

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

December 20, 2022

[REDACTED]
ARCADIA AT LIMERICK POINTE LLC
[REDACTED]
[REDACTED]

RE: ARCADIA AT LIMERICK POINTE
51 WEST ARCADIA DRIVE
LIMERICK, PA, 19468
LICENSE/CO# #: 14795

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2022, 08/30/2022 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: ARCADIA AT LIMERICK POINTE **License #:** 14795 **License Expiration:** 05/18/2023
Address: 51 WEST ARCADIA DRIVE, LIMERICK, PA 19468
County: MONTGOMERY **Region:** SOUTHEAST

Administrator

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

Legal Entity

Name: ARCADIA AT LIMERICK POINTE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1/1 **Date:** 04/12/2021 **Issued By:** Limerick Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 83 **Waking Staff:** 62

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 08/30/2022

Inspection Dates and Department Representative

08/29/2022 On Site [REDACTED]
 08/30/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 110 **Residents Served:** 61

Secured Dementia Care Unit

In Home: Yes **Area:** memory unit **Capacity:** 110 **Residents Served:** 61

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 61
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 22 **Have Physical Disability:** 0

Inspections / Reviews

08/29/2022 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/25/2022

10/13/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/20/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/18/2022

Inspections / Reviews (*continued*)

10/19/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/20/2022

10/29/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/01/2022

12/20/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED]/22, at [REDACTED] pm, resident 1 had an falling witnessed by staff person A. The home did not report this incident to the Department until [REDACTED]/22.

POC Submission

Accept ([REDACTED] - 10/29/2022)

The Community's policy is clear: The Executive Director/DON/designee will fill out the State form and report via fax or e-mail the incident or condition to the Department of Human Services' regional office or personal care home complaint hotline(# 877-401-8835) within 24 hours. This includes serious bodily injury or trauma – requiring treatment at a hospital or medical facility, not including minor injuries such a sprains or minor cuts, scheduled outpatient or inpatient medical treatment, or hospitalization that is not a result of a result of injury or trauma.

- 1) DON/ADON were Inservice on Community's Policy regarding the timely reporting of incidents whenever a resident is admitted to hospital post fall. Even when a diagnosis isn't yet received by the community immediately, an initial report will be sent within 24 hours and a final report can follow when diagnosis is known by the community.
- 2) ED will review all incidents in a timely manner and assess if the incident meets the reportable criteria.
- 3) Reportable incidents policy will be reviewed with all nurses to ensure they gather the correct information and details when reporting incident / event to DON/ADON. Documentation will be present in resident's chart.
- 4.) All reportable incidents will be review for compliance at the quality assurance mtgs. This review will include auditing for timeliness of reporting. This will be ongoing.
- 5) This training was completed on 9/20/22 and 10/3/22. The DON and ADON were included along with the nurse supervisors. Attached is the Inservice sheet and policy. The Executive Director completed the training.

Licensee's Plan Completion Date: 10/28/2022

Implemented ([REDACTED] - 12/20/2022)

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], 2022, there was a [REDACTED] blister pack, [REDACTED] for resident 2, stored in the [REDACTED] lock box. However, the bister pack has 2 holes on the back of #7 and #16, exposing the medications.

On [REDACTED], 2022, there was a [REDACTED] blister pack, [REDACTED], for resident 3, stored in the [REDACTED] lock box. However, the bister pack has 3 holes on the back of #6, #8, and #30, exposing the medications.

POC Submission

Accept ([REDACTED] 10/29/2022)

The Community's policy acknowledges the manner in which medications need to be stored.

- 1) The [REDACTED] in question were stored in a locked box and are counted at change of shift. During these counts

183e - Storing Medications (continued)

the nurse will be responsible for inspecting the packaging to ensure there is no breakage in packaging that may cause medication to be exposed.

- 2.) Nursing staff has been educated not to store blister packs together with a rubber band but instead to store each blister in a protective plastic sleeve.*
- 3) If the packaging of any medications is compromised, the medication exposed will be discarded and two nurses will sign off on the discard. The DON/ADON will be notified as to the situation and a review of the system will be evaluated.*
- 4.) Auditing will also be completed by pharmacist to ensure packaging is intact.*
- 5) Any unresolved issues will be presented during QA and further consultation of cause or different packaging will be documented. This will be ongoing.*
- 6.) The DON and ADON along with all nurses and MedTech's were Inservice on 9-20-22 and 10-3-22. At this time there are no compromised packages. No further packages have been identified as nurses are checking each shift when counting [REDACTED]*

Licensee's Plan Completion Date: 10/28/2022

Implemented [REDACTED] - 12/20/2022)

185a Implement Storage Procedures**3. 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 4's glucometer reading doesn't match with medication administration record (MAR).

On [REDACTED]/22, at [REDACTED] pm, the glucometer was missing the reading. The MAR was documented as [REDACTED].

On [REDACTED]/22, at [REDACTED] pm, the glucometer read [REDACTED] however the MAR was documented as [REDACTED].

POC Submission

Accept (MJ 10/29/2022)

The Community's policy addresses the need to document the glucometer reading in immediately into the resident's MAR.

- 1. Nursing staff involved were retrained to policy and coached on the need to be accurate with documentation.*
- 2. DON/designee will audit MAR and glucometers for accuracy on a weekly basis.*
- 3. Compliance will be ongoing and reviewed during quality assurance meetings*
- 4. Inservice training occurred on 9/20/22 and 10/3/22.*
- 5. Weekly audits updated and attached.*

Licensee's Plan Completion Date: 10/28/2022

Implemented [REDACTED] - 12/20/2022)