

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

May 12, 2023

[REDACTED]
GRAYSTONE MANOR HUNTINGDON LLC
6641 TOWNE CENTER BOULEVARD
HUNTINGDON, PA, 16652

RE: GRAYSTONE MANOR
HUNTINGDON
6641 TOWNE CENTER BOULEVARD
HUNTINGDON, PA, 16652
LICENSE/COC#: 33758

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/23/2023 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 HUNTINGDON **License #:** 33758 **License Expiration:** 09/08/2023
Address: 6641 TOWNE CENTER BOULEVARD, HUNTINGDON, PA 16652
County: HUNTINGDON **Region:** CENTRAL

Administrator

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

Legal Entity

Name: GRAYSTONE MANOR HUNTINGDON LLC
Address: 6641 TOWNE CENTER BOULEVARD, HUNTINGDON, PA, 16652
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 11 **Date:** 07/19/2021 **Issued By:** Bureau Veritas North America

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 03/23/2023

Inspection Dates and Department Representative

03/23/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 50 **Residents Served:** 30

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:** 30
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 5 **Have Physical Disability:** 0

Inspections / Reviews

03/23/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/07/2023

04/18/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 05/08/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/25/2023

Inspections / Reviews *(continued)*

05/01/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/08/2023

05/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted]/23, for Resident #1 was not signed by the resident, nor was there an indication that the resident was unwilling or unable to sign.

Plan of Correction

Accept ([redacted] - 05/01/2023)

The Executive Director reviewed the contract with the resident and obtained the "resident mark" on 3/24/23.

An Audit was conducted by the Executive Director on March 24th, 2023 to ensure that all in house contracts were signed correctly.

All current staff that are designated to complete contracts will be trained on April 6th, 2023 at our next meeting, by the Executive Director.

All future staff will be trained during their orientation training w/in the first 40 hours of them working, by the Executive Director.

Effective, March 24th, the Executive Director will review all signed contracts immediately following signing of contract to ensure the proper procedure has been followed.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([redacted] - 05/12/2023)

85d - Trash Receptacles

2. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/23/23 at approximately 2:45 pm, there was a partially full, uncovered and unattended trash can in the Dietary Aid Station.

Plan of Correction

Accept ([redacted] - 05/01/2023)

This was fixed on site by the Executive Director. Broken trash can lid was discarded on 3/23/23 and a new lid was placed on the trash can.

Starting 4/1/23, the Dietary Director will perform a weekly check to verify that all trashcans in the kitchen areas have correctly fitting lids. She will continue this weekly to ensure that the procedure is being followed appropriately.

Dietary staff has added to their check list to immediately empty the trash after each meal.

All staff will be re-trained on 85.d at the next staff meeting on 4/6/23, by the Executive Director.

New staff will be trained w/in their first 40 hours of hire.

Documentation is completed and kept in the employee personnel file.

See attached.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([redacted] 05/12/2023)

132h - Designated Meeting Place

3. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill conducted on [redacted] /22 at [redacted] am, one resident did not evacuate to a designated meeting place due to the fact that he/she was [redacted]. The home did not obtain written certification from a physician that the resident [redacted] is not required to participate in the fire drill, nor did they implement the other procedures required under 2600.29(a)b1-b11.

Plan of Correction

Accept ([redacted] - 05/01/2023)

A Hospice policy was made on March 29th, 2023, by the Executive Director from our Altoona facility along with the Executive Director from our Huntingdon facility.

All staff will be educated on this policy at the next staff meeting on 4/6/23, by the Executive Director.

New staff will be trained upon hire as part of the fire safety training.

The Executive Director will ensure that the policy is followed.

See Attached.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([redacted] - 05/12/2023)

141b1 - Annual Medical Evaluation

4. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #2's initial and most recent medical evaluation was completed on [redacted] 2022. As of the date of the inspection on [redacted] /23, there was no more recent medical evaluation performed. The most recent medical evaluation was more than one year ago.

Plan of Correction

Accept ([redacted] - 05/01/2023)

The Wellness Coordinator has sent the DME to the resident's physician to be completed. Physician evaluated the resident and completed the DME on 3/30/23. Updated DME has been placed in the resident's file on 3/30/23.

The Executive Director completed an audit on 3/24/23 and all other medical evaluations are in compliance.

Starting 4/1/23, the Executive Director will audit 10% of charts weekly for 5 weeks, then bi weekly for an additional 5 weeks. The findings will be discussed at the next Quality Management meeting.

The Wellness Coordinator was educated on 3/24/23 by the Executive Director on the importance of making sure that all DME appointments are scheduled on or before one year.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([redacted] - 05/12/2023)

183d - Prescription Current

5. 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

On 3/23/23, an unopened package containing a 10 ml bottle of [REDACTED] was found in the medication cart with an order taped to the box. The order showed that the medication was for Resident #4 as a PRN medication. No prescription for this medication was found on the Medication Administration Record (MAR) for Resident #4.

Plan of Correction

Accept ([REDACTED]) - 05/01/2023)

See attached.

Medication was removed from cart and properly discarded by the Wellness Coordinator on 3/23/23.

All med room staff were re-educated on med admin policy (183) on 3/24/23, by the Executive Director.

