

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

December 22, 2022

[REDACTED], ADMINISTRATOR
WILLOW VALLEY COMMUNITIES
[REDACTED]
[REDACTED]

RE: MEADOW RIDGE AT WILLOW
VALLEY
925 WILLOW VALLEY LAKES DRIVE
WILLOW STREET, PA, 17584
LICENSE/COC#: 32205

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/21/2022 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MEADOW RIDGE AT WILLOW VALLEY **License #:** 32205 **License Expiration:** 07/31/2023

Address: 925 WILLOW VALLEY LAKES DRIVE, WILLOW STREET, PA 17584

County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: WILLOW VALLEY COMMUNITIES

Address: 600 WILLOW VALLEY SQUARE, LANCASTER, PA, 17602

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

Certificate(s) of Occupancy

Type: I-1 **Date:** 06/19/2006 **Issued By:** West Lampeter Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 86 **Waking Staff:** 65

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 11/21/2022

Inspection Dates and Department Representative

11/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 156 **Residents Served:** 85

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 85

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 1 **Have Physical Disability:** 1

Inspections / Reviews

11/21/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/10/2022

12/09/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/15/2022

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 12/16/2022

Inspections / Reviews (*continued*)

12/15/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

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

12/22/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/15/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

132a - Monthly Fire Drill

1. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The home does not have documentation of a fire drill completed in December 2021.

Plan of Correction

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

1. Licensing Violation

2600.132a Monthly Fire Drill: An unannounced fire drill shall be held at least once per month.

Notes about Meadow Ridge: The home does not have documentation of a fire drill completed in December 2021

Why did this happen?

Drill was scheduled for 12/7/21 at 11:00pm. Drill was not completed as scheduled. Simplex system did sound an alarm on 11/7/22 at 06:00am however DHS required documentation was not completed at this time to log.

What do we do right now to fix the problem?

Who – Administrator creates an annual schedule (see attached template) for planned monthly fire drills in Personal Care as per DHS guidance. Schedule is provided to Meadow Ridge maintenance team member that assists with completing the drills.

What – Nursing Team Members fill out a worksheet (see attached) during a fire drill that includes the DHS required documentation. This is turned into the Administrator following the fire drill.

When – Administrator logs information from the fire drill worksheet onto a log provided by DHS and kept in a Fire Drill Binder in preparation for DHS Survey. Education is provided routinely throughout the year at Team Member Meetings and Resident Town Hall Meetings about the requirement to complete monthly fire drills and review of regulations included in 2600.132.

How do we prevent this from happening again?

Who – Administrator will continue to create annual schedule for planned monthly fire drills in Personal Care as per DHS guidance. Schedule will be downloaded into outlook calendar with reminders for Administrator as well as maintenance team member that assist with drills. An email will occur week of drill between Administrator and Maintenance to confirm date and time and location as an additional reminder.

What - Education will be provided to all team members about the use of the fire drill worksheet and the importance of this documentation being completed and provided to Administrator after each drill or fire alarm.

When – Administrator will observe for documentation after drill has taken place and will log information on the DHS provided form for fire drills. Education will be provided to team members during January Team Member meetings. A copy of the worksheet will be provided at the meeting as well as with the meeting minutes provided (in paper and via email) after meetings have been completed. Review will be provided of Regulation 2600.132 throughout the year, starting in January, at resident town hall meetings.

Timeframe/Work plan (Action, Owner, Completion Date)

1. Fire Drill schedule will be followed - Owner is the Administrator, completion 12/8/22. Schedule for 2023 Fire Drills will be completed by 12/16/22.

2. As of 12/16/22 and going forward, if a drill is missed or in need of being rescheduled for any reason, a make-up will be scheduled within 1 week at the same time and location of the original drill – Owner is [redacted], within 1 week.

3. Communication between Administrator and maintenance to confirm the fire drills scheduled or rescheduled – Owner is [redacted] when by 12/15/22 for 2023 schedule.

4. As of 1/5/23, Education on regulation 2600.132 for PC team members will be provided– Owner is [redacted]

132a Monthly Fire Drill (continued)

will occur during the January 5, 2023, Team Member Meeting

5. As of 1/18/23, Education on regulation 2600.132 will be provided to Residents of Personal Care Owner is [REDACTED], will occur during Town Hall meetings/minutes January 18, 2023, and throughout the year.

Licensee's Proposed Overall Completion Date: 01/18/2023

Implemented [REDACTED] - 12/16/2022)

171b5 - First Aid Kit

2. 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 white Honda Odyssey used to transport residents does not include eye covers and adhesive tape.

