

Department of Human Services
Bureau of Human Service Licensing

August 22, 2022

[REDACTED]
HARRISBURG AL OPERATIONS LLC
[REDACTED]
[REDACTED]

RE: VIVA SENIOR LIVING AT
HARRISBURG
150 KEMPTON AVENUE
HARRISBURG, PA, 17111
LICENSE/COC#: 33805

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 07/19/2022, 07/20/2022 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations 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: *VIVA SENIOR LIVING AT HARRISBURG* License #: *33805* License Expiration: *07/01/2023*
Address: *150 KEMPTON AVENUE, HARRISBURG, PA 17111*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HARRISBURG AL OPERATIONS LLC*
Address: *100 MCCLELLAN STREET, NORWOOD, NJ, 7648*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/15/1997* Issued By: *Labor & Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *07/20/2022*

Inspection Dates and Department Representative

07/19/2022 - On-Site: [REDACTED]
07/20/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *96* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *Sweet Memories* Capacity: *24* Residents Served: *13*

Hospice

Current Residents: *8*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
Diagnosed with Mental Illness: *7* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *26* Have Physical Disability: *2*

Inspections / Reviews

07/19/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2022*

Inspections / Reviews *(continued)*

08/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *08/17/2022*

08/22/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *08/29/2022*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED] at approximately 9:00 PM, Staff person E was pushing Resident #1 back to [REDACTED] room in their wheel chair. Staff Person E forcefully pushed the wheelchair, causing resident to fall out of the wheelchair and hit [REDACTED] head. Resident was taken to the hospital for evaluation. Resident sustained bruising to [REDACTED] face as a result of [REDACTED] fall.

Plan of Correction

Accept

Upon learning of the incident, the Executive Director and Business Office Manager suspended Staff Person E pending investigation on 7/8/22. Once the investigation was complete and the allegation was substantiated, The Executive Director and the Business Office Manager separated with Staff Person E ending [REDACTED] employment with the community on [REDACTED] 22.

Education will be provided to all staff regarding Abuse and Neglect as well as Resident's Rights. Education will be complete by 8/26/22.

Review of Resident's Rights will be part of routine staff meetings throughout the year as well as part of the community's annual Education Plan for in-services throughout the year.

Completion Date: 08/26/2022

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept

Staff Person A – The staff person was hired on [REDACTED] but was unable to obtain a diploma. Staff Person A attended school in [REDACTED] and at the time of the inspection was unable to obtain a diploma. A notarized affidavit was obtained and returned to the community staff on 7/20/22 (within the 30-Day Timeline allotted per regulations – copy of letter will be submitted with documentation).

During the On Boarding Process the Executive Director or Business Office Manager will verify each Team Member has the proper education requirements. If the Team Member doesn't meet the requirements, a waiver will be requested from the department.

The Executive Director, Business Office Manager, or designee will audit all employee files by 8/12/22 to ensure proper education requirements are obtained. Any waivers required will be requested by 8/26/22.

A routine audit of all employee records will be completed by the Executive Director or Business Office Manager to ensure regulatory compliance. Audits of files will take place at least quarterly.

A check for proper education will be added to the New Hire Checklist (added on 8/17/22) for all new Team Members and utilized moving forward. New Hire Checklist will be completed by the Executive Director or Business Office Manager.

54a - Direct Care Staff (continued)**Completion Date:** 08/26/2022**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 7/8/22 during the overnight shift 11:00 PM to 7:00 AM, there were 55 residents in the home and no First Aid or CPR trained staff working in the home.

On 7/9/22 during the overnight shift 11:00 PM to 7:00 AM, there were 55 residents in the home and only one staff trained in First Aid and CPR working in the home.

On 7/11/22 during the overnight shift 11:00 PM to 7:00 AM, there were 56 residents in the home and only one staff trained in First Aid and CPR working in the home.

Plan of Correction**Accept**

During the On Boarding Process the Executive Director or Business Office Manager obtain First Aid/CPR certifications for each Team Member that has the proper education requirements.

The Executive Director or Business Office Manager will audit all employee files by 8/12/22 to ensure enough Direct Care Staff are trained in First Aid/CPR to meet the regulatory requirement.

