

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

June 5, 2023

[REDACTED], ADMINISTRATOR
OUR HOME OF HOPE INC
223-225 CHERRY STREET
COLUMBIA, PA, 17512

RE: OUR HOME OF HOPE
223-225 CHERRY STREET
COLUMBIA, PA, 17512
LICENSE/COC#: 33322

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/02/2023 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: OUR HOME OF HOPE License #: 33322 License Expiration: 06/13/2023
 Address: 223 225 CHERRY STREET, COLUMBIA, PA 17512
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: OUR HOME OF HOPE INC
 Address: 223-225 CHERRY STREET, COLUMBIA, PA, 17512
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/14/1994 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 05/03/2023

Inspection Dates and Department Representative

05/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 25
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 24 Are 60 Years of Age or Older: 8
 Diagnosed with Mental Illness: 17 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 2

Inspections / Reviews

05/02/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/19/2023

05/22/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/01/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 05/27/2023

Inspections / Reviews *(continued)*

06/05/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/01/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

132a - Monthly Fire Drill

2. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of November and December of 2022.

Plan of Correction

Accept () - 05/22/2023

- Administrator updated the OHOH Fire Drill Log on 5/18/23.
- Administrator trained Universal Worker on new Fire Drill Log for OHOH, and on the Fire Drill Regulations and Compliance indicated in the DHS Regulatory Compliance Guide. This training was complete on 5/5/2023.
- Administrator or Designee will review Fire Drill logs monthly to ensure drills are being conducted.
- Administrator will include Quarterly reviews of monthly Fire Drill logs during Quarterly Quality Assurance meetings.

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

Implemented () - 06/01/2023

132d - Evacuation

3. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills:

01/02/23- 9 am - 4 1/2 minutes

02/02/23 - 1:30 pm - 3 1/2 minutes

Plan of Correction

Accept () - 05/22/2023

- Administrator or Designee person completed audit review of Fire drill logs on 5/4/2023.
- Administrator will address the allotted time of under five minutes with the Fire Chief on 5/23/2023.
- Administrator educated designated staff member of the regulations on fire Drill safety requirements on 5/11/2023.
- Administrator has the Fire Inspection and Fire Extinguisher training with Columbia Fire Chief scheduled on 5/23/2023 at 6:00pm. Final Certification will be forwarded to DHA once training is completed.

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

Implemented () - 06/05/2023

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home has not conducted a fire drill during sleeping hours within the last 6 months.

Plan of Correction

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

- Administrator or Designee person conducted a Fire Drill on 5/19/2023 at 5:36am.
- Administrator updated the OHOH Fire Drill Log on 5/18/23, Sleeping hour fire drills will take place each quarter.
- Administrator trained Universal Worker on new Fire Drill Log for OHOH, and on the Fire Drill Regulations and Compliance indicated in the DHS Regulatory Compliance Guide. This training was complete on 5/11/2023.
- Administrator or Designee will review Fire Drill logs monthly to ensure drills are being conducted.
- Administrator will include Quarterly reviews of monthly Fire Drill logs during Quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 05/19/2023

Implemented ([REDACTED]) - 06/05/2023)

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.

Description of Violation

On 05/03/23, [REDACTED] prescribed for Resident 3, were in the home's medication cart; however, these medications were not included in the resident's medication administration record (MAR).

Plan of Correction

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

- Administrator or Designee completed Med Cart Audit on 5/9/2023.
- Administrator or Designee will train all Med Techs and LPN on proper medication administration and compliance. This training will be completed by June 1, 2023.
- Administrator or Designee will conduct monthly Med Cart audits to ensure prescriptions are current and MARS are compliant.
- Administrator will include Quarterly reviews of monthly Med Cart audits during Quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented ([REDACTED]) - 06/05/2023)

185a Implement Storage Procedures

6. 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 05/03/23, the following discrepancies were observed between Resident 1's electronic medication administration record (eMAR) and glucometer:

