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

February 24, 2023

[redacted]
LAKEWOOD SENIOR LIVING DRUMS LLC
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA, 18222

RE: FRITZINGERTOWN SENIOR LIVING COMMUNITY
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA, 18222
LICENSE/COC#: 20166

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/24/2023, 01/26/2023 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: *FRITZINGERTOWN SENIOR LIVING COMMUNITY* **Licen e #**: *20166* **Licen e Expiration**: *12/19/2023*

Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222*

County: *LUZERNE* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email** [redacted]

Legal Entity

Name: *LAKEWOOD SENIOR LIVING-DRUMS LLC*

Address: *159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA, 18222*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C 2 LP* **Date**: *05/22/2006* **I ued By**: *L&I*

Staffing Hours

Resident Support Staff: *109* **Total Daily Staff**: *218* **Waking Staff**: *164*

Inspection Information

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

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *01/26/2023*

Inspection Dates and Department Representative

01/24/2023 On Site [redacted]

01/26/2023 On Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *164* **Residents Served**: *80*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *Evergreen* **Capacity**: *64* **Residents Served**: *24*

Hospice

Current Residents: *7*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *80*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *29* **Have Physical Disability**: *0*

Inspections / Reviews

01/24/2023 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/14/2023*

02/08/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *02/10/2023*

Reviewer [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/13/2023*

Inspections / Reviews *(continued)*

02/09/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *02/10/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *02/15/2023*

02/24/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *02/10/2023*

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

Resident #4 fell and fractured ribs on [redacted]/22. The home did not submit an incident report to the Department regarding the residents injuries.

Plan of Correction ***Accept[redacted] - 02/08/2023)***

The normal practice for our facility is to have the Executive Director submit incident reports to the Department following investigation as to the cause. The designee is to submit in the absence of the Executive Director.

The Executive Director nor the designee (the Director of Nursing) submitted an incident report for the injuries sustained by Resident # 4 as neither Resident Care Coordinator, Staff Nurse or PCA notified ED or DON of the injuries.

In speaking to the RCC, and Staff Nurse each thought the other had notified the DON and /or the ED when in fact neither had.

An audit was immediately conducted by RCC and DON on January 27th to ensure all incidents involving resident's physical injuries or need for treatment in ER or hospitalization had indeed been reported to the Department. No additional unreported incidents were identified.

The Director of Nursing has provided verbal re-education to the RCC, staff nurse and med tech personnel. of this regulation on January 27th, 2023.Documentation of that verbal education is attached.

Going forward nursing staff is to provide DON and ED with all internal incident reports on a daily basis. They will put copy of each incident in both the mailboxes of the ED and the DON.

Executive Director and DON will review incidents daily. Any incident meeting the criteria of this regulation will be reported to the department daily if needed by the Executive Director or the DON in the absence of the ED.

Supportive documentation to follow.

Licensee's Proposed Overall Completion Date: *02/06/2023*

Implemented[redacted] 02/24/2023)

16d - Final Incident Report

2. Requirements

2600.
16.d. The home shall submit a final report, on a form prescribed by the Department, to the Department's personal care home regional office immediately following the conclusion of the investigation.

Description of Violation

On 1/5/23 the home submitted an incident report from Luzerne Co. AAA regarding an allegation of physical abuse of

16d - Final Incident Report (continued)

Resident #5 by staff person A. The home failed to submit a final report to the Department immediately following the conclusion of the investigation.

Plan of Correction ***Accept [redacted] - 02/09/2023)***

On 01/05/23, I was notified by caseworker of the AAA of an allegation of abuse of a resident of our facility. She related the resident's name, the alleged perpetrator and the details given by an "anonymous " reporter.

Following the Executive Director's initial report to the Area Agency of Aging on 1/5/23, an internal investigation was nitiated.
The alleged perpetrator and resident involved were immediately interviewed by the Resident Care Coordinator Allsion Kline, LPN. The resident denied that there was any verbal or physical mistreatment involved in this incident. Resident stated that because of [redacted] care provided often causes discomfort and stated on the date addressed no inappropriate or abusive care was given.

The Executive director then interviewed the resident and alleged perpetrator as well as additional staff members that were present during care. All denied any abusive behavior by the staff member.

The case worker contacted me (the ED) on 01/09/2023 to request telephone numbers of additional staff members that may have been present at time of incident reported to [redacted] the findings of my investigation's case worker stated that [redacted] was going to make a few more call and would "get back to me".

At the request of the AAA the resident's PCP visited on 01/13/2023 to assess the resident for any evidence of injury /abuse. He [redacted]) verbalized to staff that he found no evidence of abuse and that resident denied any abuse had occurred.

I, incorrectly , was delaying my final report to the Department until I heard from the Caseworker at AAA.

I received no further information until BHSL representative informed me on 1/26/23 that she had spoken to Department Head of Protective Service at AAA that the "case" was closed and considered to be "unfounded."

Beginning 01/27/23 ,as I have always done in the past, I the (Executive Director) shall perform internal investigations and will immediately report those findings to the Area Agency of Aging as well as the Department.

I will not delay reporting my final incident pending further input from the AAA.

Supportive documentation to follow.

Licensee's Proposed Overall Completion Date: *02/09/2023*

Implemented ([redacted] 02/24/2023)

183d - Prescription Current

3. Requirements

2600.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current *(continued)*

Description of Violation

A tube of bacitracin zinc ointment was located in the first aid kit of Evergreen that expired 3/22.

Plan of Correction ***Accept [redacted] - 02/09/2023)***

The tube of expired Bacitracin identified during" First Aid Kit" check was removed immediately by [redacted] LPN on 01/26/2023.