A routine audit of all employee records will be completed by the Executive Director or Business Office Manager to ensure regulatory compliance with staff on shift having First Aid/CPR certification. Audits of files will take place at least quarterly.

A check for First Aid/CPR certification will be added to the New Hire Checklist (added on 8/17/22) for all new Team Members and utilized moving forward. New Hire Checklist will be completed by the Executive Director or Business Office Manager.

Next First Aid/CPR Class is scheduled for 8/10/22 and additional classes will be scheduled if necessary to meet compliance.

Completion Date: 08/26/2022**65a - FS Orientation 1st Day****1. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics: general fire safety and emergency procedures.

65a - FS Orientation 1st Day (continued)

Plan of Correction**Accept**

Staff Person B had attended and the First Day First 40 Orientation with the Business Office Manager on [REDACTED] during orientation (documentation submitted with POC).

During the On Boarding Process the Executive Director or Business Office Manager will present the First Day First 40 Training to all new Team Members. All new Team Members will sign that have received the training and a copy of the checklist will be kept in the Team Member file.

All current staff will participate in the First Day First 40 Training by 8/26/22 which will be presented by the Executive Director or the Business Office Manager.

A routine audit of all employee records will be completed by the Executive Director or Business Office Manager to ensure regulatory compliance. Audits of files will take place at least quarterly.

A check for First Day First 40 Education will be added to the New Hire Checklist (added on 8/17/22) for all new Team Members and utilized moving forward. The Business Office Manager or Executive Director will ensure the New Hire Checklist if complete for each new Team Member.

Completion Date: 08/26/2022

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:

Description of Violation

Staff person B, who started working in the home on [REDACTED] did not receive training in residents rights, emergency medical plan, mandatory reporting and OAPSA, and reportable incidents within the first 40 scheduled working hours.

Plan of Correction**Accept**

Staff Person B had attended and the First Day First 40 Orientation with the Business Office Manager on [REDACTED] during orientation (documentation submitted with POC).

During the On Boarding Process the Executive Director or Business Office Manager will present the First Day First 40 Training to all new Team Members. All new Team Members will sign that have received the training and a copy of the checklist will be kept in the Team Member file.

All current staff will participate in the First Day First 40 Training by 8/26/22 which will be presented by the Executive Director or the Business Office Manager.

A routine audit of all employee records will be completed by the Executive Director or Business Office Manager to ensure regulatory compliance. Audits of files will take place at least quarterly.

A check for First Day First 40 Education will be added to the New Hire Checklist (added on 8/17/22) for all new Team Members and utilized moving forward. The Business Office Manager or Executive Director will ensure the New Hire Checklist if complete for each new Team Member.

Completion Date: 08/26/2022

65d - Initial Direct Care Training

1. Requirements

2600.

65d - Initial Direct Care Training (continued)

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person C, who began working in the home on [REDACTED] and provided unsupervised ADL services, did not take and pass the Department approved direct care training course.

Plan of Correction**Accept**

Staff Person C completed their DCS Training on [REDACTED]/22.

During the On Boarding Process the Executive Director or Business Office Manager will verify each Team Member has the proper education requirements. If the Team Member does not meet the requirements, a waiver will be requested from the department.

The Executive Director or Business Office Manager will audit all employee files by 8/12/22 to ensure proper education requirements are obtained. Any waivers required will be requested by this date.

The Executive Director or Business Office Manager will complete a routine audit of all employee records to ensure regulatory compliance. Audits of files will take place at least quarterly.

A check for proper education will be added to the New Hire Checklist (added on 8/17/22) for all new Team Members and utilized moving forward. The Business Office Manager or Executive Director will ensure the New Hire Checklist is complete for each new Team Member.

Completion Date: 08/26/2022

81b - Resident Personal Equipment**1. Requirements**

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #2 has an uncovered enabler bar on the [REDACTED] mattress. Dimensions for opening from bottom of the top enabler bar to the mattress are approximately 18 inches wide and 10 inches high. Per federal guidelines, between the rail and mattress, the openings should be less than 120 mm (4 ¾ inches). Due to the opening exceeding these guidelines, enabler bar needs to be covered to avoid the resident getting entangled, strangled or entrapped.

