

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

February 7, 2023

[REDACTED]
BROADWAY MANOR LLC
[REDACTED]

RE: BROADWAY MANOR
560 BROADWAY STREET
MILTON, PA, 17847
LICENSE/COC#: 23030

Dear [REDACTED],

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

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: BROADWAY MANOR License #: 23030 License Expiration: 10/14/2022
Address: 560 BROADWAY STREET, MILTON, PA 17847
County: NORTHUMBERLAND Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: BROADWAY MANOR LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C 2 LP Date: 02/07/1974 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 44 Waking Staff: 33

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint, Incident Exit Conference Date: 11/09/2022

Inspection Dates and Department Representative

11/08/2022 On Site [Redacted]
11/09/2022 On Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	49	Residents Served:	44
Secured Dementia Care Unit			
In Home:	No	Area:	Capacity:
Residents Served:			
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income:	36	Are 60 Years of Age or Older:	32
Diagnosed with Mental Illness:	22	Diagnosed with Intellectual Disability:	12
Have Mobility Need:	0	Have Physical Disability:	2

Inspections / Reviews

11/08/2022 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/17/2022

12/21/2022 - POC Submission
Submitted By: [Redacted] Date Submitted: 01/12/2023
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/31/2022

Inspections / Reviews *(continued)*

12/30/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/06/2023

01/08/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/13/2023

02/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/12/2023

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, Resident #2 eloped from the home. It was not reported to the Department until [redacted] 22.

Plan of Correction

Accept [redacted] - 12/30/2022)

Resident #2 packed a bag and informed staff [redacted] was leaving the home. The administrator was notified on [redacted]/22 that [redacted] had not come back. Police were notified after 24 hrs, they were not sure they were going to make [redacted] a missing person, since [redacted] is a capable adult and who made [redacted] intentions known. The administrator did the report on Monday [redacted]/22 since [redacted] still wasn't back and police were notified.

In the future and to remain in compliance, the Administrator will make the report within the required time frame. The Administrator will take the laptop home for the weekends to ensure the ability to make said reports. This started happening 11/19/22.

Resident #2 was given 30 days to show back up before being discharged from the home.

The Administrator is responsible for fixing this, the report was already sent in late and unable to be fixed.

Attached is another incident report done in time frame required, the Administrator will continue to remain in compliance by making reports in the required time frames.

Licensee's Proposed Overall Completion Date: 12/21/2022

Implemented ([redacted] - 02/07/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home did not have the Flu poster posted as required.

Plan of Correction

Accept [redacted] - 12/20/2022)

The Flu poster was posted. This was an oversight on the Administrator.

The Administrator will check and comply with applicable Federal, State and local laws, ordinances and regulations.

This will be done semi annually to ensure all required posting are posted.

Licensee's Proposed Overall Completion Date: 12/09/2022

Implemented ([redacted] 02/07/2023)

26a - Quality Management Plan

3. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The homes Quality Management Plan indicates the home will hold quarterly meeting and the Administrator, owner,

26a - Quality Management Plan (continued)

and staff supervisor will be in attendance. The home conducted 1 meeting in 2022, on 2/10/22. The meeting minutes is a checklist and does not contain specific information on what was reviewed. The only person in attendance was the Administrator.

Plan of Correction

Accept ([redacted] 01/08/2023)

Quality Management Reviews will help violations from occurring and is an important part of the workings of the home. A meeting was held 12/6/22, the next meeting is scheduled for 3/23. The Administrator was not the only one in attendance in any meeting, it states it was conducted by the administrator.

The minutes for the Dec meeting are attached.

To continue to remain in compliance reviews will be done every 3 months by the Administrator. The next meeting will be in March 2023.

The flu poster is also attached here since I could not attach it in its original POC.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented [redacted] - 02/07/2023)

42c - Treatment of Residents

4. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted]/22, resident #1 became violent with Staff person B. During an interview with Staff person B, they indicated that Resident#1 was escorted to their room because Resident#1 was naked and needed to go to bed.

[redacted] /22, [redacted] Staff person B told Resident #1 that it was bedtime and needed to go to bed or at least stay in the bedroom. Then, Resident #1 became violent with Staff person B. Staff person B stated that they put Resident #1 in the staff bathroom outside of the resident dining room. Staff person B stated the resident was not locked in the bathroom, but was confined there while Staff person A called 911.