Plan of Correction

Accept [REDACTED] - 12/15/2022)

2. Licensing Violation

2600.171b. First Aid Kit: The following requirements apply whenever staff persons or volunteers of the home provide transportation for a resident: b. The vehicle must have a first aid kit with the contents as specified in 2600.96 (related to the first aid kit)

Notes about Meadow Ridge: The first aid kit in the white Honda Odyssey used to transport residents does not include eye covers and adhesive tape.

Why did this happen? First aid kit was not restocked after items were used from the kit last. Kit was not checked by transportation team to ensure all items were present.

What do we do right now to fix the problem? Eye protection and adhesive tape was added to the first aid kit immediately on 11/21/22 by Administrator. All transportation vehicles were audited 11/22/22 to ensure all first aid kits contained DHS required items. Additional supplies were ordered on 11/22/22 by transportation [REDACTED] to ensure items are available to replace when used for all vehicles.

Who Manager of Transportation Services educated the transportation team on a new audit spreadsheet and procedure to be used by the transportation department team members for each vehicle that includes checking the first aid kit.

What The Manager of Transportation Services created a new process for checking the first aid kits. A seal has been placed on the first aid kits. If seal is broken the new audit form will be used and also during a monthly inspection. The drivers will be checking the seal daily with a pre trip inspection.

When First Aid Kits in each vehicle will be checked daily at the start of the shift (see attached WV Vehicle Inspection Report). There will be a monthly inspection done by the drivers also. If the first aid kit has been opened, the new audit form will be used by the drivers to refill the kit before it is sealed again (see attached Transportation vehicle first aid kit inspection)

171b5 - First Aid Kit (continued)

How do we prevent this from happening again?

Who - Transportation Manager will oversee the new audit process for the first aid kits in each vehicle used to transport residents in Personal Care.

What - There will be audit tools used going forward as of December 7, 2022 for including the first aid kit in the vehicle inspection done by the drivers. There contents of the first aid kit will be checked monthly and anytime the seal is broken.

When - As of 12/7/22, Vehicle inspections occur daily with the added check of the sealed first aid kit. If seal is broken, the first aid kit contents will be inspected and replenished as needed. A monthly inspection of the first aid kit will occur regardless if the seal is broken or not.

Timeframe/Work plan (Action, Owner, Completion Date)

1. Updated Daily Vehicle Inspection (includes first aid kit) - Owner is Manager of Transportation Services, completed 12/7/22 and in use.
2. First Aid Kit Procedure – Owner is Manager of Transportation Services, completed 12/7/22 and in use.
3. First Aid Kit Inspection – Owner is Manager of Transportation Services, completed 12/7/22 and in use.
4. Education with Transportation Department of new and updated inspections forms – Owner is Manager of Transportation Services, completed between 11/23/22 and 12/7/22.

Licensee's Proposed Overall Completion Date: 12/14/2022

Implemented [redacted] - 12/16/2022)

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 #1's glucometer is not calibrated to the appropriate time and date. The last glucometer reading shows a reading of [redacted] on [redacted] at [redacted] on the glucometer. The Medication Administration Record (MAR) shows that the last reading was on [redacted] at [redacted] and was [redacted].

Resident #2's glucometer reading on [redacted] at [redacted] states [redacted] MAR states a reading of [redacted].

Plan of Correction

Accept [redacted] - 12/15/2022)

3. Licensing Violation

2600.185a Implement Storage Procedures – 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

Notes about Meadow Ridge: Resident #1's glucometer is not calibrated to the appropriate time and date. The last glucometer reading shows a reading of [redacted] on [redacted] at [redacted] on the glucometer. The MAR shows that the last reading was on [redacted] at [redacted] and was [redacted].

185a - Implement Storage Procedures (continued)

Resident #2's glucometer reading on [REDACTED] states [REDACTED]. MAR states a reading of [REDACTED].

Why did this happen? Resident #1 – Date and time were not noted to be inaccurate on a resident's glucometer on 11/21/22 and noted by surveyor who was checking readings. Resident had been on LOA with [REDACTED] glucometer on 11/20/22 and with investigation it was found the date and time changed around this time. Nurse/RCA's did not notice the date and time had been altered upon return from LOA on 11/20/22 and blood glucose reading showed the wrong date and time.

