

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

May 22, 2023

[REDACTED]
CA SENIOR VALLEY FORGE OPERATOR LLC
[REDACTED]
[REDACTED]

RE: ANTHOLOGY OF KING OF PRUSSIA
350 GUTHRIE ROAD
KING OF PRUSSIA, PA, 19406
LICENSE/COC#: 14788

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2023 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: ANTHOLOGY OF KING OF PRUSSIA License #: 14788 License Expiration: 08/10/2023
 Address: 350 GUTHRIE ROAD, KING OF PRUSSIA, PA 19406
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: CA SENIOR VALLEY FORGE OPERATOR LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: 71 Waking Staff: 53

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Fine Exit Conference Date: 03/09/2023

Inspection Dates and Department Representative

03/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 128 Residents Served: 47

Secured Dementia Care Unit

In Home: Yes Area: Virtue Capacity: 28 Residents Served: 19

Hospice

Current Residents: xx

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 47
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 24 Have Physical Disability: 0

Inspections / Reviews

03/09/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/25/2023

03/31/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/11/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/05/2023

Inspections / Reviews (*continued*)

04/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2023

Reviewer: [REDACTED]

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

05/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The home did not obtain a criminal background check for Staff A, hired on [redacted] 2022, until [redacted] /2023.

Plan of Correction

Accept ([redacted] - 03/31/2023)

Audit was completed on [redacted] /2023 by the Executive Director. List of all staff that were found to not have criminal backgrounds were given to the New Business Office Manager for completion. Once backgrounds were received, they were noted as self identified and corrected to meet compliance. The last of the missed backgrounds were run on [redacted] /2023 by the Business Office Manager. Audit will be completed by the Business Office Manager one final time on 3/23/2023 to ensure all current staff have a background check. Background is now run prior to the staff person starting. Department Director has to verify completion of background with the Business Office Manager prior to any staff member starting on the floor. Please consider removing this violation as all non-compliant backgrounds were self identified prior to the licensing inspection. Staff person A was marked as self-identified prior to inspection.

Licensee's Proposed Overall Completion Date: 03/23/2023

Implemented ([redacted] - 05/22/2023)

183d - Prescription Current

2. Requirements

2600.

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

Description of Violation

On [redacted] 2023, [redacted] nasal spray prescribed for resident #1 was in the home's 4th floor medication cart; however, the medication was discontinued on [redacted] 2023.

Plan of Correction

Accept ([redacted] - 04/06/2023)

Medication was removed from the med cart at time of inspection. Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. We will keep two weeks worth of audits on record. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly these reviews started the week of March 13th, 2023. The communities preferred pharmacy will do a monthly MAR to cart audit and provide the Executive Director and Regional nurse their audit results. These audits will be done in April 2023, May 2023, and June 2023. Discontinued medication report will be run by the Director of Health and Wellness, Assistant Executive Director, and Nurse prior to do weekly audits to ensure everything was properly pulled and discarded, Any medication that is discontinued will be removed from the med cart by the nurse after receiving the discontinuation order. The discontinuation report will start to be run March 14th, 2003 and will be kept on record for 2 weeks. Report will be run through June 2023.

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

Implemented ([redacted] - 05/22/2023)

184a - Resident's Meds Labeled

3. 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 #2 is prescribed [redacted] at [redacted] AM and [redacted] PM and every 4 hours as needed. The resident used to get [redacted] at [redacted] AM and every 4 hours as needed. The evening dose was added in November 2022. However, there is no direction change sticker on the pharmacy label for the resident's [redacted] blister pack.

Plan of Correction

Accept ([redacted] - 04/06/2023)

Direction change sticker was added to the card at time of inspection. Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly these reviews started the week of March 13th, 2023. The communities preferred pharmacy will do a monthly MAR to cart audit and provide the Executive Director and Regional nurse their audit results. These audits will be done in April 2023, May 2023, and June 2023. Pharmacy was instructed on 3/22/2023 by the Regional Nurse, that when a medication is ordered at an additional time a new card should be sent specific for that time. This will occur moving forward starting 3/22/2023.

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

Implemented ([redacted] - 05/22/2023)

185a - Implement Storage Procedures

4. 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 is prescribed [redacted] every 4 hours as needed. On 03/09/2023, this medication was not available in the home.

