

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

April 7, 2023

[REDACTED]
GRAYSTONE MANOR BELLMEADE, LLC
1929 EAST PLEASANT VALLEY BLVD
ALTOONA, PA, 16602

RE: GRAYSTONE MANOR AT
BELLMEADE
1929 EAST PLEASANT VALLEY BLVD
ALTOONA, PA, 16602
LICENSE/COC#: 33222

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/22/2023 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: GRAYSTONE MANOR AT BELLMEADE License #: 33222 License Expiration: 10/19/2023
 Address: 1929 EAST PLEASANT VALLEY BLVD, ALTOONA, PA 16602
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: GRAYSTONE MANOR BELLMEADE, LLC
 Address: 1929 EAST PLEASANT VALLEY BLVD, ALTOONA, PA, 16602
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 01/16/2014 Issued By: DL&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 02/23/2023

Inspection Dates and Department Representative

02/22/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 75 Residents Served: 39

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 4

Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 0

Inspections / Reviews

02/22/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/13/2023

03/10/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/07/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/17/2023

Inspections / Reviews *(continued)*

03/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/07/2023

04/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

183b - Meds and Syringes Locked

1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 2/23/23 at approximately 9:54 am, a bottle of Medline Remedy Phytoplex antifungal powder treatment miconazole nitrate 2% was unlocked, unattended, and accessible in Resident #1's bathroom on top of the toilet tank lid, with other personal supplies such as toothpaste, hair brush and deodorant. There is no order for the powder and the resident has been assessed as unable to self-administer medications per the physician's assessment.

Plan of Correction**Accept (MD - 03/17/2023)**

On investigating into this incident it was determined the resident did not need anti fungal powder and the powder was discarded by [REDACTED] on 2/23/23. Further investigation showed that it was the residents hospice company who put the powder in [REDACTED] bathroom. Hospice was contacted on 3/8/23. [REDACTED] hospice company is taking measures on their end to ensure staff do not take further bottles without an order in place. They are also providing further education to their staff regarding education on regulations. Housekeeping will routinely check residents rooms to ensure regulations and facility policies are being followed. Staff will also be alert when in residents rooms to ensure compliance with regulation is maintained. All staff have been reminded to look for medications in residents rooms on 3/13/23.

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented (MD - 04/07/2023)

184a - Resident's Meds Labeled

2. 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

On 2/23/23 at approximately 10:10 am, Resident #2's Lantus Solostar 100units/ML insulin pen was stored in a labeled plastic bag in the top drawer of the medication cart, however the pen/bag was not labeled with the date and initials of the staff person who opened it.

Plan of Correction**Accept (MD - 03/17/2023)**

The pen was destroyed by [REDACTED] and [REDACTED] in the sharps container on 2/23/23 and replaced with a new insulin pen that was labeled with the date opened. Med room staff have been reminded

184a - Resident's Meds Labeled (continued)

through written memorandum on 3/8/23, that all insulin pens and vials must have a date opened on them. Additionally each staff member is responsible for putting the date opened on the container when they open it for the first time. The 3rd shift MA/LPN will check for date opened on insulin during monthly cart audits, beginning with the next cart audit on 4/2/23. Insulin that does not have a date opened recorded on it will be discarded and replaced.

Licensee's Proposed Overall Completion Date: 04/02/2023

Implemented (MD - 04/07/2023)

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

On 2/23/23, Resident #2's FreeStyle Lite glucometer did not display the current date and time once turned on, and was not calibrated when comparing the glucometer to the Medication Administration Record (MAR) as follows:

- The 2/23/23 6:00 am reading on the MAR was 207, which shows on the glucometer as 2/23 at 1:32 am.
- The 2/22/23 8:00 pm reading on the MAR was 263, which shows on the glucometer as 2/22 at 3:48 pm.

Resident #2's glucometer readings also did not match the blood sugar readings on the MAR as follows:

- On 2/19/23 at 8:00 pm, the MAR shows a blood sugar reading of 343, however the actual blood sugar reading on the glucometer displays 342 on 2/19 at 3:05 pm (the glucometer is not calibrated).
- On 2/18/23 at 6:00 am, the MAR shows a blood sugar reading of 218, however the actual blood sugar reading on the glucometer displays 219 on 2/18 at 12:33 am (the glucometer is not calibrated).
- On 2/14/23 at 8:00 pm, the MAR shows a blood sugar reading of 234, however the actual blood sugar reading on the glucometer displays 262 on 2/14 at 2:40 pm (the glucometer is not calibrated).

Plan of Correction

Accept (MD - 03/17/2023)

On investigation into this incident it was discovered that the FreeStyle Lite style glucometer can not be re-calibrated manually and the recommendation is to call the manufacturer for further instruction. Because of the age of the glucometer, [REDACTED] called the residents family who agreed to replace the glucometer. The glucometer was replaced with a new FreeStyle Lite on 3/6/23.

All residents glucometer readings will be audited weekly by nursing staff to ensure compliance with policy and regulations including calibration of date and time beginning on Fridays starting 3/17/23. Audits will be turned into Wellness Coordinator weekly and any discrepancies will be addressed by Wellness Coordinator. Executive Director will educate nursing staff on the importance of glucometer calibration as well as correctly transcribing blood sugars from the glucometer to the MAR by 3/17/23.

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

Implemented (MD - 04/07/2023)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident #2 is prescribed Humalog 100 units/ML Kwik and is on a sliding scale as follows: 151-200 receives 1 unit, 201-250 receives 2 units and 251-300 receives 3 units. The MAR shows that on 2/14/23 at 8:00 pm, Resident #2 received 2 units of Humalog, however a review of Resident #2's glucometer shows that Resident #2's actual blood sugar on 2/14 at 2:40 pm was 262 (the time difference is a result of the glucometer not being calibrated). Per the sliding scale order, Resident #2 should have received 3 units of Humalog, but only received 2 units.

Plan of Correction**Accept (MD - 03/10/2023)**

A medication error report was completed and faxed to DHS on 2/23/23. Medication error debriefing was completed with staff member who made the error on 2/24/23. Staff member received additional training on cart, passing medications from 3pm-11pm on 3/7/23 and 3/8/23 with [REDACTED], LPN

Licensee's Proposed Overall Completion Date: 03/08/2023

Implemented (MD - 04/07/2023)
