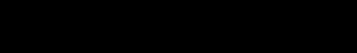


Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

April 17, 2023

  
ORRSTOWN PERSONAL CARE HOME  
3329 ORRSTOWN ROAD  
ORRSTOWN, PA, 17244

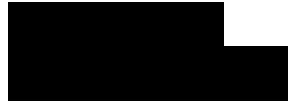
RE: ORRSTOWN PERSONAL CARE  
HOME  
3329 ORRSTOWN ROAD  
ORRSTOWN, PA, 17244  
LICENSE/COC#: 30938

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/05/2023, 04/06/2023 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,



cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *ORRSTOWN PERSONAL CARE HOME* License #: *30938* License Expiration: *09/18/2023*  
 Address: *3329 ORRSTOWN ROAD, ORRSTOWN, PA 17244*  
 County: *FRANKLIN* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *ORRSTOWN PERSONAL CARE HOME*  
 Address: *3329 ORRSTOWN ROAD, ORRSTOWN, PA, 17244*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/29/1998* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *30* Waking Staff: *23*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *04/06/2023*

**Inspection Dates and Department Representative**

04/05/2023 - On-Site: [REDACTED]  
 04/06/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *30* Residents Served: *28*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *2*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *28*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *2* Have Physical Disability: *2*

**Inspections / Reviews**

04/05/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2023*

04/11/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *04/17/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/17/2023*

Inspections / Reviews *(continued)*

04/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/21/2023

04/17/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/17/2023

[REDACTED]

Follow-Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

There is no carbon monoxide detector located in the kitchen, where the home utilizes a gas stove.

Plan of Correction

Directed (AC - 04/14/2023)

[REDACTED], administrators received education from inspector on 4/6/23 regarding regulation 2600.18 and need for Carbon Monoxide testers where gas equipment is present. Carbon Monoxide detector was ordered 4/6/23 from [REDACTED] by [REDACTED] administrator and is currently showing it will be delivered 4/12. It will be installed immediately upon receipt by maintenance person.

Ongoing: There is a CO detector in the basement, the attic and now the kitchen, there is no other propane equipment inside. Maintenance will monitor monthly at time of extinguisher checks starting May 1, 2023 and change batteries as needed.

[Directed]

- The Administrator received education from inspector during inspection on 4/6/23 regarding regulation 2600.18 and need for carbon monoxide testers where gas equipment is present.

- The carbon monoxide detector was ordered 4/6/23 from [REDACTED] by the Administrator and is currently showing it will be delivered 4/12/23.

-A new carbon monoxide detector will be installed by Maintenance Director by 4/15/23.

- There is a carbon monoxide detector in the basement, the attic and now the kitchen. Starting on 5/1/23, Maintenance Director will complete monthly carbon monoxide checks during fire extinguisher checks. The Maintenance Director will change batteries in the carbon monoxide detectors as needed during the monthly checks.

Directed Completion Date: 04/14/2023

Implemented (AC - 04/17/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 4/5/23 at 9:44 am, resident #1 has an unsecured, uncovered enabler bar on the left side of his/her bed. The opening on the enabler bar was approximately 16 inches wide and 6 inches high, posing an entrapment risk.

On 4/5/23 at 9:53 am, resident #2 had an unsecured, uncovered enabler bar on the right side of his/her bed. The opening on the enabler bar was approximately 25 inches wide and 6 inches high, posing an entrapment risk.

Plan of Correction

Directed (AC - 04/14/2023)

[REDACTED] received Education from inspector 4/6/23 regarding regulation 81b. Straps were ordered 4/6 and show delivery 4/13 from Amazon to secure bed to the frame and covers have been made by

**81b - Resident Personal Equipment (continued)**

██████████ for the enablers and are ready to placed with the straps. These will be installed by ██████████ and ██████████ by 4/14. Family has been contacted by ██████████ on 4/7 for consent to enabler and to install corrective measures in order to continue use of enabler.

Ongoing: any new enabler will be used according to the regulation. Family and/or residents are strongly discouraged from using them unless it is absolutely necessary for safe evacuation in the event of an emergency. Once the covers are installed, ██████████ and/or ██████████ will educate staff on the need for these covers and for them to ensure when they make the beds they are in place and secured tightly to the enabler bar.

[Directed]

- The Administrator received education from inspector during inspection on 4/6/23 regarding regulation 81(b).
- Straps were ordered by Administrator on 4/6/23 from ██████████ to secure bed to the frame. Order has a delivery date of 4/13/23. The strap will be put on enabler bars by Administrator and/or Maintenance Director by 4/21/23.
- Covers for the enabler bars were made by Administrator and will be placed on the enabler bars by 4/21/23 by Administrator.
- Family members for both residents were contacted on 4/7/23 by Administrator to obtain consent from family to cover enabler bars and to install corrective measures in order to continue use of enabler.
- Starting on 4/14/23, the Administrator will review any new enabler bar being brought into the home to ensure the enabler bar is secure and covered if enabler bar measurements are outside of FDA guidelines. Family and/or residents are strongly discouraged from using them unless it is absolutely necessary for safe evacuation in the event of an emergency.
- Administrator will educate direct care staff on the need for these covers and for them to ensure when they make the beds they are in place and secured tightly to the enabler bar by 4/21/23.
- Starting 4/21/23, the Administrator and/or Maintenance Director will completely monthly checks of all enabler bars in the home to ensure enabler bars are secure and are covered if the enabler bar measurements are outside of the FDA guidelines.

