

Department of Human Services
Bureau of Human Service Licensing

August 11, 2022

[REDACTED], RESIDENTIAL DIRECTOR
[REDACTED]
[REDACTED]

RE: ACADIA ACQUISITION 4
950 BENTLEY RIDGE BOULEVARD
LANCASTER, PA, 17602
LICENSE/COC#: 33145

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/07/2022 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: *ACADIA ACQUISITION 4* License #: *33145* License Expiration: *12/31/2022*
Address: *950 BENTLEY RIDGE BOULEVARD, LANCASTER, PA 17602*
County: *LANCASTER* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *ACADIA ACQUISITION INC*
[REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *09/12/2012* Issued By: *East Lampeter twnshp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *07/07/2022*

Inspection Dates and Department Representative

07/07/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *8* Residents Served: *8*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *7* Are 60 Years of Age or Older: *0*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

07/07/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/24/2022*

08/01/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/06/2022*

08/08/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/15/2022*

08/11/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 06/25/22, from 11pm to 9am, 8 residents were present in the home. During this time, Staff Person B was scheduled and does not possess a valid CPR/FA certificate.

Plan of Correction**Accept**

Staff Person B was removed from all shifts where scheduled to work alone due to not been compliance CPR training. Staff Person B will be scheduled to complete CPR/FA certificate with 60 days due to staff person B being out on an extended vacation time.

A tracking form will be utilized to monitor expiration dates of all staff. Administrator will ensure that expired staff are scheduled with another staff or supervisor that has current certification.

This will be reviewed at the next quality management meeting to be held within 30 days.

The house administrator will add all new employee CPR expiration dates to calendar with alerts upon hiring and will update as needed thereafter starting 8/5/22 and on going. The house administrator will also review all staff training needs at quality management meeting on 9-20-2022 and follow-up on all staff training needs to ensure compliance. I have attached the CPR tracking schedule.

Completion Date: 09/20/2022

Document Submission**Implemented**

Staff Person B was removed from all shifts where scheduled to work alone due to not been compliance CPR training. Staff Person B will be scheduled to complete CPR/FA certificate with 60 days due to staff person B being out on an extended vacation time.

A tracking form will be utilized to monitor expiration dates of all staff. Administrator will ensure that expired staff are scheduled with another staff or supervisor that has current certification.

This will be reviewed at the next quality management meeting to be held within 30 days.

The house administrator will add all new employee CPR expiration dates to calendar with alerts upon hiring and will update as needed thereafter starting 8/5/22 and on going. The house administrator will also review all staff training needs at quality management meeting on 9-20-2022 and follow-up on all staff training needs to ensure compliance. I have attached the CPR tracking schedule.

Steps are in process.

63a - First Aid/CPR Training (continued)

64a - Admin Training

1. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.

Description of Violation

Staff Person A, [REDACTED], has not provided a certificate of completion for the Department's orientation program.

Plan of Correction**Accept**

The home administrator will contact DHS immediately to retrieve a certificate of completion for the departments orientation program as of 7-22-22.

The home administrator contacted by state representative to provide the year of completion for Department's orientation program.

The home administrator registered for PCH administrator Orientation on 9/09/2022. I have attached the paperwork for the date of the training.

Completion Date: 09/09/2022

Document Submission**Implemented**

The home administrator will contact DHS immediately to retrieve a certificate of completion for the departments orientation program as of 7-22-22.

The home administrator contacted by state representative to provide the year of completion for Department's orientation program.

The home administrator registered for PCH administrator Orientation on 9/09/2022. I have attached the paperwork for the date of the training.

Steps are in process.

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.

88a - Surfaces (continued)**Description of Violation**

On 07/07/22, a 2 in wide hole was observed on the door of the home's first floor bathroom. Scrapes and dents were observed along the wall in the hallway from Residents 3's bedroom to the common area.

Plan of Correction**Accept**

The home administrator contacted High Management via email, for a maintenance repair to be completed as soon as possible. Once the repair completed, the home administrator will provide proof of paperwork as in attachment.

The home administrator contacted High 7-21-22 via Email. The head of maintenance department was on vacation and returned the week of August 1st. The head of maintenance department called the home administrator on 8-5-22 and said will come out same day to look into the maintenance request and fix the problem within 2-3 weeks. The repair not schedule yet and will provide the paperwork as soon as the date scheduled for the repair.

Completion Date: 08/05/2022

Document Submission**Implemented**

The home administrator contacted High Management via email, for a maintenance repair to be completed as soon as possible. Once the repair completed, the home administrator will provide proof of paperwork as in attachment.

Steps are in process.

The home administrator contacted High 7-21-22 via Email. The head of maintenance department was on vacation and returned the week of August 1st. The head of maintenance department called the home administrator on 8-5-22 and said will come out same day to look into the maintenance request and fix the problem within 2-3 weeks. The repair not schedule yet and will provide the paperwork as soon as the date scheduled for the repair.

