

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

April 6, 2023

[REDACTED]
SNH PENN TENANT LLC
[REDACTED]
[REDACTED]

RE: FRANCISCAN MANOR
71 DARLINGTON ROAD
BEAVER FALLS, PA, 15010
LICENSE/COC#: 45055

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/04/2022, 10/05/2022, 10/06/2022 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: *FRANCISCAN MANOR* License #: *45055* License Expiration: *01/01/2023*
 Address: *71 DARLINGTON ROAD, BEAVER FALLS, PA 15010*
 County: *BEAVER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *SNH PENN TENANT LLC*
 Address: *400 CENTRE STREET, ATTN LICENSING, NEWTON, MA, 2458*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *07/25/1997* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *88* Waking Staff: *66*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/06/2022*

Inspection Dates and Department Representative

10/04/2022 - On-Site: [REDACTED]
 10/05/2022 - On-Site: [REDACTED]
 10/06/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *119* Residents Served: *82*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *12*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *82*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *0*

Inspections / Reviews

10/04/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/10/2022*

Inspections / Reviews (*continued*)

12/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/09/2022

03/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/21/2023

03/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 04/04/2023

04/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

123a - Exit Doors

1. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

On 10/4/22, the large double wooden doors that provide egress to the left side of the home's veranda were locked with a lock that required a key to open.

Plan of Correction

Accept (JW - 03/28/2023)

On 3-15-2023 a large piece of furniture was placed in front of the doors so it doesn't look like an exit and can not be used as an exit. The doors are no longer used as an exit.

Residents and staff have been notified in writing that it is not to be used as an egress.

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented (CB - 04/06/2023)

133.1 - Exit Signs

2. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The is no exit sign over the large double wooden doors that provide egress to the left side of the home's veranda. The home currently serves 82 residents.

Plan of Correction

Accept (JW - 03/28/2023)

The doors are no longer used as an exit. A large piece of furniture has been put in front of the doors so that it no longer looks like an exit and can not be used as an exit.

Residents and staff were notified it is not to be used as a means of egress.

Licensee's Proposed Overall Completion Date: 03/17/2023

Implemented (CB - 04/06/2023)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

- 141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated [REDACTED] did not include a height evaluation. The field was blank.

Resident #2's medical evaluation dated [REDACTED], did not include a weight evaluation. The field was blank.

Resident #3's medical evaluation dated [REDACTED], did not include a weight and temperature evaluation. The fields were blank.

Resident #4's medical evaluation dated [REDACTED] did not include a temperature evaluation. The field was blank.

Plan of Correction

Accept (JW - 03/08/2023)

Missing information was obtained and documented in residents file by Director of Resident Care on October 6, 2022. The DME's will be audited for all information weekly for 3 months beginning December 7, 2022, then monthly for 3 months, then monthly as needed. Audit will be performed by [REDACTED] MA with a follow up audit by Director of Resident Care.

Licensee's Proposed Overall Completion Date: 06/07/2023

Implemented (CB - 04/06/2023)

187a - Medication Record

4. Requirements

2600.

- 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy, if applicable.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (*continued*)**Description of Violation**

Resident #1 is prescribed Omeprazole E 20 mg CPDR, take one capsule by mouth once daily for GERD. However there is no medication administration record for this medication.

Plan of Correction**Accept (JW - 03/08/2023)**

Omnicare Pharmacy was contacted regarding medication omission from MAR's on November 10, 2022. An audit will be performed to do a 3rd and final check of all MAR's monthly for any and all discrepancies and medication changes prior to the new months administration of medications. This audit will be done monthly for 6 months starting December 2022 by Director of Resident Care, then monthly as needed afterwards. Staff were in-serviced on proper checks for MAR's and importance of double checks each month by Certified DHS Medication Trainer on December 6, 2022. Omnicare Pharmacy was contacted to have the MAR's in building no later than the 25th of every month to allow adequate time for staff to check medication records. MARS will be audited a total of 3 times on 10-6 shift with the final audit the night before turn over being done by Certified Med Tech and Director of Resident Care Beginning December 2022.

Licensee's Proposed Overall Completion Date: 06/07/2023

Implemented (CB - 04/06/2023)

187b - Date/Time of Medication Admin.

5. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

On 10/5/22, at 12:00 p.m., multiple medications were already documented as being administered to resident #5 for the date of 10/6/22, to include, Align 4mg capsule, 1 capsule by mouth every day and Lantus Solostar inject 60 units once daily.

Plan of Correction**Accept (JW - 03/08/2023)**

Medication Techs and nurses were in-serviced on policy and procedure of proper documentation on MAR's on December 6, 2022. MAR's will be audited weekly for 3 months beginning in December, then monthly for 3 months, and as needed afterward. In- service was completed by Debra Bianchin, Certified DHS Medication Administration Instructor. The audits will be performed by Director of Resident Care.

Licensee's Proposed Overall Completion Date: 06/07/2023

Implemented (CB - 04/06/2023)

187d - Follow Prescriber's Orders

6. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Potassium Chloride 20 MEQ TAB 1 tab by mouth once a day. However, Resident #2 was administered Potassium Chloride 10 MEQ TAB 1 tab by mouth once daily from 10/1/22, through 10/4/22.

187d - Follow Prescriber's Orders (*continued*)**Plan of Correction****Accept (JW - 03/08/2023)**

Nurses and medication techs were in serviced by [REDACTED], Certified DHS Medication Administration Instructor, as to the Medication Administration Rights on December 6, 2022. Audits for compliance will be performed weekly for 3 months, then monthly for 3 months, and as needed thereafter by the Director of Resident Care beginning December 2022. A new order was provided to CVS pharmacy on October 5, 2022 by LPN and proper dose was received on October 5, 2022.

Licensee's Proposed Overall Completion Date: 06/07/2023

Implemented (CB - 04/06/2023)

188b - Medication Error Reporting

7. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #6 is is prescribed Acetaminophen ER 650 mg Tablet ER LK: Tylenol 8 Hour, 2 Tabs (1300) by mouth twice daily for pain; Potassium Chloride 10 MEQ Tab Er PRT LK: K-Dur SA 1 Tab by mouth twice daily. Resident #6, was not administered these medications on 10/3/22, and 10/4/22, at 6:00 p.m. However, the home failed to notify the prescribing physician.

Plan of Correction**Accept (JW - 03/08/2023)**

Medication Techs and nurses were in serviced by [REDACTED], Certified DHS Medication Administration Instructor, on the policy and procedure of proper documentation of medications held, omitted, or refused with physician notification of all occurrences, and documentation on MAR's on December 6, 2022. MAR's will be audited weekly for 3 months, then monthly for 3 months, then monthly as needed thereafter for any occurrences beginning December 2022 by the Director of Resident Care. Physician was notified on October 5, 2022 by Director of Resident Care.

Licensee's Proposed Overall Completion Date: 06/07/2023

Implemented (CB - 04/06/2023)