Resident #2 - Nurse transposed the 6 to a 9 in the reading on 11/20/22 at 4:30pm. Documentation was inaccurate but thankfully the insulin directions were not changed. No insulin was given as order for the either value.

What do we do right now to fix the problem?

Who – Resident #1 - Nurse Coordinate educated the Nursing Team immediately on the day of survey on the importance of checking that the date and time are accurate on the glucometers. Nurse Coordinator reviewed each resident's glucometer logs to ensure accuracy.

Resident #2 – Nurse Coordinator reviewed with nurse who transposed number that she must look carefully at the glucometer reading prior to documenting value in PCC to ensure accuracy. Although this was accidental, Coordinator reviewed with nurse how errors may impact residents negatively.

What – Resident #1 - Examination of glucometers to ensure all have accurate date and time. Examined the weekly glucometer audits to simplify the tool used with excel spreadsheet functions making it more user friendly.

A weekly spreadsheet will be used on nightshift to check the glucometers which includes checking the device date and time for accuracy.

Resident #2 – Education provided to nurse who transposed numbers.

When – Both Residents - All were done on 11/21/22.

How do we prevent this from happening again?

Who – Resident #1 - Administrator, Nurse Coordinator, and Supportive Living Educator created a competency for PC direct care team members on glucometer calibration of date and time.

What - Resident #1 Competency was developed using the manufacturer information for the glucometers.

When – Resident #1 - All direct care team members in PC will pass the competency by January 31, 2021

Timeframe/Work plan (Action, Owner, Completion Date)

1. As of 1/5/23, Education for all direct care team members on glucometer calibration of the date and time – Owner is Administrator and Nurse Coordinator, at Team Member meetings in January 5th, 2023, and meeting minutes.
2. Direct Care team members will complete a Glucometer calibration of date and time competency – Owner is [REDACTED], and all PC direct care team members, by January 31, 2023.
3. Individual Nursing Team Member was educated on the importance of double checking the glucometers blood sugar reading prior to documenting the reading in PCC to ensure accuracy. Owner is Nurse Coordinator; this was completed on 11/21/22. This will be reviewed at the January Team Member meeting as well for all direct care team members.
4. The glucometer manufacturer manual and the new written competency will be provided in each Wellness Suite on each floor which includes detailed instructions on setting the correct date and time. Owner is Administrator and Nurse Coordinator. Manuals already present. Copy of competency will be placed before end of 12/16/22.
5. Education about checking glucometer settings (date and time) when residents return from LOA [REDACTED] Owner is [REDACTED] and Nurse Coordinator. Direct Care Team for resident #1 already educated about this as of 11/21/22. All PC direct care team members will be educated during January 2023 Team Member meeting.

185a - Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 01/31/2023

Implemented (█ - 12/16/2022)

227d - Support Plan Medical/Dental

4. 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 #2's current support plan dated █ does not reflect that the resident utilizes a bed cane.

Resident #3's current support plan dated █ does not reflect that the resident utilizes a bed cane.

Resident #4's current support plan dated █ does not reflect that the resident is on hospice services.

Resident #5's current support plan dated █ does not reflect that the resident utilizes a bed cane.

Plan of Correction

Accept (█ - 12/15/2022)

4. Licensing Violation

227d Support Plan Medical/Dental: 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 is the resident's physician, PA, or CRNP, 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

Notes about Meadow Ridge:

227d - Support Plan Medical/Dental (continued)

Resident #2's current support plan dated [REDACTED] does not reflect that the resident utilizes a bed cane. Resident #3's current support plan dated [REDACTED] does not reflect that the resident utilizes a bed cane. Resident #4's support plan dated [REDACTED] does not reflect that the resident is on hospice services. Resident #5's support plan dated [REDACTED] does not reflect that the resident utilizes a bed cane.

Why did this happen? New team member not trained on updating RASP yet. Therapy communication not passed on to all shift nurses. RASP updates were not completed by floor nurses. Some nurses were unaware of the equipment therapy added during sessions.

What do we do right now to fix the problem?

Who – Nursing updated all RASPs for resident's #1-#5 on [REDACTED] with information that was missing. Nurse Coordinator provided education and 1-1 training to new nurse on how to update RASPs on 11/21/22. Administrator requested from therapy a weekly update from PT/OT/ST for residents on caseload, specifically if any equipment is recommended, trialed, or added for residents to use.

What – Regular updates requested from therapy going forward after 11/21/22. Nurse Coordinator adjusting the new nurse orientation to include additional RASP training after 11/21/22. Reminders to floor nurses to update RASPs immediately when information is known.