Documentation of this, will be kept in the staff training binder.

All new staff in the med room will be educated on this policy by the Wellness Coordinator w/in their first 40 hours of working.

The Wellness Coordinator did an audit on 3/24/23 to ensure that all proper medications are in the med cart as prescribed by the physician.

The Wellness Coordinator has implemented a daily cart audit, beginning on 4/6/23, to ensure that nothing is being overlooked.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([REDACTED]) - 05/12/2023)

183e - Storing Medications

6. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 3/23/23, Resident #3's [REDACTED] was found in the medication cart with no label indicating the date that it was opened and first used. According to the manufacturer's instructions, once opened, this medication can be used for up to 28 days. Since there was no indication of when it was opened, the expiration date is unknown.

Plan of Correction

Accept ([REDACTED]) - 05/01/2023)

The Wellness Coordinator discarded the [REDACTED] on 3/23/23.

A new [REDACTED] was placed in the med cart with a "date opened" sticker on it.

All Medication assistants and LPN's were re-educated by the Wellness Coordinator on 3/24/23 on the importance of making sure that the date and staff initials is clearly labeled on the pen so it is clear when the [REDACTED] is set to expire.

The Wellness Coordinator has since placed "date opened" stickers on all medications that require it, so that when the time comes to open the medication, the sticker will already be there and staff just had to add the date/initials. When new meds arrive at the facility, a sticker will be immediately placed.

The Wellness Coordinator will perform a daily audit in the med cart to ensure compliance. The Wellness Coordinator will check for a date opened sticker and to make sure the date and MA/LPN initials are properly noted on the sticker.

Licensee's Proposed Overall Completion Date: 04/24/2023

183e - Storing Medications (*continued*)

Implemented (█) - 05/12/2023)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 3/23/23, an unopened package containing a 10 ml bottle of █ was found in the med cart with an order taped to the box. The order showed that the medication was for Resident #4 as a PRN medication. This package had no pharmacy label with the required information attached.

Plan of Correction

Accept (█) - 05/01/2023)

Medication was discarded by the Wellness Coordinator on 3/23/23.

The Executive Director did a cart audit on 3/24/23 to ensure that all medications had the required information.

The Wellness Director has implemented daily cart audits that will begin on 4/6/23.

All current med room staff have been educated by the Wellness Coordinator on 3/24/23 as to making sure when the medications arrive from the pharmacy, that they have all of the required information.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented (█) - 05/12/2023)

184b - Labeling OTC/CAM

8. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 3/23/23, a 3.75 oz unlabeled, partially used jar of █ belonging to Resident #2 was found in the treatment cart and was not labeled with the resident's name or room number.

Plan of Correction

Accept (█) - 05/01/2023)

The Wellness Coordinator placed the proper label on the █ on 3/23/23.

The MA/LPN did an audit of all medication in the med room on 3/23/23, to verify that everything was labeled correctly.

MA/LPN will implement daily cart audits beginning on 3/24/23 to make sure that all medications continue to be labeled properly.

MA's and LPN's will be re-educated at the next staff meeting on 4/6/23 by the Wellness Coordinator to ensure they know that all medications have to be labeled with all of the required information.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented (█) - 05/12/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.

187d - Follow Prescriber's Orders (continued)

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

Description of Violation

Resident #1 is prescribed [redacted] by mouth daily. However, this medication was not administered to Resident #1 on [redacted]/23 because the medication was "not found in the cart" and [redacted]/23 and [redacted]/23 because it was not available in the home.

Plan of Correction

Accept ([redacted] 05/01/2023)

The medication was not ordered from the pharmacy on time, therefore it was not in the facility. The resident was monitored for any reaction due to not receiving scheduled medication. Residents denied any sx's on 3/20/23, 3/22/23 and 3/23/23. The Med room staff has been re-educated on March 24th, 2023 by the Wellness Coordinator on the importance of making sure that all resident's medications are in the facility at all times. The resident's physician was notified regarding the missing medications as well as the resident. The Wellness Coordinator has implemented a daily cart audit that will take effect on 4/6/23 to ensure that resident's have their medications on hand, at all times. A med error report was completed and submitted.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([redacted] - 05/12/2023)

227d - Support Plan Medical/Dental

10. 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

The most recent assessments for Resident #1 and #2, dated [redacted] 23 and [redacted]/23 respectively, indicate that the residents have [redacted]. Both residents have a need for regular and sliding scale [redacted]. The residents' support plans state that the residents are "prescribed daily medications" and "monitored daily by staff for any changes". However, the support plans do not mention any type of [redacted], [redacted], or how these needs will be met.

Plan of Correction

Accept ([redacted] 05/01/2023)

The most recent assessments for resident #1 and #2 have been updated by the Wellness Coordinator on 3/24/23 with the specific [redacted] guidelines as ordered per their MD. The Wellness Coordinator completed an audit on March 27th, 2023 for all of our [redacted] resident's, and added more specific details for how their [redacted] requirements will be met. Starting on 4/1/23, the Executive Director will review all Rasps completed by the Wellness Coordinator immediately upon submission to ensure the complete medical information is documented.

Licensee's Proposed Overall Completion Date: 04/24/2023

Implemented ([redacted] - 05/12/2023)