

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

June 26, 2023

[REDACTED]
LCB CHADDS FORD LLC
[REDACTED]

RE: THE RESIDENCE AT CHADDS FORD
1778 WILMINGTON PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14536

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2023 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: *THE RESIDENCE AT CHADDS FORD* License #: *14536* License Expiration: *12/06/2023*
 Address: *1778 WILMINGTON PIKE, GLEN MILLS, PA 19342*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LCB CHADDS FORD LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *1 1* Date: *10/08/2019* Issued By: *Chadds Ford Township*

Staffing Hours

Resident Support Staff: Total Daily Staff: *99* Waking Staff: *74*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *05/04/2023*

Inspection Dates and Department Representative

05/04/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *108* Residents Served: *69*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *24* Residents Served: *21*

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *69*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *30* Have Physical Disability: *1*

Inspections / Reviews

05/04/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/25/2023*

05/31/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *06/26/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *06/30/2023*

Inspections / Reviews *(continued)*

06/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/26/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident 1 does not have access to a source of light that can be turned on/off at bedside.

Resident 2 does not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accept () - 05/31/2023

- The lamps for residents 1 and 2 were present at bedside however, the lamps were plugged into an outlet that operated with the light switch on the wall.
- The lamps for residents 1 and 2 were fixed on the day of the survey, 5/4/2023 by plugging them in to the bottom portion of the outlet.
- On 5/5/2023 the outlets for residents 1 and 2 were replaced by the Maintenance Director with outlets that do not operate with the use of the light switch on the wall.
- An audit of all apartments was completed on 5/5/2023 by the Maintenance Director to identify all bedside outlets that operate with the use of a light switch on the wall. Audit revealed only memory care apartments are affected. (Audit attached.)
- All apartments identified to have bedside lamps that operate with the use of the light switch, were corrected on 5/5/2023 by plugging the lamp into the bottom portion of the outlet.
- On 5/22/2023 outlets were ordered by the Executive Director to replace all bedside outlets that were found to operate with the light switch on the wall, estimated delivery date is 5/24/2023. (Order confirmation attached).
- The switches will be installed by the Maintenance Director once received with an estimated completion date of 6/30/2023.

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented () - 06/26/2023

103e - Left Overs

2. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 5/4/23 at 1:45PM, a container of fruit salad and a container of pudding were found without labels in the refrigerator located in the 4th floor kitchen.

Plan of Correction

Accept () - 05/31/2023

- The associates did not understand that the items in the refrigerator needed the name of the contents (if you could clearly tell what the item is) if the container was clear and the items were clearly identifiable.
- The name of the contents was added to the labels of both items on 5/4/2023 by the Dining Director, date of the survey.
- All dining, care associates and department managers were educated by the Executive Director/Resident Care

103e - Left Overs (continued)

Director/Dining Director between the dates of 5/8/2023 and 5/19/2023 on the need to include what is in the container on the label. (Sign in sheet attached)

- The First Impressions Checklist has been updated to include "Refrigerator (food covered, labeled with item name, and dated)"
- The First Impressions Audit will continue to be done daily by a manager on duty to be sure that things are properly labeled, further direction, education and direction will occur if mislabeling is discovered. The First Impressions Audit will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/24/2023

Implemented (█) - 06/26/2023)

144d Smoking Outside**3. Requirements**

2600.

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

On 5/4/23 at 9:00AM, a person was smoking near the emergency exit door to the left of the front lobby. There is no smoking sign posted on the exterior of the emergency exit door or on the front door of the lobby. The designated smoking area is located away from the front of the building and closer to the main road.

Plan of Correction

Accept (█) - 05/31/2023)

- The person outside the building who was smoking was a resident. There is no designated smoking area inside the building. There is a designated smoking area outside away from the building for those who smoke. The resident was going on vacation and was waiting for █ ride.
- The resident was re-educated on the smoking policy and a written warning was given indicating that if █ is observed smoking in any area other than the dedicated smoking area, █ may be issued a 30-day notice. This written warning letter was given to █ by the Executive Director when he returned from vacation on 5/9/2023. (See the letter attached).
- The management team was educated on 5/8/2023 on the smoking policy, the issuance of this written warning and the DHS regulation. The management team has been instructed to observe for anyone in violation of this policy, to address the person at the time of the observation and to report it directly to the Executive Director for further follow up. This will continue indefinitely. (See attached sign in sheet)

Licensee's Proposed Overall Completion Date: 05/24/2023

Implemented (█) - 06/26/2023)

182b Prescription Medication**4. Requirements**

2600.