181d -Storing Medication**1. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 1 self-administers medications and stores medications in his/her room. On 07/07/22, there was an unlocked, unattended medication, [REDACTED], in the resident's bedroom.

Plan of Correction**Accept**

The home administrator was able to locate medication box in Resident 1 bathroom closet and secure unattended medication along with other medication in locked box. The home administrator reviewed with Resident 1 the need to keep the lock box secure at all times with code and encouraged the resident to lock their bedroom door when out of the home as well.

181d - Storing Medication (continued)

The home administrator created a check list for clients who self-administer medications. This is a safety check list that ensures that medications are locked away properly and that they are not left around client's rooms. Staff will sign off the check list daily. The home administrator will sign of the check list weekly to ensures all medications are stored properly. I have attached the excel document.

Completion Date: 08/05/2022

Document Submission**Implemented**

The home administrator was able to locate medication box in Resident 1 bathroom closet and secure unattended medication along with other medication in locked box. The home administrator reviewed with Resident 1 the need to keep the lock box secure at all times with code and encouraged the resident to lock their bedroom door when out of the home as well.

The home administrator created a check list for clients who self-administer medications. This is a safety check list that ensures that medications are locked away properly and that they are not left around client's rooms. Staff will sign off the check list daily. The home administrator will sign of the check list weekly to ensures all medications are stored properly. I have attached the excel document.

All steps have been completed.

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 [REDACTED]/22, Resident 2's glucometer was not calibrated with the correct time (the time shown to be 14 hours behind). The resident's glucometer does not show the blood sugar readings of [REDACTED] and [REDACTED] that were recorded in the medication administration record (MAR) for [REDACTED] and [REDACTED].

Plan of Correction**Accept**

The home administrator and Acadia nurse will make sure the glucometer calibrated with correct time moving forward. Acadia nursing department will send out a reminder to complete the necessary process every 4 weeks.

Here is the plan and procedure for the glucometer check:

1. Night Shift Team

- a. Night shift checks for accuracy in CaraSolva verses the Glucometer on a nightly bases and report that in CaraSolva
- b. Andy to update CaraSolva for this to work (already spoke to him)
- c. CaraSolva Task to be added that Staff will sign off if the device and readings match or not

185a - Implement Storage Procedures (continued)

2. During the Med Audit on Tuesday's and Saturday's

- a. Instead of counting the Glucometer as PRESENT like we do now, Staff check for accuracy in CaraSolva verses the Glucometer and report that on the Med Audit
- b. Scan and Upload during Med Audit, as we usually do to Site Sup and Nursing

3. 2000 (8PM) Med Administration Time Weekly

- a. After 2000 (8PM) medications on a weekly basis (day of our choosing) Staff check for accuracy in [REDACTED] verses the [REDACTED] and report that in [REDACTED]
- b. [REDACTED] to update [REDACTED] for this to work (already spoke to [REDACTED])
- c. [REDACTED] Task to be added that Staff will sign off if the device and readings match or not

Completion Date: 07/15/2022

Document Submission

Implemented

The home administrator and Acadia nurse will make sure the glucometer calibrated with correct time moving forward. Acadia nursing department will send out a reminder to complete the necessary process every 4 weeks.

Here is the plan and procedure for the glucometer check:

1. Night Shift Team

- a. Night shift checks for accuracy in [REDACTED] verses the Glucometer on a nightly bases and report that in [REDACTED]
- b. [REDACTED] to update [REDACTED] for this to work (already spoke to [REDACTED])
- c. [REDACTED] Task to be added that Staff will sign off if the device and readings match or not

2. During the Med Audit on Tuesday's and Saturday's

- a. Instead of counting the Glucometer as PRESENT like we do now, Staff check for accuracy in CaraSolva verses the Glucometer and report that on the Med Audit
- b. Scan and Upload during Med Audit, as we usually do to Site Sup and Nursing

3. 2000 (8PM) Med Administration Time Weekly

- a. After 2000 (8PM) medications on a weekly basis (day of our choosing) Staff check for accuracy in [REDACTED] verses the Glucometer and report that in [REDACTED] lva
- b. [REDACTED] to update [REDACTED] for this to work (already spoke to [REDACTED])
- c. [REDACTED] Task to be added that Staff will sign off if the device and readings match or not.

All steps have been completed.

225a - Assessment 15 Days

1. Requirements

2600.

- 225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

225a - Assessment 15 Days (continued)

Description of Violation

Resident 3 was admitted on [REDACTED]; however, the resident's assessment was not completed until [REDACTED].

Plan of Correction**Accept**

The home supervisor will review concerns with the nursing team, case management and intake committee regarding timelines and DHS regulations pertaining to resident assessments by [REDACTED].