Repeat Violation: 03/30/2022

Plan of Correction

Accept ([redacted] - 04/06/2023)

Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly these reviews started the week of March 13th, 2023. The communities preferred pharmacy will do a monthly MAR to cart audit and provide the Executive Director and Regional nurse their audit results. These audits will be done in April 2023, May 2023, and June 2023. Medications will be reordered at least 7 days prior to the last dose being administered. The med techs and nurses will be responsible for reorders. Nurse will follow up with pharmacy on day 4 of reorder if medication has not yet been received by pharmacy and again on day 2 to ensure medication is in the community. The nurse will maintain a log showing the attempts to obtain the medication. This started the week of March 27th and will go through June 2023. In the event the medication is not available on the last day the nurse, Director of Health and Wellness or the Assistant Executive Director will reach out the the pharmacies community executive if senior living and have her expedite the medications.

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

185a - Implement Storage Procedures (*continued*)

Implemented (█ - 05/22/2023)

5. 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 █ once a day at █ AM. The following discrepancies were identified:

- no number on the resident's glucometer on 03/03/2023 but █ on the MAR
- no number on the resident's glucometer on 02/14/2023 but █ on the MAR
- the actual reading on the resident's glucometer on 02/26/2023 was █ but █ on the MAR
- the actual reading on the resident's glucometer on 02/11/2023 was █ but █ on the MAR

Repeat Violation: 03/30/2022

Plan of Correction

Accept (█ - 04/06/2023)

Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly. The reviews started the week of March 13th, 2023. The communities preferred pharmacy will do a monthly MAR to cart audit and provide the Executive Director and Regional nurse their audit results. These audits will be done in April 2023, May 2023, and June 2023. Director of Health and Wellness and/or Assistant Executive Director are monitoring blood sugar readings and documentation twice a day at approximately 9am and 9pm to ensure documentation accuracy. The practice started March 14th, 2023 and will continue through June 2023. This will continue through May 31, 2023.

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

Implemented (█ - 05/22/2023)

185b - Medication Procedures

6. Requirements

2600.

185.b. At a minimum, the procedures must include:

2. A process to investigate and account for missing medications and medication errors.

Description of Violation

Resident #4 is prescribed █ once a day at bedtime. The home could not locate this medication's previous █ record. The staff who administered this medication on █/2023 at █ pm and █/2023 at █ pm did not document the medication as administered on the █ record as required.

Plan of Correction

Accept (█ - 04/06/2023)

Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly. The reviews started the week of March 13th, 2023. The communities preferred pharmacy will do a monthly MAR to cart audit and provide the Executive Director and Regional nurse their audit results. These audits will be done in

185b - Medication Procedures (continued)

April 2023, May 2023, and June 2023. All completed [REDACTED] control logs will be maintained by the Director of Health and Wellness in a binder in [REDACTED] office. These sheets will be placed in Director of Health and Wellness mail box in the nursing office when the form is complete for transfer to [REDACTED] office. Med techs and Nurses were trained on this process on 3/22/2023 by the Regional Nurse. Director of Health and Wellness and/or Assistant Executive Director are monitoring blood sugar readings and documentation twice a day to ensure documentation accuracy. The practice started March 14th, 2023 and will continue through June 2023.

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

Implemented ([REDACTED] - 05/22/2023)

187b - Date/Time of Medication Admin.**7. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #3 was prescribed [REDACTED] tab 4 times a day for 10 days starting [REDACTED] 2023. However, there are no staff initials present on [REDACTED]/2023 at [REDACTED] PM, [REDACTED] 2023 at [REDACTED] PM, and [REDACTED]/2023 at [REDACTED] PM on the resident's Feb Medication Administration Record (MAR).

Resident #4 is prescribed [REDACTED] which was not available between [REDACTED]/2023 and [REDACTED]/2023. However, there is staff initials present on [REDACTED]/2023.

On [REDACTED] 23 at [REDACTED] pm, the Narcotic Control Record for Resident #4's [REDACTED] was signed by staff as being administered. However, this medication is not recorded as administered on the Medication Administration Record.

Resident #5 is prescribed [REDACTED] 1 cap daily at [REDACTED] AM. The [REDACTED] Control Record for this medication does not indicate that this medication was administered from [REDACTED]/22 thorough [REDACTED]/22, [REDACTED]/22, nor [REDACTED]/2023. However, the Medication Administration record indicates this medication was administered on these dates. The [REDACTED] Control Record does not indicate a discrepancy in pill counts.