Plan of Correction

Accept ([redacted] 01/08/2023)

This occurred due to Resident #1 becoming very physically violent with Staff person B, [redacted] became scared and wasn't sure what to do to ensure [redacted] safety and resident's safety.

There has been training to guide staff in these situations.

The Administrator has always declined to admit anyone with violent tendencies or history. Resident #1 was a good assess when [redacted] first came, [redacted] behaviors had just started getting violent and aggressive with in the last week of this incident.

Staff A was not here, staff B had to call 911. The Administrator has been trying to hire supplement staff so no one is alone on shift.

The Administrator has had staff meeting addressing the treatment of residents in different situations. All staff has also done training. I have only attached staff B's training, the rest of the certificates are in the training file.

The Administrator will continue to monitor through meetings and training to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 01/02/2023

42c - Treatment of Residents (continued)

Implemented (████) 02/07/2023)

42j - Clothing

5. Requirements

2600.

42.j. A resident shall receive assistance in obtaining and keeping clean, seasonal clothing. A resident's clothing may not be shared with other residents.

Description of Violation

Upon inspection of Resident #1's room including the closet, drawers, and night stand it was noted that resident had 1 thermal shirt, a knit hat, a light spring coat, 2 pairs of socks, and a pair of shorts. Throughout the day on █████/22 and █████22, staff person B stated a few items were found but no underwear socks or pants.

Plan of Correction

Accept (████) - 01/08/2023)

Resident #1 had begun stripping anywhere in the building and leaving █████ clothes anywhere █████ also was throwing █████ clothes away. █████ brother brought █████ more clothes in on █████/22 including underwear, socks and pants. Resident #1 was sent to hospital, then discharged on █████/22. █████ brother picked up █████ belongings including █████ clothes.

In the future, the staff will inform the Administrator if a resident does not seem to have seasonal clothing. Since they do showers and assist in changing, the Administrator does observe if the resident is wearing the same clothes or clothes not appropriate for the season.

The Administrator has started to make daily rounds to all residents to check if they need anything, including clothing. The administrator will use designated persons and resident's PNA's (with the resident's permission) to ensure they have what they need.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (████) - 02/07/2023)

42x - Safeguard

6. Requirements

2600.

42.x. A resident has the right to a system to safeguard a resident's money and property.

Description of Violation

Resident #1 was observed by Department representative and Staff person A with many layers of clothes on. Staff A stated resident #1 will go into residents' rooms and take their clothes and put them on. It is a normal behavior for Resident #1 to have on numerous layers of clothing, both the residents' clothes and any other clothing █████ can find.

Plan of Correction

Accept (████) - 01/08/2023)

This had become a behavior for resident #1, however, all resident rooms have locks. Staff would check resident #1 room for other resident's belongings daily.

The residents have keys to them or can ask any staff to open their room. Residents were informed that it would be a good ideal to keep their doors locked. So there is a system to safeguard resident's money and property.

The Administrator has counseled the residents on using their room keys. This violation is to have a system to safeguard resident's money and property. The Administrator feels that having locks on the doors, with resident's

42x - Safeguard (continued)

having their own keys is a safeguard.

The Administrator and staff will monitor for continued compliance by checking with residents and reminding them to use their locks.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (████) - 02/07/2023)

54a - Direct Care Staff

7. 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

Direct care staff person C, who was hired on █████/20 does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept (████) - 01/08/2023)

Direct care person C is working on █████ GED, █████ will not do direct care until █████ gets one. █████ is being retained to assist the Administrator and supervise, while █████ works on it.

█████ has been working on this since hire, had passed all subjects but math. The administrator tried to apply for a waiver, however, it was not granted.

The Administrator has been having anyone being offer a DC position to bring in proof of a diploma, GED or registry status.

To remain in compliance anyone without one of these documents will not be hired as DC staff. This will be done by the Administrator.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (████) - 02/07/2023)

103i - Outdated Food

8. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

Located in the kitchen refrigerator was a 5-pound bag of shredded cheese and three 2-pound packages of lunch meat that were not dated. Located in the freezer in the dry storage area was 4 bags of corn, 4 bags of peas, 4 bags of broccoli, seven 5-pound logs of ground beef, and two 5-pound bags of shredded cheese. All the items were not dated.

Plan of Correction

Accept (████) - 12/30/2022)

This occurred because staff took the bags out of the boxes that were labeled and did not label the bags. This can not occur to ensure the safety of the food.

This has been gone over with the staff numerous times. All food was labeled.