Directed Completion Date: 04/14/2023

Implemented (AC - 04/17/2023)

**132c - Fire Drill Records****3. Requirements**

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Description of Violation**

The fire drill record for the drill conducted on 3/8/23 does not include the time of the fire drill, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**Plan of Correction**

Directed (AC - 04/14/2023)

Fire Drill log was immediately corrected at the time of inspection on 4/5/23 by ██████████. ██████████ recieved

**132c - Fire Drill Records (continued)**

Education for the inspector on 4/6/23 about regulation 132c and the importance of accurate record keeping.

Ongoing: When fire drill is performed Administrators and/or Administrator and Maintenance Director will sign the log, as having been completed and accuracy of all information. This will start with fire drill done in April 2023.

[Directed]

- On 4/5/23, the Administrator added the required information to the March 2023 fire drill log.
- On 4/5/23, the Administrator was educated about regulation 132c and the importance of accurate record keeping by inspector during inspection.
- Starting on 4/14/23, after a monthly fire drill is completed, the fire drill log will be reviewed by two staff, either both of the administrators or an administrator and Maintenance Director to ensure all the required information is added to the fire drill log.

Directed Completion Date: 04/28/2023

Implemented (AC - 04/17/2023)

**183e - Storing Medications****4. 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 4/6/23 at 10:18 am, resident #3's Senna Docusate (8.6 – 50 mg) bubble pack had a large tear in the back of day 24. There was a pill located in day 24.

**Plan of Correction**

Directed (AC - 04/14/2023)

Medication was immediately destroyed by [REDACTED], Med Tech 4/6/23. Med Techs were instructed on the need to inspect bingo cards for any tears in the foil and to waste any medication that has a tear and notify pharmacy if a replacement is needed. This education was provided by either [REDACTED] or [REDACTED] over several days starting 4/6/23 through 4/10/23 when the med tech came on next scheduled day.

Ongoing: Director of Nursing or Director of Wellness will monitor during med passes and weekly cart audit to insure no tears in bingo cards are present (Copy of audit form will be provided) this will start 4/14/2023

[Directed]

- On 4/6/23, the medication was immediately destroyed by the Director of Nursing.
- Between the dates of 4/6-4/10/23 medication technicians were educated on the need to inspect bubble packs for any tears in the foil and to waste any medication that has a tear and notify pharmacy if a replacement is needed. This education was provided by Administrator.
- Starting on 4/14/23, the Director of Nursing or Director of Wellness will monitor during med passes and

**183e - Storing Medications (continued)**

complete a weekly cart audit to ensure there are no tears in bubble packs.

Directed Completion Date: 04/14/2023

Implemented (AC - 04/17/2023)

**185a - Implement Storage Procedures****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 #4's glucometer had a reading of 168 on 3/9/22 at 7:47 pm. However, the resident's Medication Administration Record (MAR) had a documented reading of 163 for this date and time.

Resident #4's glucometer had a reading of 227 on 3/24/22 at 6:24 pm. However, resident's MAR had a documented reading of 228 for this date and time.

Resident #4's glucometer had a reading of 182 on 3/26/22 at 7:00 pm. However, resident's MAR had a documented reading of 181 for this date and time.

**Plan of Correction**

Directed (AC - 04/14/2023)

Med Techs were educated on importance of accurate record keeping of blood sugars 4/6/23 - 4/10/23 on their next scheduled work day by [REDACTED] or [REDACTED] (DON).

Ongoing: Staff will accurately record Blood sugars. Weekly during med cart audit Blood sugars recordings will be reviewed for accuracy. (Copy of Audit form will be provided) Med Cart audit will begin 4/14/2023

[Directed]

- Between the dates of 4/6-4/10/23, all medication technicians were educated on the importance of accurately documenting blood sugar readings and to correct and document any recognized errors in documenting glucometer readings. Education was provided by the Administrator and Director of Nursing.

- Starting on 4/14/23, the Administrator and/or the Director of Nursing will review blood sugar readings documentation and glucometer readings to ensure accuracy. Any errors found will be corrected and documented.

Directed Completion Date: 04/14/2023

Implemented (AC - 04/17/2023)

**227d - Support Plan Medical/Dental****6. Requirements**

2600.

**227d - Support Plan Medical/Dental (continued)**

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 #1's current support plan, dated [REDACTED], does not include that the resident utilizes an enabler bar.

Resident #4's current support plan, dated [REDACTED], does not include the resident's diabetes diagnosis or address that the resident takes insulin.

**Plan of Correction****Directed (AC - 04/14/2023)**

RASP for residents identified were corrected to reflect accurate information for each resident on 4/8/2023 by [REDACTED] administrator.

All current resident RASP will be reviewed for accuracy by [REDACTED] and/or DON. this will be completed by 4/21/2022

Ongoing: Effective immediately Administrators and/or DON, Director of Wellness will review and sign RASP at time of completion to ensure accuracy

[Directed]

- The Administrator updated resident #1 and resident #4's support plans on 4/8/23.
- The Administrator will review all current residents' support plans for accuracy by 4/21/23.
- Starting on 4/14/23, when support plans are completed or updated, it will be reviewed by two staff members, either both Administrators or an Administrator and the Director of Nursing, to ensure accuracy.

**Directed Completion Date: 04/21/2023**

**Implemented (AC - 04/17/2023)**