185a - Implement Storage Procedures (continued)



On 05/03/23, the following discrepancies were observed between Resident 2's electronic medication administration record (eMAR) and glucometer:



Plan of Correction

Accept () - 05/22/2023)

- Administrator or Designee completed Med audit on 5/10/2023
- Administrator or Designee will train all Med Techs and LPN on proper medication administration, documentation and compliance. This training will be completed by June 1, 2023.
- Administrator or Designee will conduct monthly Medication Administration audits to ensure prescriptions are current and MARS are compliant.
- Administrator will include Quarterly reviews of monthly Medication Administration audits during Quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented () - 06/05/2023)

187a - Medication Record

7. Requirements

2600.

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

6. Dose.

Description of Violation

Resident 2 is prescribed [redacted] units twice daily. This medication was administered on [redacted] at [redacted] pm; however, the dose given was not entered in Resident 2's medication administration record (MAR).

Resident 3 is prescribed [redacted]. This medication was administered on [redacted]; however, the dose given was not entered in Resident 3's MAR.

Plan of Correction

Accept () - 05/22/2023)

- Administrator or Designee completed Med. Audit on 5/10/2023.
- Administrator or Designee will train all Med Techs and LPN on proper medication administration, documentation and compliance. This training will be completed by June 1, 2023.

187a Medication Record (continued)

- Administrator or Designee will conduct monthly Medication Administration audits to ensure prescriptions are current and MARS are compliant.
- Administrator will include Quarterly reviews of monthly Medication Administration audits during Quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (█) - 06/05/2023)

187b - Date/Time of Medication Admin.

8. 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 is prescribed █ and █. Resident 3's 04/2023 medication administration record does not include the initials of the staff person who administered fluticasone HFA and Ipratropium nasal spray on 04/14/23 at 8 pm.

Plan of Correction

Accept (█) - 05/22/2023)

- Administrator or Designee completed EMAR Audit on 5/10/2023.
- Administrator or Designee will train all Med Techs and LPN on proper medication administration, documentation and compliance. This training will be completed by June 1, 2023.
- Administrator or Designee will conduct monthly Medication Administration audits to ensure prescriptions are current and MARS are compliant.
- Administrator will include Quarterly reviews of monthly Medication Administration audits during Quarterly Quality Assurance meetings.

Licensee's Proposed Overall Completion Date: 06/01/2023

Implemented (█) - 06/05/2023)

190b - Insulin Injections

9. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On █ to █ at █ am, Staff Person B, who has not successfully completed a Department approved diabetes patient education program with in the last 12 months, administered insulin to Resident 3.

On █ TO █, Staff Person C, who has not successfully completed a Department approved diabetes patient education program within the last 12 months, performed glucose monitoring checks three times daily and

190b - Insulin Injections (continued)

administered insulin to Resident 1.

Plan of Correction

Accept () - 05/22/2023

- Administrator or Designee scheduled Diabetic approved Training on ()
- Administrator or Designee will conduct quarterly audits all Med Techs and LPN to ensure proper certification for Diabetic patient education program training is up to date and compliant.
- Administrator or Designee will conduct quarterly Med Tech and LPN audits on to ensure all Diabetic, CPR and First Aide training is compliant.
- Administrator will include Quarterly reviews of monthly Med Tech training and education compliance updates are in place.

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

Implemented () - 06/05/2023

252 - Record Content

10. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The records for Residents 1 and 4 do not include the color of hair, color of eyes and identifying marks.

Plan of Correction

Accept () - 05/22/2023

- Administrator or Designee will audit all Face Sheets to ensure proper compliance by June 1, 2023.
- Administrator or Designee will provide monthly training to all Med Techs and LPN on how to complete a Face Sheet for all new residents by June 15, 2023.
- Administrator will include Quarterly reviews of monthly Face Sheets audits and review during quarterly Quality Assurance meeting.

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented () - 06/05/2023