area for safety and compliance. (see attached sign-in sheet)
- * PCHA and Administrator assistant will continue to make random daily checks of that SDMC kitchen to make sure we remain in compliance.
- * A Dining Manager will round all Personal Care areas at least twice daily to ensure compliance. Starting 6/30/22 during floor rounds the kitchen areas are being checked.
- * If during rounds the kitchen area is found unlocked and poison's unattended the staff will remain present until dining associate returns and re-education will occur immediately. PCHA will be notified if non-compliance was discovered and Dining Manager will follow-up.

Completion Date: 07/22/2022**Document Submission****Implemented**

- * On 6/29/22 the Dietary Manager immediately locked the cabinet in SDMC unit kitchen area which contained the poisons.
- * On 6/29/22 and 6/30/22 the Dietary Manager provided verbal education to the dining associate's responsible for the 1st floor SDMC about unattended accessible chemicals. Cabinet will remain locked at all times when not in use.

82c - Locking Poisonous Materials (continued)

* The SDMC staff -Med Techs will monitor area in-between meal time to ensure kitchen area is not accessible to residents at any time.

* On 6/29/2022 the PCHA educated the PC staff(Med Techs, LPN's) immediately following the survey and again at a follow up staff meeting on 7/12/22 to monitor kitchen area for safety and compliance. (see attached sign-in sheet)

* PCHA and Administrator assistant will continue to make random daily checks of that SDMC kitchen to make sure we remain in compliance.

* A Dining Manager will round all Personal Care areas at least twice daily to ensure compliance. Starting 6/30/22 during floor rounds the kitchen areas are being checked.

* If during rounds the kitchen area is found unlocked and poison's unattended the staff will remain present until dining associate returns and re-education will occur immediately. PCHA will be notified if non-compliance was discovered and Dining Manager will follow-up.

All steps have been completed

88a - Surfaces**1. 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

On 6/29/2022 at approximately 11:25 AM, Resident #1's bathroom floor was observed to have an unidentified residue, that appeared to be rust, around the base of the toilet. The bathroom also had a strong urine odor.

On 6/29/2022 at approximately 1:45 PM, The kitchen in the Secured Dementia Care Unit (SCDU) was unattended and observed to have a half door unlocked and propped open. The kitchen sink contained unwashed knives and a drawer that was unlocked with access to two pairs of scissors.

Plan of Correction**Accept**

* On 6/29/22 Resident #1's toilet was immediately removed by maintenance. It was found that toilet was not sealed properly and some urine had soaked under base of toilet causing an odor.

* Resident #1 often misses the toilet during urination. Each shift, Med Techs are responsible for wiping around base of toilet with a disinfectant cleaner and odor neutralizer designed for environmental surfaces.

* On 6/29/22 a memo was sent to 3rd floor(cleaning floor/base of toilet) and on 7/12/22 the PC staff were educated at a staff meeting presented by the PCHA on survey violations and POC going forward. (see attached)

* The housekeepers will monitor all toilets and bathrooms and report any toilet or odor concerns to the PCHA. The Maintenance Director will continue to monitor toilets and reset/replace as necessary.

* See attached work order-

* The SDCU kitchen area was found unattended. On 6/29/22 the dining associate was educated that when leaving area to use restroom area must be locked and when in use-never unattended.

* This area was unattended with unwashed knives present and a unlocked drawer where kitchen scissors were stored.

88a - Surfaces (continued)

- * On 6/29/22 the Dietary Manager immediately removed sharps and locked cabinet in SDMC unit kitchen area.
- * On 6/29/22 the Dietary Manager provided verbal education to the dining associate on duty about unattended accessible chemicals. * * * Cabinet will be locked at all times when not in use or unattended.
- * see attached-

* The SDMC staff (Med techs/RCA) will monitor area in-between meal time to ensure kitchen area is not accessible to residents at any time.

* On 6/29/22 the PCHA educated PC staff immediately following survey and at a follow up at a staff meeting on 7/12/22 to monitor area at all times.

* The PCHA and Administrator assistant will continue to make random checks of that SDMC kitchen to make sure we remain in compliance

* Starting 6/30/22 a Dining Manager is rounding twice daily to ensure compliance.