Plan of Correction**Accept**

A complete audit of resident rooms will be completed by the Executive Director or Maintenance Director by 8/12/22 and will identify any resident bed that had an enabler bar.

The Executive Director or Maintenance Director will ensure that all enabler bars meet the proper dimensions as outlined by FDA guidelines. If an enabler bar does not meet FDA guidelines, then it will need to be covered.

Referrals to therapy will be made to ensure all residents who currently have enabler bars are safely able to navigate their use and successfully utilize them appropriately. Referrals will be made by 8/26/22. A standard enabler bar, that meets FDA guidelines, will be selected, and recommended for all enabler bars that are out of compliance and will be the community standard moving forward.

All Staff will be educated regarding bed enablers and a check for this will be added to the Housekeeping Checklist (added on 8/17/22). During routine housekeeping visits, staff will ensure all resident rooms have compliant enabler

81b - Resident Personal Equipment (continued)

bars.

Education will be complete by 8/26/22.

The Executive Director or Maintenance Director of all resident rooms will complete a routine audit to ensure regulatory compliance will be completed at least quarterly.

Completion Date: 08/26/2022

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

A spray bottle of "Stato Apple Spice Kontrol", an odor eliminator, was found in an unlocked cabinet under the sink of the kitchenette area in the secure dementia care unit. Bottle states "keep out of reach of children" and safety data sheet for the product states "harmful if swallowed".

Plan of Correction**Accept**

The air freshener, identified in the LIS, was immediately removed (as of 7/20/22), and stored in a secure location. An audit of all unlocked cabinets was completed immediately, by the Direct Care Staff and any poisonous materials were removed by 8/17/22.

An audit of unlocked areas of the SDCU will be completed by the Maintenance Director as of 8/12/22. All locks will be assessed as to their effectiveness and any broken locks will be replaced.

During weekly routine maintenance rounds, the Maintenance Director locked cabinets are secure and all unlocked cabinets do not contain poisonous materials. All Staff will be educated regarding the poisonous materials in the SDCU and a check for this will be added to the Housekeeping Checklist (added on 8/17/22).

Education will be complete by 8/26/22.

The Executive Director or Maintenance Director of all resident rooms will complete a routine audit to ensure regulatory compliance and audit will take place at least quarterly.

Completion Date: 08/26/2022

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

105g - Lint Removal and Duct Cleaning (continued)

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.

Description of Violation

On 7/19/22, there was an approximate 1/4 of an inch accumulation of lint in the lint trap of LG Dryer closest to the door in the laundry room across from room 131. Dryer was cold to the touch, and there were no clothes in the dryer at the time.

Plan of Correction**Accept**

The lint in the dryer identified in the LIS was cleaned immediately (as of 7/20/22). Also, a complete internal cleaning of all dryers will be completed by the Maintenance Director by 8/12/22.

Education will be provided to All Staff by the Executive Director or Maintenance Director regarding the need to clean the lint from dryers once they are used. A check for this will be added to the Housekeeping Checklist (added on 8/17/22).

Education will be complete by 8/26/22.

A routine check of all dryers will be completed by the Maintenance Director to ensure regulatory compliance. Check will be complete at least weekly.

Completion Date: 08/26/2022

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:

Description of Violation

Resident #3 is prescribed Calcium Carb-Cholecalciferol (600-200 mg), Simvastatin (10mg), Trazodone HCl (150mg), Perphenazine (4mg), and Lubricating Eye Drops Solution (0.4-0.3%). However, resident's medication administration record does not indicate resident was given these medications on 7/5/22 at 9:00 PM.

Plan of Correction**Accept**

All Med Techs and Nurses will be trained on proper documentation in the electronic MAR for medication exclusions to ensure all prescribed medications are documented when administered. All current MARs will be reviewed to identify if there were any additional documentation errors. Audit will be complete by 8/26/22.

Twice weekly reviews will be conducted by the Executive Director or Resident Care Director to isolate staff that may need more training as to proper documentation practices. Executive Director or Resident Care Director will review completed monthly MAR at the close of each month for compliance.

All Med Techs will receive education regarding proper eMAR documentation by 8/26/22.

Resident Care Director or Designee conduct routine audits of the eMAR system to ensure medication administration is documented accurately and timely, audits will take place at least quarterly.

