

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

June 8, 2023

[REDACTED], ADMINISTRATOR
THE ALLIANCE HOME OF CARLISLE, PA, INC.
770 SOUTH HANOVER STREET
CARLISLE, PA, 17013

RE: CHAPEL POINTE AT CARLISLE
770 SOUTH HANOVER STREET
CARLISLE, PA, 17013
LICENSE/COC#: 34337

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2023 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: CHAPEL POINTE AT CARLISLE License #: 34337 License Expiration: 06/03/2023
 Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013
 County: CUMBERLAND Region: CENTRAL

Administrator

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

Legal Entity

Name: THE ALLIANCE HOME OF CARLISLE, PA, INC.
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 09/12/2014 Issued By: Boro of Carlisle
 Type: I-2 Date: 02/28/2018 Issued By: Boro of Carlisle

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 52 Waking Staff: 39

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/11/2023

Inspection Dates and Department Representative

05/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 61 Residents Served: 41
 Secured Dementia Care Unit
 In Home: Yes Area: Garden View Capacity: 12 Residents Served: 11
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 41
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 0

Inspections / Reviews

05/11/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/26/2023

06/02/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/07/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 06/09/2023

Inspections / Reviews *(continued)*

06/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 5/11/23 at 2:05 pm, the temperature in the freezer located in the memory care unit kitchenette was four (4) degrees Fahrenheit and at 3:47 pm, the temperature in the freezer was two (2) degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 06/02/2023)

5/12/23 the maintenance department cleaned the coils on the memory care refrigerator/freezer. Following the cleaning, a temperature of -4 was achieved. Repeated temperature checks on 5/15, 5/16, 5/17, 5/18 all recorded temperatures at or below 0°F. The coils will be cleaned on a quarterly basis moving forward. Freezer temps will be logged daily for two weeks, then weekly by Personal Care nursing staff as a routine measure. The log sheet will be completed with date of audit and name of staff person doing the audit.

On or before, June 16th, 2023, Staff will be educated by the Personal Care Administrator, or Nursing Supervisor, about required temperature in the freezer and requirements of completing the monitoring log. Staff will be required to sign and date that they received and understood the education.

A copy of the staff education document, the coil cleaning log and freezer temperature monitoring log are attached.

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

Implemented ([redacted] 06/08/2023)

105g - Lint Removal and Duct Cleaning

2. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 5/11/23, there was an accumulation of lint in the lint trap of dryers #1 and #3 in the main laundry room in the basement. There were no clothes in the dryer at the time.

Plan of Correction

Accept [redacted] - 06/02/2023)

On 5/11/23, the lint was cleaned out immediately by laundry supervisor.

On or before June 16, 2023, a log will be used to document clean lint-traps daily for two weeks and weekly for two months at the end of each shift that laundry is done, by laundry staff. The log sheet will be completed with date of audit and name of staff person doing the audit.

On or before, June 16th, 2023, all laundry staff will be re-educated by the building services manager, or housekeeping and laundry supervisor, regarding proper lint removal procedure. Staff will be required to sign and date that they received and understood the education.

105g - Lint Removal and Duct Cleaning (continued)

A copy of the staff education document and audit log is attached.

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

Implemented (█ - 06/08/2023)

185a - Implement Storage Procedures**3. 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 a nutritional supplement three times a day at 10:00 am, 2:00 pm and 9:00 pm. On █ at approximately 3:00 pm, the █ " supplement was found in the SDCU kitchenette refrigerator with a label indicating the resident's name and █ dose. The Medication Administration Record (MAR) indicates that this dose was given to the resident and that the resident consumed 100% of it.

Plan of Correction

Accept (█ - 06/02/2023)

On May 12th, 2023, the Personal Care Administrator provided verbal education to the staff member that documented the administration of the health shake but did not give the shake for that date, that administration of the health shake must be confirmed before documented as administered.

On or before, June 16th, 2023, all Personal Care Licensed nurses and med techs will be re-educated by the Nursing Supervisor, or Personal Care Administrator, on the documentation requirements for medication administration and documentation of health shakes. Staff will be required to sign and date that they received and understood the education.

A copy of the staff education document is attached.

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

Implemented (█ - 06/08/2023)