

Department of Human Services
Bureau of Human Service Licensing

October 31, 2022

[REDACTED]
BRADFORD ECUMENICAL HOME INC
[REDACTED]

RE: CHAPEL RIDGE
200 ST. FRANCIS DRIVE
BRADFORD, PA, 16701
LICENSE/COC#: 42642

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2022, 08/10/2022, 08/11/2022 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

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

Facility Information

Name: *CHAPEL RIDGE* License #: *42642* License Expiration: *11/10/2022*
Address: *200 ST. FRANCIS DRIVE, BRADFORD, PA 16701*
County: *MCKEAN* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *BRADFORD ECUMENICAL HOME INC*
Address: [REDACTED]
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/18/1996* Issued By: *L&I*
Type: *I-1* Date: *01/20/2017* Issued By: *City of Bradford*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/11/2022*

Inspection Dates and Department Representative

08/09/2022 - On-Site: [REDACTED]
08/10/2022 - On-Site: [REDACTED]
08/11/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *112* Residents Served: *58*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *1*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/09/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/25/2022*

08/25/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/26/2022*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2022*

08/31/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/26/2022*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/09/2022*

10/31/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/26/2022*
 Reviewer: [REDACTED] Follow-Up Type: *Not Required*

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

On 8/9/22, there were two large and two small oxygen tanks stored on the floor in bedroom # [REDACTED]. One large tank and one small tank were on the floor next to the bedroom's PTAC unit. One small tank was on the floor next to the resident's dresser, and one large tank was in the closet, leaning with the valve against the wall. None of the tanks were stored in a storage rack or carrying cart.

POC Submission

Accept (JW - 08/31/2022)

[REDACTED] would like it to be noted that when the oxygen supply company delivered the oxygen tanks, the use of having a tank storage holder was inquired about. We were told that they do not supply smaller holders (such as a six pack) and only carry holders that hold larger amounts of tanks.

On 8/9/2022 the oxygen company was called to again inquire about holders. They immediately arrived and removed any extra tanks. They suggested using milk crates or a similar holder to secure tanks. The two tanks that were left were appropriately secured.

On 8/10/2022, Resident Services Coordinator completed a whole house audit on any individual that has oxygen in their room to ensure the tanks were secured in a holder. (see attached audit sheet). Resident Services Coordinator will complete a weekly audit, beginning week of 8/22/2022, for four weeks of in house oxygen to ensure proper storage. On 8/16/2022 Nurse Manager and Nurse Supervisor educated staff on making sure that tanks are secured at all times. (See attached training sheet)

Nurse Manager and Nurse Supervisor will monitor for ongoing compliance.

Licensee's Plan Completion Date: 08/27/2022

Implemented (JW - 10/31/2022)

132b - Safety Inspection/Fire Drill

2. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on 5/17/21.

POC Submission

Accept (JW - 08/31/2022)

Bradford City Fire Department had previously been scheduled to perform our observed fire drill and did not show up. An observed fire drill was completed by Bradford City Fire Department on Monday, August 15th, 2022. Please find the attached documentation showing the completed Fire Evacuation Time and Supervised Fire Drill and Fire-Safety Inspection.

Director of Environmental Services is the only individual that has advanced notice of fire drills. On 8/15/2022

132b - Safety Inspection/Fire Drill (continued)

Director of Environmental Services arranged a date in 2023 with the Bradford City Fire Department for our annual fire inspection and observed fire drill.

Administrator will report on the date of our last annual fire inspection and observed drill during Quarterly Management Meetings to monitor/track timeframe.

Administrator will monitor ongoing compliance.

Licensee's Plan Completion Date: 08/27/2022

Implemented (JW - 10/31/2022)

144c1 - Smoking Area Guidelines**3. Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 8/9/22, there was a plastic bucket, full of paper trash and napkins, in the home's smoking gazebo.

POC Submission

Accept (JW - 08/31/2022)

The plastic bucket full of paper trash and napkins was immediately removed on 8/9/2022 from the smoking gazebo.

On 8/10/2022 Administrator spoke to the Residents (3 residents) that utilize the smoking gazebo and educated on the hazards of flammable material within the smoking gazebo.

Maintenance Supervisor/designee will perform a daily check of smoking gazebo for two weeks, beginning on 8/12/2022, and then weekly for 8 weeks to monitor for any flammable materials within the smoking gazebo. (see attached audit sheet)

Maintenance Supervisor/Designee will perform ongoing monitoring that the gazebo is free of combustible materials. This will be done during monthly fire extinguisher checks as indicated on attached monthly checklist. (see attached)

Administrator will monitor compliance of combustible materials not being within the gazebo.

Licensee's Plan Completion Date: 08/27/2022

Implemented (JW - 10/31/2022)

185a - Implement Storage Procedures**4. 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

Resident #1's August 2022 Medication Administration Record (MAR) indicates a blood glucose reading of 122 on

185a - Implement Storage Procedures (continued)

8/7/22 at 8:00 p.m. However, the resident's glucometer indicates a blood glucose reading of 121 at 8:13 p.m. on 8/7/22.

Resident #2's August 2022 MAR indicates a blood glucose reading of 159 on 8/8/22 at 11:30 a.m.. However, the resident's glucometer indicates a blood glucose reading of 152 at 11:16 a.m. on 8/8/22.

Resident #2's August 2022 MAR indicates a blood glucose reading of 152 on 8/7/22 at 11:30 a.m.. However, the resident's glucometer indicates a blood glucose reading of 155 at 11:23 a.m. on 8/7/22.

POC Submission**Accept (JW - 08/31/2022)**

█ would like to have it noted that we verified that the glucometer transcription errors did not result in a medication error.

During the monthly RA meeting on 8/16/2022, Med Aides were educated by the Nurse Supervisor and Nurse Manager on the importance of accurately transcribing glucometer readings from the machine to the MAR. (see attached training document)

Resident Services Coordinator will audit two residents over a seven consecutive day period weekly for 8 weeks, beginning the week of 8/15/2022, on the form attached to ensure staff are accurately documenting glucometer readings on the MAR. (see audit form attached)

Administrator will monitor for ongoing compliance.

Licensee's Plan Completion Date: 08/27/2022

Implemented (JW - 10/31/2022)