MAR reviews will be discussed by Executive Director and Resident Care Director at the community's QA review, to be held at least Quarterly with in the community.

Completion Date: 08/26/2022

190a - Completion Medication Course

1. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person D routinely administers medications and has not successfully completed a Department approved medication administration course, including passing the performance-based competency test.

Plan of Correction

Accept

The Executive Director or Resident Care Director will audit all employee files by 8/12/22 to ensure proper documentation of Med Tech Training is in each employee file for Med Techs administering medication. Copies of all Med Tech Training information will be placed in a Med Tech Training Binder for ease of access while the original will remain in the Employee file.

Documentation will be requested from employees who have missing or incomplete documentation. However, any staff who do not have training on record will be enrolled in the next Med Training Class to bring their education in compliance. A copy of the training will be kept in the employee's file and a copy will be placed within the Med Tech Training Binder. Training class will be scheduled by 9/5/22.

A routine audit of all employee records will be completed by the Executive Director or Resident Care Director to ensure all Med Techs have proper documentation within the employee file. Audit will take place at least quarterly. Staff Training Needs will be discussed by Executive Director and Resident Care Director at the community's QA review, to be held at least Quarterly with in the community.

Completion Date: 08/26/2022

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

Staff person D administers insulin and has not completed the required medication administration training.

Plan of Correction

Accept

The Executive Director or Resident Care Director will audit all employee files by 8/12/22 to ensure proper documentation of Insulin Training is in each employee file for Med Techs administering medication. Copies of all Insulin will be placed in a Med Tech Training Binder for ease of access while the original will remain in the Employee file.

Documentation will be requested from employees who have missing or incomplete documentation. However, any staff who do not have training on record will be enrolled in the next Diabetic Training Class to bring their education in compliance. A copy of the training will be kept in the employee's file and a copy will be placed within the Med Tech Training Binder. Training class was completed on 8/5/22 and the next one is scheduled for 9/9/22.

A routine audit of all employee records will be completed by the Executive Director or Resident Care Director to

190b - Insulin Injections (continued)

ensure all Med Techs have current Diabetic Training on file. Audit will take place at least quarterly. Staff Training Needs will be discussed by Executive Director and Resident Care Director at the community's QA review, to be held at least Quarterly with in the community.

Completion Date: 09/09/2022

225c - Additional Assessment**1. Requirements**

2600.

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

Description of Violation

Resident #2's most recent assessment dated [REDACTED] does not reflect that the resident utilizes an enabler bar on [REDACTED] bed.

Plan of Correction**Accept**

The Executive Director will review the RASPs of the residents who are identified as having an enabler bar. The use of the enabler bar will be documented on each resident's RASP.

The audit and will be completed by the Executive Director or Resident Care Director by 8/19/22 with the documentation to be complete by 8/26/22.

The audits will include that all current resident assessments will be reviewed in comparison with the current abilities of each resident to ensure that all current needs have been identified and addressed in the plan. Any plan found to be in need of an update shall have one completed immediately. Staff will receive re-education to contact the administrator immediately when a significant change in the resident's abilities has occurred, so that any change in need can be properly addressed and documented. Training will be completed by 8/26/22.

The Executive Director or Resident Care Director will complete a routine audit of all resident records to ensure regulatory compliance. Audit will take place at least quarterly.

Completion Date: 08/26/2022

252 - Record Content**1. Requirements**

2600.

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

Description of Violation

Resident #4's record does not include resident's eye color, hair color, identifying marks and a photo of the resident.

Plan of Correction**Accept**

Executive Director or Business Office Manager will ensure that information related to resident's eye color, hair color and identifying marks will be collected during the admission process and placed on the residents Face Sheet within the resident record.

A complete audit of all resident Face Sheets will be completed by 8/12/22, by the Executive Director or Business Office Manager. Any missing information will be added, and new resident Face Sheets will be placed in the resident record.

Education will be provided to the appropriate staff and complete by 8/26/22.

The Executive Director Business Office Manager will complete a routine audit of all resident records to ensure

252 - Record Content (continued)

regulatory compliance. Audit will take place at least quarterly.

Completion Date: 08/26/2022