When- All above were initiated on 11/21/22 during and after the survey was completed.

How do we prevent this from happening again?

Who - Therapy will provide a weekly email communication to all of the nursing team at Meadow Ridge with updates on the residents on therapy caseload, including information on new, recommended, trial, or implemented equipment or devices from therapy for the resident to use or discontinuation of these items.

IDT discussion at standup and reminders will be discussed about updating RASPs as information is provided on resident services and care needs such as bed canes in use or Hospice services started. Nurses will then add information to the RASPs immediately when information is known.

Nurses are assigned routine chart audits which includes auditing that RASPs are updated accurately.

Nurse Coordinator will ensure all new nurses are trained on updating RASPs.

What - New Nurse Orientation will include further training on RASP and 1-1 training will be provided on the Willow Valley S-drive where RASPs are saved and updated as well as ensuring information is written on the RASP and dates (for example if a bed cane is added or if a resident signs on to Hospice).

When – Education will be provided and reviewed at the January 2023 Team Member meeting on RASPs, regulation on updating RASPs, and nurse's responsibilities with this ongoing task.

Completed chart audit forms will routinely be provided to Nurse Coordinator every 6 months to review and ensure RASPs are being checked.

New Nurse orientation has already been updated to include additional information on RASPs and updating RASPs as of 11/21/22.

Timeframe/Work plan (Action, Owner, Completion Date)

1. Therapy updates to Nursing and IDT on resident on caseload – Owner Therapy, has already been implemented weekly after 11/21/22.
2. New Nurse Orientation including additional training on RASPs and updating RASPs – Owner is Nurse Coordinator, already implemented after 11/21/22.
3. As of 1/5/23, Education and Review for Nurses on updating RASP process, use of the computer and written to update, and looking at the RASP with chart audits and DHS regulation on RASPs – Administrator and Nurse Coordinator, will be completed at January 5th, 2023 Team Member meeting.

227d Support Plan Medical/Dental (continued)

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented ([redacted] - 12/22/2022)

227g -Support Plan Signatures

5. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #4's current Resident Assessment Support Plan (RASP) dated [redacted] is signed but not dated by resident.

Plan of Correction

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

5. Licensing Violation

2600.227g Support Plan Signatures: Individuals who participate in the development of the support plan shall sign and date the support plan.

Notes about Meadow Ridge: Resident #4's current Resident Assessment Support Plan (RASP) dated [redacted] is signed but not dated by the resident.

Why did this happen? Nurse missed that resident did not sign the RASP

What do we do right now to fix the problem? Education provided to Individual Nurse that she must ensure RASP signatures include a date.

Who Nurse double check documentation before completion. Routine chart audits will include checking that the RASPs are signed and dated.

What Example of a Signed and Dated RASP will be provided to team members at the meetings and in the meeting minutes. Chart audit tool was examined to ensure this audit captures signatures and dates with signatures.

When Review was completed with nurse on 11/21/22. Review of regulation 227g will be done at the January Team Member meeting and reminders that all signatures on the RASPs must also include the date.

How do we prevent this from happening again?

Who Administrative Assistant will update Admission Checklist form. Nurse Coordinator will review update with nurses. Administrator and Nurse Coordinator will review update at January 2023 Team Member meeting and in the minutes.

What Admission Checklist for Nurses will be updated under the RASP follow up to include that all signatures need to be dated before RASP is complete. Chart Audit Tool will continue to be used which includes checking signatures are dated

When Admission Checklist will be updated and saved into the Master Forms file in the S drive on Monday, 12/12/22. Update for Admission Checklist will be reviewed and communicated to all nurses on Monday, 12/12/22 and at the January 2023 Team Member meeting. Reminders will be discussed about Chart Audits and Chart Audit tool that needs to continue

Timeframe/Work plan (Action, Owner, Completion Date)

1. As of 12/9/22, Admission Checklist and Nursing Audit Tool (both updated forms are attached) have been updated to include wording to check "dates" are with all signatures Owner is Administrative Assistant, completed 12/9/22.
2. As of 1/5/23, Education/Review/Communication on Admission Checklist update, chart audits and chart audit

227g Support Plan Signatures (continued)

tool and nurse's responsibilities Owner Administrator and Nurse Coordinator, will be completed at the January 5, 2023, Team Member Meeting.

See attached.

Licensee's Proposed Overall Completion Date: 01/05/2023

Implemented [REDACTED] - 12/22/2022)