The Administrator has appointed a staff to check it daily and the administrator will check it weekly to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 12/21/2022

103i - Outdated Food (*continued*)*Implemented* [REDACTED] - 02/07/2023)

143a - Emergency Medical Plan

9. Requirements

2600.

143.a. The home shall have a written emergency medical plan that includes the following:

Description of Violation

The home did not have an Emergency Medical Plan for the current home. The homes current plan is for Evers Manor, at the previous address, and dated 10/5/21.

Plan of Correction*Accept* [REDACTED] - 01/08/2023)

The home did and does have a written emergency medical plan, and it was posted.

The plan is attached.

I understand this, I did attach the medical plan. I did have the plan and it was posted at the time of inspection. The Administrator will monitor postings and all emergency plans semi annually to remain in compliance.

The food safety training has been attached here, again couldn't put it in the above area.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented [REDACTED] - 02/07/2023)

144c1 - Smoking Area Guidelines

10. 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

The smoking areas was littered with cigarette butts on the cement patio and in the grass around the smoking area.

Plan of Correction*Accept* [REDACTED] 01/08/2023)

This is a safety issue, we do have fireproof receptacles in the smoking area.

Housekeeping inspects and cleans up the area daily. All smoking residents have been counseled on using the receptacles and not throwing their butts on the ground. The smoking area was cleaned up 11/9/22.

Housekeeping will check the area at least twice a day to keep the area cleaned up.

The staff and Administrator will also check the smoking area when out there to remain in compliance. The Administrator checks the area daily and inform housekeeping if area needs cleaned up. The Administrator will also continue counseling residents on using the receptacles. The Administrator will continue to monitor the area to remain in compliance.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented [REDACTED] - 02/07/2023)

184a - Resident's Meds Labeled

11. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #3, Medication Administration Record indicates that the resident takes [redacted] 7.5mg take 1 tab every 6 hours as needed [redacted] The medication label on the bottle states 5mg take 1.5 every 6 hours as needed [redacted]

Repeat Violation 12/21/21

Plan of Correction

Accept [redacted] - 01/08/2023)

The MAR should have been changed to match the label with the physician consent, since a 7.5mg tab was not available. This is to ensure the resident is receiving proper dosage of medication. The physician will be contacted when this occurs so that the orders and MAR match. The orders and MAR were changed by the doctor 11/17/22. Both are attached.

The Administrator will double check doctors orders to ensure the MAR and orders match, this will be done whenever the physician writes a new order and monthly during the MAR review. The Administrator is responsible to continue monitoring to remain in compliance.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented [redacted] - 02/07/2023)

185a - Implement Storage Procedures

12. 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 #3 is prescribed [redacted] to be applied topically to affected area on for 12 hours off for 12 hours. On 11/8/22, the patches were not available at time of inspection.

Repeat Violation: 12/21/21

Plan of Correction

Accept [redacted] - 01/08/2023)

The pharmacy had to order the patches and they weren't in yet. The administrator has spoken to the pharmacy to do auto refills of this medication and to refill it the same day the patches are sent out. Since she only gets 5 at a time, this will give the pharmacy time to ensure they have it and can get it to us before resident runs out, this was done 11/10/22.

The administrator was not notified that the medication did not come in and that it was unavailable. This was discussed in the QM meeting that the administrator MUST be made aware of medications that are not available. Minutes from the meeting are given to all staff.

Training on this was also done 11/18/22.

The Administrator will continue to check on medications through the MAR and staff administering to ensure that they are available. The administrator will continue to monitor for continued compliance daily when medications

185a - Implement Storage Procedures (continued)

are order and ensure they are received.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MM - 02/07/2023)

187d Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident #3 is prescribed [redacted] to be applied topically to affected area on for 12 hours off for 12 hours. On 11/7/22, 11/8/22, 11/9/22, resident did not receive this medication because the medication was not available in the home.

Resident #3 is prescribed [redacted] 7.5mg take 1 tab every 6 hours as needed [redacted]. However, the medication bottle contained 5mg pills with instructions to take 1.5 pills every 6 hours as needed. Medication was being administer, however the resident was receiving one 5mg pill, instead of one 7.5 mg pill. Home was not following prescribers' orders.

Plan of Correction

Accept [redacted] 01/08/2023)

The pharmacy had to order the patches, making them unavailable at the time. The Administrator has also had the pharmacy make these an automatic refill, since they only come 5 patches at a time due to resident's insurance. With the [redacted] medication being a PRN, resident #3 would only request 1 tab saying [redacted] did not feel well on the 1.5 dose.