Completion Date: 07/22/2022

Document Submission**Implemented**

- * On 6/29/22 Resident #1's toilet was immediately removed by maintenance. It was found that toilet was not sealed properly and some urine had soaked under base of toilet causing an odor.
- * Resident #1 often misses the toilet during urination. Each shift, Med Techs are responsible for wiping around base of toilet with a disinfectant cleaner and odor neutralizer designed for environmental surfaces.
- * On 6/29/22 a memo was sent to 3rd floor(cleaning floor/base of toilet) and on 7/12/22 the PC staff were educated at a staff meeting presented by the PCHA on survey violations and POC going forward. (see attached)
- * The housekeepers will monitor all toilets and bathrooms and report any toilet or odor concerns to the PCHA. The Maintenance Director will continue to monitor toilets and reset/replace as necessary.
- * See attached work order-

All steps have been completed

- * The SDCU kitchen area was found unattended. On 6/29/22 the dining associate was educated that when leaving area to use restroom area must be locked and when in use-never unattended.
- * This area was unattended with unwashed knives present and a unlocked drawer where kitchen scissors were stored.
- * On 6/29/22 the Dietary Manager immediately removed sharps and locked cabinet in SDMC unit kitchen area.
- * On 6/29/22 the Dietary Manager provided verbal education to the dining associate on duty about unattended accessible chemicals. * * * Cabinet will be locked at all times when not in use or unattended.
- * see attached-

* The SDMC staff (Med techs/RCA) will monitor area in-between meal time to ensure kitchen area is not accessible to residents at any time.

* On 6/29/22 the PCHA educated PC staff immediately following survey and at a follow up at a staff meeting on 7/12/22 to monitor area at all times.

88a - Surfaces (continued)

- * The PCHA and Administrator assistant will continue to make random checks of that SDMC kitchen to make sure we remain in compliance
- * Starting 6/30/22 a Dining Manager is rounding twice daily to ensure compliance.

183f - Discontinued Medications**1. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 6/29/22 at approximately 11:45 AM, [REDACTED], a prescribed lotion that expired in 2019, was observed in Resident #2's bathroom.

Plan of Correction**Accept**

- * Resident #2 stated [REDACTED] heels were dry" and [REDACTED] found the lotion in [REDACTED] closet and placed on [REDACTED] bathroom counter.
- * On 6/29/22 the above expired RX was removed immediately with resident permission. On 6/29/22 the Assistant PCHA notified the family ([REDACTED]/POA) and [REDACTED] admitted [REDACTED] had brought it in to the resident-unaware to staff.
- * On 6/29/22 the A-PCHA spoke to Resident#2 about not using OTC medications/lotions etc. without a PCP order.
- * Monthly med box audits are completed by the Med Techs and PC room inspections are done monthly by the Med Techs and RCA's. Room inspections include looking for OTC medications that may have been obtained. On 6/30/22 all PC rooms were audited by Med Techs again to make sure we remain in compliance.
- * see attached room inspection form-
- * On 7/12/2022 the PCHA held a staff meeting to discuss survey results. The importance of audits on expired meds etc. was discussed.
- * Upon admission a standing order to check med box to insure all orders are correct and all PRN's are available. Remove any discontinued medications and re-order and medications needed. Insure medications that are set to expire are removed and re-ordered.

Completion Date: 07/22/2022**Document Submission****Implemented**

- * Resident #2 stated [REDACTED] heels were dry" and [REDACTED] found the lotion in [REDACTED] closet and placed on [REDACTED] bathroom counter.
- * On 6/29/22 the above expired RX was removed immediately with resident permission. On 6/29/22 the Assistant PCHA notified the family ([REDACTED]/POA) and [REDACTED] admitted [REDACTED] had brought it in to the resident-unaware to staff.
- * On 6/29/22 the A-PCHA spoke to Resident#2 about not using OTC medications/lotions etc. without a PCP order.
- * Monthly med box audits are completed by the Med Techs and PC room inspections are done monthly by the Med Techs and RCA's. Room inspections include looking for OTC medications that may have been obtained. On 6/30/22 all PC rooms were audited by Med Techs again to make sure we remain in compliance.
- * see attached room inspection form-
- * On 7/12/2022 the PCHA held a staff meeting to discuss survey results. The importance of audits on expired meds etc. was discussed.

183f - Discontinued Medications (continued)

** Upon admission a standing order to check med box to insure all orders are correct and all PRN's are available. Remove any discontinued medications and re-order and medications needed. Insure medications that are set to expire are removed and re-ordered.*

All steps have been completed