The home supervisor will provide additional training to nursing team, case management and intake committee to ensure future compliance with DHS regulations and requirements. They will also receive the company's Rasp and DME training that addresses assessments support plans and medical evaluations requirements by [REDACTED] annually there after.

The home supervisor will create an auditing tool checklist that will used to verify all proper documentation is completed before client is admitted to location or program starting [REDACTED].

Completion Date: 07/21/2022

Document Submission**Implemented**

The home supervisor will review concerns with the nursing team, case management and intake committee regarding timelines and DHS regulations pertaining to resident assessments by [REDACTED].

The home supervisor will provide additional training to nursing team, case management and intake committee to ensure future compliance with DHS regulations and requirements. They will also receive the company's Rasp and DME training that addresses assessments support plans and medical evaluations requirements by 11/19/22 annually there after.

The home supervisor will create an auditing tool checklist that will used to verify all proper documentation is completed before client is admitted to location or program starting 7-22-22.

Steps are in process.

225c - Additional Assessment

1. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident 2's most recent assessment was completed on [REDACTED]. The prior assessment was completed on [REDACTED].

Plan of Correction**Accept**

The home administrator and Acadia nurse will review all current medical evaluations to ensure medical evaluations are completed accurately, completely and in a timely manner. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluation will be scheduled and completed. The home

225c - Additional Assessment (continued)

administrator will follow up and discuss with Acadia nursing department regards to medical evaluation by 8/15/2022.

The home administrator reviewed the records on 7-21-22. The resident admission support plan audit form will be implemented as of 8-5-22. I have attached the audit form.

Completion Date: 08/05/2022

Document Submission**Implemented**

The home administrator and Acadia nurse will review all current medical evaluations to ensure medical evaluations are completed accurately, completely and in a timely manner. Any incomplete medical evaluations will be returned to the physician for completion or new in-person medical evaluation will be scheduled and completed. The home administrator will follow up and discuss with Acadia nursing department regards to medical evaluation by 8/15/2022.

The home administrator reviewed the records on 7-21-22. The resident admission support plan audit form will be implemented as of 8-5-22. I have attached the audit form.

All steps have been completed,

227a - Support Plan 30 Days**1. Requirements**

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident 3 was admitted on [REDACTED]; however, the resident's initial support plan was not completed until [REDACTED]

Plan of Correction**Accept**

The home administrator will review concerns with Acadia nursing department, Case management and intake committee regarding timelines and DHS regulations pertaining to resident support plan [REDACTED]

The home administrator will provide additional training to nursing team, Case management and intake committee to ensure future compliance with DHS regulations and requirements as they relate to resident support plans. They will also receive the company's RASP and DME training that addresses assessments, support plan and medical evaluations requirements by [REDACTED], annually thereafter

The home administrator will create an auditing tool checklist that will be used to verify all proper documentation is completed before resident is admitted to location or program starting 7/22/2022 on going.

Completion Date: 09/01/2022

Document Submission**Implemented**

The home administrator will review concerns with Acadia nursing department, Case management and intake

227a - Support Plan 30 Days (continued)

committee regarding timelines and DHS regulations pertaining to resident support plan 9/1/2022.

The home administrator will provide additional training to nursing team, Case management and intake committee to ensure future compliance with DHS regulations and requirements as they relate to resident support plans. They will also receive the company's RASP and DME training that addresses assessments, support plan and medical evaluations requirements by 9/1/2022, annually there after

The home administrator will create an auditing tool checklist that will used to verify all proper documentation is completed before resident is admitted to location or program starting 7/22/2022 on going.

Steps are in process.

227d - Support Plan Medical/Dental**1. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

On 07/07/22, an enabler bar was observed in Resident 3's bedroom. However, the resident's recent support plan, does not document the need for this device.

Plan of Correction**Accept**

The home administrator requested supported letter from Acadia Occupational Therapist to document the need for enabler bar on support plan. The letter requested as of July 22, 2022.

The home administrator will update support plan to reflect the recommendation from Acadia Occupational therapist. By September 1st, 2022 Due to Occupational therapist being on extended vacation.

The home administrator will make sure the support plan annual completed correctly by utilizing the DME. By using the DME to complete the support plan will ensure the support plan compliance with DHS regulation.

Completion Date: 08/05/2022

Document Submission**Implemented**

The home administrator requested supported letter from Acadia Occupational Therapist to document the need for enabler bar on support plan. The letter requested as of July 22, 2022.

The home administrator will update support plan to reflect the recommendation from Acadia Occupational therapist. By September 1st, 2022 Due to Occupational therapist being on extended vacation.

The home administrator will make sure the support plan annual completed correctly by utilizing the DME. By using the DME to complete the support plan will ensure the support plan compliance with DHS regulation.

Steps are in process.