182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

Description of Violation

Medication is administered to Resident 3 by their family members. Family members are not one of the following:

182b - Prescription Medication (continued)

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Plan of Correction

Accept (█) - 05/31/2023)

- The █ who assists resident 3 with █ medications is a Registered Nurse.
- The Registered Nurse License for the █ was verified on 5/25/2023, on the website for the Bureau of Professional and Occupational Affairs. A copy of the license verification has been placed in the resident's record. Please see attached copy)
- Any residents wishing to have a family member, or another outside person assist them with their medications will be informed by the Executive Director or Designee that per PA Personal Care Home Regulations they are not permitted to do so, unless they are a licensed physician, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse, or a licensed paramedic. If the person assisting them is one of the aforementioned licensed professionals their license will be verified on the Bureau of Professional and Occupational Affairs website and a copy of the verification will be placed in the resident record. This practice will begin on 5/25/2023 and will be ongoing.

Licensee's Proposed Overall Completion Date: 05/25/2023

Implemented (█) - 06/26/2023)

183b - Meds and Syringes Locked**5. 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

Resident 3's medications are stored unlocked, unattended, and accessible in a pill organizer which is kept on top of the resident's refrigerator. Resident 3 is not assessed as capable of self administering medications.

Plan of Correction

Accept (█) - 05/31/2023)

- The medications for resident 3 were on top of █ refrigerator, the resident requires assistance with ambulation, and was not able to reach and access the medications.
- On 5/4/2023 after the survey was complete, it was verified that the medications were in a locked box, which requires an access code to open the box. The medications were and are safe and secure. (Please see the attached photo of the box and placement)
- On 5/5/2023 all residents assessed as being capable of self-administration were reviewed to verify that they were safely storing their medications. All self-medicating residents live alone, and the apartment doors automatically lock when leaving the apartment securing the medications inside.
- Any resident who wishes to have an outside licensed professional that meets the requirements in regulation

183b - Meds and Syringes Locked (continued)

182.b. will be educated on the need to have all medications secured in a locked box that the resident does not have access to.

- The Resident Care Director/Executive Director/Designee will audit the storing of medications for all residents who self-administer or have a licensed professional that meets the requirements in regulation 182.b. assisting them, to be sure the medications are properly stored. This audit was in place 5/5/2023 and will be ongoing. (See attached audit form)

Licensee's Proposed Overall Completion Date: 05/26/2023

Implemented () - 06/26/2023)

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 5/4/23 at 1:25pm, Resident 2's [REDACTED] did not have an opening date marked on it. Per manufacturer's instructions, medication is to be discarded 28 days after the opening date.

On 5/4/23 at 3:00pm, Resident 5's [REDACTED] did not have an opening date marked on it. Per manufacturer's instructions, medication is to be discarded 28 days after the opening date.

On 5/4/23 at 2:25pm, Resident 8's [REDACTED] did not have an opening date marked on it. Per manufacturer's instructions, medication is to be discarded 28 days after the opening date.

Plan of Correction

Accept () - 05/31/2023)

- On 5/4/2023 the [REDACTED] not dated were discarded.
- On 5/5/2023 all other [REDACTED] were assessed for opening dates. All were found to be properly dated.
- The [REDACTED] Audit Form was updated on 5/30/2023 to include an audit of [REDACTED] for the date opened. See form attached)
- On 5/30/2023 the MAR and Cart Audit forms were updated to include an audit of [REDACTED] for the date opened. See form attached)
- These Audits will start immediately and will be used ongoing to help ensure compliance with properly dating [REDACTED] when opened.
- The revised audit form will be used beginning 6/1/2023. The audit forms will be completed weekly and will be reviewed by the Resident Care Director/Designee for completion and accuracy. Any discrepancies found will be addressed directly to the associate who completed the audit by the Resident Care Director/Designee.

