

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

January 3, 2023

[REDACTED]
AMANDA WEIKERT
159 KINGSDALE ROAD
LITTLESTOWN, PA, 17340

RE: WEIKERT'S CARE HOME
159 KINGSDALE ROAD
LITTLESTOWN, PA, 17340
LICENSE/COC#: 33743

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2022 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: WEIKERT'S CARE HOME

License #: 33743

License Expiration: 06/15/2023

Address: 159 KINGSDALE ROAD, LITTLESTOWN, PA 17340

County: ADAMS

Region: CENTRAL

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: AMANDA WEIKERT

Address: 159 KINGSDALE ROAD, LITTLESTOWN, PA, 17340

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 3 SP

Date: 01/04/2002

Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 10

Waking Staff: 8

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 11/16/2022

Inspection Dates and Department Representative

11/16/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8

Residents Served: 7

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 7

Diagnosed with Mental Illness: 4

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 3

Have Physical Disability: 0

Inspections / Reviews

11/16/2022 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/03/2022

12/12/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/20/2022

Inspections / Reviews *(continued)*

12/15/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/22/2022

01/03/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

171b5 - First Aid Kit

1. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the Administrator's vehicle, that is used to transport residents, does not include a thermometer.

Plan of Correction

Accept [redacted] - 12/12/2022)

11/16/22 Inspector found that Administrator failed to have a thermometer in the first aid kit in the vehicle used to transport residents. On 11/16/22 the Administrator correct this violation while inspector was on site.

11/17/22 Administrator attached a required first aid supply list to all first aid kits and will use this list to do monthly reviews on all first aid kits.

Administrator will add this check list to the monthly check charts in regulation information binder and start monthly reviews of first aid kits starting 12/16/22 and every month after that. Administrator will sign off after each monthly check.

Licensee's Proposed Overall Completion Date: 12/16/2022

Implemented [redacted] - 01/03/2023)

185a - Implement Storage Procedures

2. 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 [redacted] contained recorded times that were incorrect for [redacted] the months of September, October and November, 2022. Furthermore, the [redacted] on 11-8-2022 was recorded as [redacted] on the medication administration record (MAR), but the [redacted] device showed a reading of [redacted]

Plan of Correction

Accept [redacted] - 12/12/2022)

11/16/22 Inspector found that Resident 1's [redacted] times that were recorded did not match the documented times of the resident's [redacted] times listed for months of September, October and November of 2022. As well as on 11/08/2022 Staff member 1 recorded the [redacted] check to be [redacted] on MAR but the [redacted] device showed [redacted].

11/17/2022 Administrator contacted Pharmacy to report error of times [redacted] for resident 1. Pharmacy contacted manufacture on 11/17/2022.

11/18/22 Pharmacy provided Administrator with instruction printouts to fix this error. 11/18/2022 Administrator fixed the error [redacted]. 11/18/2022 Administrator educated each staff person [redacted] on managing resident's 1 [redacted] device and showed each staff person how to correctly use the settings on device. Administrator educated each staff person on going back into the device to double check the [redacted] reading to ensure the correct reading is being documented on MAR.

To ensure this doesn't happen again, Administrator included instructions with resident 1's MARs and added a review of [redacted] to the yearly training plan starting 2023 training.

11/18/2022 All staff members signed off on a copy of [redacted] instructions, acknowledging they understand

185a - Implement Storage Procedures (continued)

how to correctly use the device.

Administrator will do monthly checks on documented MAR recordings for resident 1's [redacted] readings and initial beside the readings starting 12/19/2022.

Licensee's Proposed Overall Completion Date: 12/19/2022

Implemented ([redacted]) - 01/03/2023)

187a Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

13. Date and time of medication administration.

14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 3 had a PRN medication administration of [redacted], given on 11-16-2022, however it was not documented on the Resident's MAR.

Plan of Correction

Accept ([redacted]) 12/15/2022)

11/16/2022 Inspector found that resident 3 had a prn medication administration of [redacted], given on 11-16-2022, however it was not documented on the residents mar. 11/16/2022 Administrator contacted staff person 1 to confirm administration and time administrated while inspector was on site.

11/17/2022 Administrator educated staff person 1 on documenting PRN's for residents medications. Administrator supervised the staff person documenting the [redacted] given on 11/16/2022 at 8am.

11/17/2022 Administrator has added PRN administration and documentation to yearly training plan starting January 2023.

To ensure this doesn't happen again, Administrator educated all staff members who are med techs on prn documentation and informed all staff that it will be reviewed on a yearly basis starting January 4, 2023 training date.

Also Since Administrator will already be doing monthly audits of MARs [redacted] starting 12/19/2022, Administrator will also be auditing the MARs for completeness with medication administration documentation. Monthly MAR audits will be completed for 3 consecutive months with no errors, if errors are discovered during the 3 months of audits, staff will be reeducated again on the aspects of regulation 185a and medication administration documentation.

Licensee's Proposed Overall Completion Date: 01/04/2023

Implemented ([redacted]) - 01/03/2023)

224a - Preadmission Screen Form

4. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

224a - Preadmission Screen Form (continued)

Description of Violation

Resident 1's Preadmission Screening form, completed on [REDACTED]/2020, does not include a determination that the needs of the resident can be met by the services provided by the home. Also, there is no indication that the resident can safely use and avoid poisonous materials.

Resident 2's Preadmission Screening form, completed [REDACTED]/2021 does not indicate if the resident can safely use and avoid poisonous materials.

Plan of Correction

Accept ([REDACTED] - 12/12/2022)

11/16/2022 Inspector found that Resident 1's preadmission screening form completed [REDACTED]/2020, does not include a determination that the needs of the resident can be met by the services provided by the home as well as there is no indication that the resident can safely use and avoid poisonous materials.

11/18/2022 Administrator reviewed Resident 1's preadmission screening form and corrected the missing information. Administrator checked off that resident 1's needs can be met by the services provided by the home as well as checked off that resident 1 can safely use and avoid poisonous materials.

11/22/22 Administrator had facilities CRNP sign off on document confirming that at the time of resident 1's preadmission screening was completed resident 1's needs could be met by services provided by the home and that the resident can safely use poisonous materials.

11/16/2022 Inspector found that Resident 2's preadmission screening form completed [REDACTED]/2021, does not indicate that the resident can safely use and avoid poisonous materials.

11/18/2022 Administrator reviewed Resident 2's preadmission screening form and corrected the missing information. Administrator checked off that resident 2 can safely use and avoid poisonous materials.

11/22/22 Administrator had facilities CRNP sign off on document confirming that at the time of resident 2's preadmission screening was completed resident 2 could safely use poisonous materials.

11/23/2022 Administrator added signed documents by the CRNP to residents file behind the preadmission screening form.

To ensure this doesn't happen again Administrator will use a check list on required information needed on preadmission screenings that the administrator made for a guide when completing a preadmission screening form. Administrator will recheck the guide before printing preadmission form and placing in resident file.

Licensee's Proposed Overall Completion Date: 12/02/2022

Implemented ([REDACTED] - 01/03/2023)