The physician has rewritten the prescription to be 5mg, 1 tab every 6 hours as needed 11/17/22.

Training was done 11/18/22.

The Administrator will receive the prescriptions from the doctor and check medications and instructions when they arrive from the pharmacy. Staff will also notify Administrator of any discrepancies immediately.

The Administrator will continue to monitor with MAR checks monthly and reviewing all new prescriptions with the MAR as received from the physician and pharmacy.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented [redacted] 02/07/2023)

202 Prohibitions

14. Requirements

2600.

202. The following procedures are prohibited:

- 1. Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited. This does not include the admission of a resident in a secured dementia care unit in accordance with § 2600.231 (relating to admission).
- 6. A manual restraint, defined as a hands on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

202 - Prohibitions (continued)

Description of Violation

During an interview with staff person A, it was confirmed that Resident #1's shoes were being held in the Administrators office to try to avoid Resident #1 from wandering from the home. Additionally, during an interview with staff person B, it was stated that Resident #1 was held in the staff bathroom, blocking the doorway, to prevent immediate egress.

Plan of Correction

Accept ([REDACTED] - 01/08/2023)

*Resident #1 shoes were not intentionally taken, resident #1 took them off somewhere in the building and didn't know where. When staff found them, they put them in the administrator's office. Resident #1 did have a second pair of shoes, [REDACTED]. The Administrator was unaware if they were in [REDACTED] room or if [REDACTED] left them somewhere.
The bathroom was previously addressed.
Training was done to assist in handling this kind of situation in the future.
The administrator did training in prohibited procedures and safe management techniques 11/18/22.
The Administrator will continue to do training in prohibited procedures and safe management techniques and monitor for ongoing compliance through meetings and trainings.*

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented (MM - 02/07/2023)

221c - Post Activity Calendar

15. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

An activity calendar for November 2022 was not posted.

Plan of Correction

Accept ([REDACTED] - 01/08/2023)

*The activity calendar was missed being posted. It was on the Administrator desk to be copied. The December calendar was posted and the calendars will continue to be posted every month. Allowing residents to be aware of what and when the activities are offered.
The administrator has an activity staff person, who will do monthly calendars of activities and is responsible for posting the calendars.
The Administrator will ensure the calendars are posted to remain in compliance.*

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented ([REDACTED] - 02/07/2023)

225d - Higher Level of Care

16. Requirements

2600.

225d - Higher Level of Care (continued)

225.d. If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

Description of Violation

On [redacted]/22, it was noted on Resident #1's DME that the residents care needs had changes and referrals needed to be made to Nursing Homes. A referral was made to the Area Agency on Aging on [redacted] 22 for a level of care assessment over a month later.

Plan of Correction

Accept ([redacted] - 01/08/2023)

The DME was requested by the Administrator , however, when we had a meeting with resident's designated person he asked if we could try to make it to residents neuro appt. At the time we agreed to try, but resident#1 continued to decline. In the future, referrals will be made in a more timely fashion to ensure compliance with physicians assessment and resident's well being. The Administrator made the referral to aging on [redacted] 22.

A new referral was done for another resident, dme marked for nursing was completed [redacted]/22 and received by the Administrator on [redacted]/22. The Administrator then sent a referral to aging including the PASSR on [redacted]/22. This is attached to show compliance, the referrals will continue to be done by the Administrator in an appropriate time frame.

Licensee's Proposed Overall Completion Date: 01/02/2023

Implemented ([redacted] - 02/07/2023)

227d - Support Plan Medical/Dental

17. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 Assessment and Support plan, dated [redacted]/22, indicated that Resident #1 is independent with ADLS. Staff person A indicated that Resident #1 needs supervision/cuing for showering. Resident #1 support plan was not updated to reflect their current care needs.

Plan of Correction

Accept ([redacted] - 12/30/2022)

Resident #1 RASP was updated with behaviors, clearly showering was missed. So that this does not happen again, the assistant will double check updates to ensure the Administrator doesn't miss anything. The RASP will be initialed by the assistant that it was checked.

A recent updated RASP is attached.

The Administrator will ensure that all parts of the RASP are updated as necessary.

Licensee's Proposed Overall Completion Date: 12/22/2022

Implemented ([redacted] - 02/07/2023)