Repeat Violation: 08/24/2022

Plan of Correction

Accept ([REDACTED] - 04/06/2023)

Director of Health and Wellness and/or Assistant Executive Director will run a daily missed medication report that will show what medications have not been signed out. Running this report will start 3/14/2023 and go through June 2023. Director of Health and Wellness will review with the staff person who was to administer the medication to ensure proper administration and documentation. Missed medication report will be run at a minimum of approximately 7am, 9am, 6pm and 9pm. These reports will be maintained for one week in a binder by the Director of Health and Wellness for one week, Executive Director or Assistant Executive Director will review them weekly starting the week of March 13th, 2023 and continue through June 2023. Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly. The reviews started the week of March 13th, 2023.

187b - Date/Time of Medication Admin. (continued)

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

Implemented () - 05/22/2023

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

Resident #4 is prescribed [redacted] However, this medication was not administered to the resident from [redacted]/2023 till [redacted]/2023 because the medication was not available in the home.

Repeat Violation: : 8/24/22, 5/18/22 et al

Plan of Correction

Accept () - 04/06/2023

Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly. The reviews started the week of March 13th, 2023. The communities preferred pharmacy will do a monthly MAR to cart audit and provide the Executive Director and Regional nurse their audit results. These audits will be done in April 2023, May 2023, and June 2023. Medications will be reordered at least 7 days prior to the last dose being administered. Nurse will follow up with pharmacy on day 4 of reorder if medication has not yet been received by pharmacy and again on day 2 to ensure medication is in the community. A log will be kept showing the attempts to obtain the medication by the nurse. These logs started the week of March 27th and will continue through June 2023. In the event the medication is not available on the last day the nurse, Director of Health and Wellness or the Assistant Executive Director will reach out the the pharmacies community executive if senior living and have her expedite the medications.

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

Implemented () - 05/22/2023

9. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed daily vital checks but it was not done on [redacted] on [redacted], [redacted], [redacted], 1 [redacted]/2023. The resident's weekly weights on Wednesdays was not measured on [redacted], [redacted]/2023. The resident was previously prescribed [redacted] readings twice per day in the morning and in the afternoon. The order was discontinued on 02/20/2023. The resident's Accu-chek was not completed on [redacted] ([redacted] [redacted] [redacted] [redacted] [redacted] [redacted] and [redacted] [redacted] [redacted]

Resident #1 is prescribed [redacted] at 09:00 PM and [redacted] at 08:00 PM. These meds were not administered on [redacted]/2023 and on [redacted]/2023.

Resident #5 is prescribed [redacted] 1 cap daily at 09:00 AM. This medication was not administered on [redacted] ~0 [redacted] [redacted] and [redacted]/2023.

187d - Follow Prescriber's Orders (continued)

Resident #3 is prescribed [REDACTED] once a day at 08:30 AM. There were no readings on the resident's glucometer on [REDACTED]/2023, [REDACTED], [REDACTED] and [REDACTED] 2023.

Resident #6 is prescribed [REDACTED] 3 times a day and [REDACTED] 2 times a day. These medications were not administered on [REDACTED] 2023 at 01:00 PM. The resident's [REDACTED] mg was not administered on [REDACTED]/2023 at 0 [REDACTED] PM. The resident's [REDACTED] was not administered on [REDACTED]/2023 at [REDACTED] PM.

Repeat Violation: 5/18/22 et al

Plan of Correction

Accept ([REDACTED] - 04/06/2023)

Director of Health and Wellness and/or Assistant Executive Director will run a daily missed medication report that will show what medications have not been signed out. Director of Health and Wellness will review with the staff person who was to administer the medication to ensure proper administration and documentation. Missed medication report will be run at a minimum of approximately 7am, 9am, 6pm and 9pm. Running this report will start 3/14/2023 and go through June 2023. These reports will be maintained for one week in a binder by the Director of Health and Wellness for one week, Executive Director or Assistant Executive Director will review them weekly. The reviews started the week of March 13th, 2023 and will run through June 2023. Director of Health and Wellness, Assistant Executive Director, and floor nurse will conduct weekly MAR to cart audits on all non self-medicating residents. These audits started March 14, 2023 and will be conducted through May 31, 2023. Previous week and current weeks audits will be kept in a binder for review by the Executive Director weekly. Weekly review started the week of March 13th, 2023.

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

Implemented ([REDACTED] - 05/22/2023)