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

Implemented () - 06/26/2023)

183f - Discontinued Medications

7. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Resident 4 is prescribed a 2.5 mg tablet [REDACTED] to be taken by mouth twice daily. However, on 5/4/23 at 1:52pm, a bottle of 5 mg [REDACTED] tablets was found in the 3rd floor medication cart. The home did not remove the 5mg medication or place a change of directions label on the bottle or destroy this medication in a safe manner according to the Department of Environmental Protection and Federal and State regulations.

Plan of Correction

Accept ([REDACTED] - 05/31/2023)

- On 5/4/2023 the residents order was verified to confirm that [REDACTED] dose of [REDACTED] is 2.5 mg.
- On 5/4/2023 the bottle of 5 mg [REDACTED] was removed from the medication cart and discarded.
- Beginning on 5/10/2023 the medication audit sheets were reviewed a second time by the Resident Care Director/Designee to confirm that the audit was conducted properly.
- Beginning 5/10/2023 if discrepancies are found with the completion of the MAR and Cart audits the Resident Care Director/Designee will address it directly to the associate who completed the audit in error. The Resident Care Director/Designee will coach the associate on how to complete the audit correctly. This will continue indefinitely. (Completed audit sheets with RCD review attached)

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented ([REDACTED] 06/26/2023)

184a - Resident's Meds Labeled

8. 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

Resident 4 is prescribed a [REDACTED] 10mg tablet to be taken by mouth daily. However, there is no pharmacy label or resident's name on the medication bottle.

Resident 4 is prescribed [REDACTED] 24 26mg take 1/2 tablet by mouth twice daily. However, there is no pharmacy label or resident's name on the medication bottle.

Plan of Correction

Accept ([REDACTED] - 05/31/2023)

- The bottles were supplied by the family from a physician's office and were not labeled with the information in the regulation. On 5/4/2023 labels were applied to the bottles which included the resident's name, medication, date of the order, dose and instructions and the physician's name.

184a - Resident's Meds Labeled (continued)

- On 5/17/2023 the Resident Care Department was educated by the Resident Care Director/Executive Director/Resident Services Supervisor on the need for every medication container (excluding stock medications) to be labeled with the resident's name, medication, date of the order, dose and instructions and the physician's name. (See Training sign in sheet attached)
- Beginning on 5/10/2023 the Resident Care Director/Designee will complete a review of the MAR and Cart Audit forms to verify completion and accuracy. Any discrepancies found will be addressed directly to the associate who completed the audit by Resident Care Director/Designee. (Completed audit sheets with RCD review attached)
- These audits and reviews will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented () - 06/26/2023

184b - Labeling OTC/CAM

9. 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

Two boxes of OTC [redacted] medication belonging to Resident 6 was in the 2nd floor medication cart and were not labeled with the resident's name.

A bottle for [redacted] belonging to Resident 6 was in the 2nd floor medication cart and was not labeled with the resident's name.

Plan of Correction

Accept () - 05/31/2023

- On 5/4/2023 labels were applied to the bottles which included the resident's name, medication, date of the order, dose and instructions and the physician's name.
- On 5/17/2023 the Resident Care Department was educated by the Resident Care Director/Executive Director/Resident Services Supervisor on the need for every medication container (excluding stock medications) to be labeled with the resident's name, medication, date of the order, dose and instructions and the physician's name. (See Training sign in sheet attached)
- Beginning on 5/10/2023 the Resident Care Director/Designee will complete a review of the MAR and Cart Audit forms to verify completion and accuracy. Any discrepancies found will be addressed directly to the associate who completed the audit by Resident Care Director/Designee. (Completed audit sheets with RCD review attached)
- These audits and reviews will continue indefinitely

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented () - 06/26/2023

185a - Implement Storage Procedures

10. 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.

185a - Implement Storage Procedures (continued)

Description of Violation

On 5/4/23 at 1:18PM, Resident 1's glucometer was not calibrated to the correct time. The glucometer was set to 5/4/23 at 12:45PM.

On 5/4/23 at 1:39PM, Resident 2's glucometer was not calibrated to the correct time. The glucometer was set to 5/4/23 at 12:40PM.

On 5/4/23 at 12:18PM, Resident 5's glucometer was not calibrated to the correct time. The glucometer was set to 5/4/23 at 11:17AM.

On 4/7/23 at 8:06am, Resident 5's blood glucose reading was [REDACTED]. However, it was documented as [REDACTED] on the Medication Administration Record.