An audit was conducted on 01/27/2023 by the Resident Care Coordinators to ensure that no expired OTC were stored in any of the facility first aid kits.

Current staff were educated by the Director of Nursing on January 28 ,2023 as to the requirements of this regulation and that no expired antiseptic items are to be stored in first aid kits.

The monthly department head checklists were updated on 01/28/2023 by the Executive Director to include review first aid kits for expired antiseptic items.

These department head checklists are provided to the Department heads by the Executive Director on the first day of each month.

Supportive documentation to follow.

Licensee's Proposed Overall Completion Date: *02/09/2023*

Implemented [redacted] 02/24/2023)

184a - Resident's Meds Labeled

4. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2's [redacted] does not have a pharmacy label attached.

Plan of Correction ***Accept ([redacted] 02/09/2023)***

Newly admitted resident provided facility with meds which had been being administered at home.
Although resident's [redacted] was in the manufacturers original container the medication did not have the pharmacy abel attached,

An audit was performed on 01/27/2023 by LPN's, RN's on the medication carts to ensure that all other medications were in original containers with pharmacy labels.
All med techs and LPNs were re-inserviced in the requirement of this regulation by [redacted] (DON)on

184a - Resident's Meds Labeled (continued)

January 27,2023.

Resident Care Coordinators [redacted] LPN, [redacted], Resident Care Coordinator and [redacted] LPN began to audit med carts daily beginning 01/28/23 to ensure that each medication is in original container with pharmacy label.

Director of Nursing, [redacted], BSN, RN. will audit med carts weekly x 4 beginning 2/7/23 to ensure compliance.

Contracted pharmacy tech will audit carts monthly.

Facility did have a "physician order for this medication and the medication dose was correct. There was no medication error due to the lack of pharmacy labeling.

Supportive documentation to follow.

Licensee's Proposed Overall Completion Date: *02/09/2023*

Implemented [redacted] - 02/24/2023)

187a - Medication Record

5. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
4. Strength.
6. Dose.

Description of Violation

Resident #1 has an order for 20mg [redacted] daily. The bottle of [redacted] is 20 mg tablets. The MAR notes [redacted] 10mg take two tablets daily. The MAR is incorrect.

Resident #2 has an order for 10 meq's of [redacted] twice daily. The bottle of [redacted] is 20 meq tablets. The MAR notes [redacted] 10 meq 1 tablet twice daily. The MAR is incorrect.

Resident #2 has an order for PRN [redacted] 325mg tablets take 2 tablets to equal 650mg. The MAR notes [redacted] 650mg every 4 hours. The MAR is incorrect.

Resident #3 has an order for [redacted] 50mg daily. The bottle of [redacted] is 50mg tablets. The MAR notes 100mg tablets take 1/2 tablet daily. The MAR is incorrect.

Plan of Correction ***Accept [redacted] - 02/09/2023)***

This happened as the pharmacies who fill monthly prescriptions at times substitute the same medications in different configurations when they fill monthly prescription. An example would be for the bottle may be 10 mg -take two

187a - Medication Record (continued)

tabs equaling 20 mg, and then the following for the same prescription the bottle will be labeled as 20 mg -give one tablet. The dosage is the same and no med error occurred. Nursing staff is alerted to this change as pharmacy applies a "change" sticker to the new bottle, box or vial however the MAR was not adjusted each time to reflect the pharmacy label change.

The MAR's were corrected immediately at the time of inspection ,1/27/2023, by [redacted] *(DON).*

All med tech/Nursing personnel were re-educated to the requirement of this regulation on 01/28/23 and 01/29/23 by [redacted] *R.N.*

Resident Care Coordinators [redacted]*, LPN.* [redacted] *, LPN and* [redacted]*, Resident Care Coordinator will audit med carts daily beginning 01/28/2023 to ensure that MARs reflect the potential pharmacy changes.*

Director of Nursing, [redacted] *BSN, RN will audit med carts weekly x 4 beginning 2/7/23 to ensure compliance to this regulation.*

Supportive documentation to follow.

Licensee's Proposed Overall Completion Date: *02/09/2023*

Implemented [redacted] ***- 02/24/2023)***

227d - Support Plan Medical/Dental

6. 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 #4 has an extensive history [redacted] *The resident returned to the home on* [redacted]*/22 requiring the assistance of 2 people for transferring. Resident #4's RASP dated* [redacted]*/22 was not updated regarding the residents current care needs and how the home will meet those needs.*

Plan of Correction ***Accept (*** [redacted] ***- 02/09/2023)***

Resident experienced a fall on [redacted]*/2022 and was hospitalized for evaluation. Shortly after, on* [redacted]*2022, the resident was transferred to short term rehab for Physical Therapy and I, the Executive Director, did not update RASP as I was unsure at the time as to what the resident's needs would be upon return to home.*

Normally I mark on a calendar when these changes needed to be made. In this case, I did not.

Upon return to facility on [redacted]*22 I did not have this reminder, so I did not update the resident's RASP.*
[redacted]

227d - Support Plan Medical/Dental (continued)

t is my practice, as stated earlier to document whenever changes to RASP must be made based on information provided by staff, physicians due to change in resident status.

The executive Director immediately audited present resident's RASP's on 01/28/2023 to ensure that no other nstances requiring change in resident RASP 's were in error. None were noted.

Executive Director will audit RASP's, incident reports and speak to staff weekly beginning 2/7/2023 to ensure that any changes in resident care is documented as required by this regulation.

have attached examples of other RASP addendums and significant changes to signify that it is my habit to update RASP's as required.

Supportive documentation to follow.

Licensee's Proposed Overall Completion Date: *02/09/2023*

Implemented ([redacted] - 02/24/2023)