

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

January 4, 2023

[REDACTED], ADMINISTRATOR
HATFIELD MENNONITE HOMES INC
275 DOCK DRIVE
LANSDALE, PA, 19446

RE: OAKWOOD COURT
275 DOCK DRIVE
LANSDALE, PA, 19446
LICENSE/COC#: 12796

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2022 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

Facility Information

Name: OAKWOOD COURT **License #:** 12796 **License Expiration:** 10/05/2023
Address: 275 DOCK DRIVE, LANSDALE, PA 19446
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: HATFIELD MENNONITE HOMES INC
Address: 275 DOCK DRIVE, LANSDALE, PA, 19446
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: Other **Date:** 10/22/1999 **Issued By:** COPA

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 105 **Waking Staff:** 79

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 09/15/2022

Inspection Dates and Department Representative

09/15/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 80	Residents Served: 69		
Secured Dementia Care Unit			
In Home: Yes	Area: Homestead	Capacity: 26	Residents Served: 26
Hospice			
Current Residents: 2			
Number of Residents Who:			
Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 69		
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0		
Have Mobility Need: 36	Have Physical Disability: 0		

Inspections / Reviews

09/15/2022 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/09/2022

10/13/2022 - POC Submission
Submitted By: [REDACTED] **Date Submitted:** 10/22/2022
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 10/24/2022

Inspections / Reviews *(continued)*

01/04/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/22/2022

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

182c - Medication Administration

1. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On [REDACTED] at approximately [REDACTED], staff person A did not follow proper medication administration procedures. Staff person A did not identify the correct resident was present prior to pouring the residents medications. When staff person A realized that resident 1 was not present in their room for medication administration, staff person A placed the unlabeled medication cup on the cart and then signed off on resident 1's medication record as if they had taken the medication at that time. Staff person A then poured medication for resident 2. Resident 1 then approached staff person A while pouring medication for resident 2 and requested their medication. Staff person A grabbed the wrong medication cup for resident 1 and administered the medications belonging to resident 2 in error.

POC Submission

Accept [REDACTED] - 10/13/2022)

Resident 1 is fully recovered from any ill effects of the medication error. Staff person A was completing the med pass outside of the dining room. Staff person A immediately reported her error to the nurse supervisor. Medication carts were immediately placed in the nurses' station, and communication was sent to all staff to no longer administer medications outside of the dining room to lessen distractions. Staff person A was counseled by the Care Coordinator and Director of Personal Care, it was agreed that Staff person A would no longer administer medication. A mandatory Nurse and Med Tech meeting was held on 8/31/22 and 9/1/22 to determine root cause, review prior medication errors, and review correct procedure. Staff were informed disciplines would be issued for medication errors that occur if after investigation it is found that proper procedure was not followed. This medication error incident and interventions that followed were reviewed with the QAPI Committee on 9/20/22. Further education for nurses and med techs will be provided by the Clinical Educator as recommended by the QAPI Committee.

Licensee's Plan Completion Date: 10/31/2022

Implemented [REDACTED] - 01/04/2023)

183e - Storing Medications

2. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] a total of 6 loose medication pills , were observed in the medication cart drawers of the Homestead medication cart.

183e Storing Medications (continued)

POC Submission

Accept () - 10/13/2022)

Immediately following the survey, staff meetings were held to discuss the loose medications found in the medication carts. Staff explained that the blister packs are tightly packed in the carts which may be a cause of pills escaping the blister packs. The medication carts were re organized to make more space for the medication blister packs. Medication cart audits will be conducted by the nursing staff weekly for four weeks. Audits will be reviewed by the Director of Personal Care or designee. Audit results will be reported to the QAPI Committee, the QAPI Committee will determine the need for future audits.

Licensee's Plan Completion Date: 11/04/2022

Implemented () - 01/04/2023)

186b - Medication Used by Resident

3. Requirements

2600.

186.b. Prescription medications shall be used only by the resident for whom the prescription was prescribed.

Description of Violation

On (), resident 1 was administered multiple medications prescribed for and belonging to resident 2.

POC Submission

Accept () - 10/13/2022)

After the medication error occurred with Resident 1, a mandatory Nurse and Med Tech meeting was held on 8/31/22 and 9/1/22 to determine root cause, review prior medication errors, and review correct procedure. Staff were informed disciplines would be issued for medication errors that occur if after investigation it is found that proper procedure was not followed. Nurses and Med Techs will be re educated by the Clinical Educator on the proper procedure for identifying residents during the med pass. Nursing staff will be observed at random during medication pass weekly for four weeks by the Clinical Educator or designee to ensure they are following the five rights of medication administration. Observation audits will be reported to the QAPI Committee, the QAPI Committee will determine the need for future observations.

Licensee's Plan Completion Date: 11/30/2022

Implemented () - 01/04/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

On () Resident 1 received multiple medications prescribed for resident 2 in error. Resident 1 did not receive their prescribed medications because of the medication error.

Resident 3 is prescribed () one tablet daily. However, resident 1 was administered () on ()

POC Submission

Accept () - 10/13/2022)

A mandatory Nurse and Med Tech meeting was held on () and () to determine root cause, review prior medication errors, and review correct procedure. Staff were informed disciplines would be issued for medication

187d - Follow Prescriber's Orders (continued)

errors that occur if after investigation it is found that proper procedure was not followed. Nurses and Med techs will receive education from the Clinical Educator regarding following the medication administration directions on the EMAR. Nursing staff will be observed at random during medication pass weekly for four weeks by the Clinical Educator or designee to ensure they are following the five rights of medication administration. Observation audits and education will be reviewed with the QAPI Committee. The QAPI Committee will determine the need for further education and audits.

Licensee's Plan Completion Date: 10/31/2022

Implemented (█ - 01/04/2023)

190c - Record of Training**5. 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

The home's medication administration training record for staff person B does not include documentation of successful completion of the training for 2021 or 2022.

The home's medication administration training record for staff person C does not include documentation of successful completion of the training for 2021.

The home's medication administration training record for staff person D does not include documentation of successful completion of the training for 2021.

The home's medication administration training record for staff person E does not include documentation of successful completion of the training for 2022

POC Submission

Accept (█ - 10/13/2022)

This violation was corrected immediately. An audit of the medication observation documentation will be completed by the Care Coordinator or designee monthly for three months. These audits will be reviewed by the QAPI Committee. The QAPI Committee will determine the need for future audits.

Licensee's Plan Completion Date: 12/31/2022

Implemented (█ - 01/04/2023)