On 4/11/23 at 6:52am, Resident 5's blood glucose reading was [REDACTED]. However, it was not documented on the Medication Administration Record.

On 4/26/23 at 7:46am, Resident 5's blood glucose reading was [REDACTED]. However, it was documented as [REDACTED] on the Medication Administration Record.

On 4/28/23 at 6:57am, Resident 5's blood glucose reading was [REDACTED]. However, it was documented as [REDACTED] on the Medication Administration Record.

On 5/4/23 at 12:27PM, Resident 7's glucometer was not calibrated to the correct time. The glucometer was set to 5/4/23 at 11:27AM.

On 4/18/23 at 4:31am, Resident 7's blood glucose reading was [REDACTED] but it was documented as [REDACTED] on the Medication Administration Record.

On 4/19/23 at 9:54am, Resident 8's blood glucose reading was [REDACTED]. However, it was documented as [REDACTED] on the Medication Administration Record.

On 4/20/23 at 9:30am, Resident 8's blood glucose reading was [REDACTED]. However, it was documented as [REDACTED] on the Medication Administration Record.

On 4/20/23 at 4:54pm, Resident 8's blood glucose reading was [REDACTED]. However, it was documented as [REDACTED] on the Medication Administration Record.

Plan of Correction

Accept [REDACTED] - 05/31/2023

- The glucometers were calibrated with the correct time on 5/4/2023, the date of the survey.
- The transcription errors were corrected on the diabetic flow sheets for all residents identified in this report on 5/5/2023.
- There were 3 associates identified as having made transcription errors. On 5/18/2023 the associated identified were coached by the Resident Care Director/Executive Director on the errors made, and how to prevent them in the future. See coaching forms attached)

185a - Implement Storage Procedures (continued)

- Beginning on 5/11/2023 the Resident Care Director/Designee will complete a review of the Glucometer Calibration and Documentation Audit forms to verify completion and accuracy. Any discrepancies found will be addressed directly to the associate who completed the audit by Resident Care Director/Designee. (Completed audit sheets with RCD review attached)
- Coaching completed on 5/16/2023 with an associate who did not complete a blood glucose reading as ordered. (See attached coaching form)
- These audits and reviews will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented (█) - 06/26/2023)

187d - Follow Prescriber's Orders**11. Requirements**

2600.

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

Description of Violation

Resident 1 is prescribed blood glucose readings twice a week. However, no blood glucose reading was completed on █/23.

On █/23, the Resident 1's glucometer did not register a reading. However, a blood glucose level of █ was documented on the Medication Administration Record.

Resident 4 is prescribed a tablet of █ to be taken by mouth daily. However, on 5/4/23, the medication was not available on the 3rd floor medication cart.

On █/23, the Resident 5's glucometer did not register a reading. However, a blood glucose level of █ before breakfast was documented on the Medication Administration Record.

On █/23, the Resident 5's glucometer did not register a reading. However, a blood glucose level of █ before breakfast was documented on the Medication Administration Record.

On █/23, the Resident 5's glucometer did not register a reading. However, a blood glucose level of █ before breakfast was documented on the Medication Administration Record.

On █/23, the Resident 8's glucometer did not register a reading. However, a blood glucose level of █ before breakfast was documented on the Medication Administration Record.

On █/23, the Resident 8's glucometer did not register a reading. However, a blood glucose level of █ before breakfast was documented on the Medication Administration Record.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept (█) 05/31/2023)

- The physician has discontinued the blood glucose testing for resident 1.
- The resident's family supplies all medications. The family was notified on █ 2023 by the nurse that the medication needed refilled within 7 days. The family did not bring the medication and it was empty on 5/4/2023.
- The Resident Care Director went to the local drug store and purchased █ on 5/5/2023, the day of the survey.
- Beginning on 5/11/2023 the Resident Care Director/Designee will complete a review of the Glucometer Calibration and Documentation Audit forms to verify completion and accuracy. Any discrepancies found will be addressed directly to the associate who completed the audit by Resident Care Director/Designee. (Completed audit sheets with RCD review attached)
- Coaching completed on 5/16/2023 with an associate who did not complete a blood glucose reading as ordered. (See attached coaching form)
- These audits and reviews will continue indefinitely.

Licensee's Proposed Overall Completion Date: 05/30/2023

Implemented (█) - 06/26/2023)