

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

June 12, 2023

[REDACTED], OWNER
SUNRISE PERSONAL CARE HOME LLC
[REDACTED]

RE: SILVER SPRING PERSONAL CARE
HOME
125 STATE ROAD
MECHANICSBURG, PA, 17055
LICENSE/COC#: 33867

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2023 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: SILVER SPRING PERSONAL CARE HOME **License #:** 33867 **License Expiration:** 02/14/2024
Address: 125 STATE ROAD, MECHANICSBURG, PA 17055
County: CUMBERLAND **Region:** CENTRAL

Administrator

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

Legal Entity

Name: SUNRISE PERSONAL CARE HOME LLC

Address: [REDACTED]
[REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 12/20/2022 **Issued By:** Silver Spring Township

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 16 **Waking Staff:** 12

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 05/15/2023

Inspection Dates and Department Representative

05/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 **Residents Served:** 13

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 13
Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

05/15/2023 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/28/2023

06/01/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/07/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/08/2023

Inspections / Reviews *(continued)*

06/05/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 06/09/2023

06/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

132c - Fire Drill Records

1. 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

During the home's fire drills conducted on 3/22/23, 4/14/23 and 5/13/23 not all residents in the home were evacuated. On 3/22/23, 6 residents were in the home and only 5 were evacuated. On 4/14/23, 8 residents were in the home and only 4 were evacuated. On 5/13/23, 11 residents were in the home and only 3 were evacuated.

The fire drill form from the drill conducted on 4/14/23 is missing if any problems were encountered during the fire drill.

Plan of Correction

Accept [redacted] - 06/05/2023)

1. Education was provided to the Maintenance Director on the information that is required during a fire drill on 5/23/23 by the administrator. The maintenance Director also updated the fire drill on 4/14/23 to include if any problems were encountered during the fire drill.

2. Root cause was determined that the maintenance director mistaken that all residents needed to be ready for evacuation. Education was provided by the Administrator to the maintenance director on 5/23/23. Also, [redacted] from Life Safety Solutions, LLC is scheduled to come in on 6/6/23 at 9:30AM to provide further instructions and to give the home a evacuation time that will be needed to evacuate the residents during a fire drill. [redacted]

[redacted] was contacted by the maintenance director on 5/15/23. The maintenance director and administrator will review the fire drill documentation within 72 hours to ensure that all documentation was fully completed. This process will start beginning with fore drills that occur after June 1, 2023.

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

Implemented [redacted] - 06/12/2023)

187a - Medication Record

3. Requirements

2600.

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

3. Name of medication.

Description of Violation

On [redacted], the home had routine [redacted], PRN [redacted] and [redacted] on-site for Resident #1. However, these medications were not listed on the resident's Medication Administration Record (MAR).

Plan of Correction

Accept [redacted] - 06/05/2023)

1. Resident's [redacted] and [redacted] were profiled on resident's 1 MAR. The administrator sent over the information to the pharmacy for the medications to be profiled on 5/22/23. All current residents' medications were reviewed to ensure that all medications were profiled.

187a Medication Record (continued)

2. Root cause was the med techs and LPNs did not fully understand that all medications needed to be profiled on the resident's MAR. The med techs and LPNS were educated on the code 2600.187(a) on 5/24/23 to ensure that they understand that prescription medications, OTC medications, CAM and vitamins are needed to be profiled on the residents' MAR by the administrator. The LPN's Med techs will be responsible for sending all of the resident's medications to the pharmacy to have the medications profiled on the resident's MAR. The medications will be faxed to the pharmacy with in 24 hours of the home receiving a new order. Starting date for this process will be June 1,, 2023.

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

Implemented ([redacted] - 06/12/2023)

190a - Completion Medication Course

4. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person B has not successfully completed the Department approved medications administration course. Staff person B administered medications to Resident 1 on [redacted] at [redacted].

Plan of Correction

Accept ([redacted] - 06/05/2023)

1. Staff person B was removed from passing mediations as of [redacted] by the administrator. The Business Office Manager was educated on [redacted] regarding the home's New Hire Checklist by the administrator. The business office person reviewed all current employee's files to ensure that the employees and the right certification and or license to perform their job duties.

2. Root cause was that the employees' files were not reviewed for completion. The New Hire Checklist will be completed to check for proper licenses, certifications, and trainings and all areas will be double checked by the Business Office Manager/designee for accuracy. The new hire checklist was initiated in March of 2023. If the employee does not have the proper certification and or license, they will not be allowed to perform that job duty until they are able to provide the proper certification/license. The business office will be responsible for ensuring that the licenses are current and that the trainings are current and in the staff's file. The business office manager created a spread sheet to assist with this process. This spread sheet will be in effect as of June 1, 2023. The head of nursing/designee will be responsible for ensuring the trainings are completed.

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

Implemented ([redacted] - 06/12/2023)

224a - Preadmission Screen Form

5. Requirements

2600.

224a - Preadmission Screen Form (continued)

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The preadmission screening form was completed on [REDACTED]

Resident #2's preadmission screening form dated [REDACTED] does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept [REDACTED] 06/05/2023)

1. Resident 1 had a new preadmission screen completed on [REDACTED] by the administrator. Resident 2's preadmission was updated to include that their needs can be met by the services of the home on [REDACTED] by the administrator. All current resident's preadmission screens were reviewed on [REDACTED] by the administrator to ensure that they were completed within 30 days and that all appropriate boxes were completed.

2. Root cause was that all preadmission screens were not reviewed for accuracy. All preadmission screens will be reviewed upon admission of the resident to ensure that they were completed in the proper timeline and that they are fully completed by the Administrator/Designee starting 6/1/23.

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

Implemented [REDACTED] - 06/12/2023)

227e - Self Administer Medication

6. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #3's medical evaluation (DME) dated [REDACTED] states that the resident can self-administer medications with assistance to store medications in a secure place. However, the resident's current support plan dated [REDACTED] does not have the medication assessment section completed.

Resident #4's DME dated [REDACTED] states that the resident can self-administer medications with assistance to store medications in a secure place. However, the resident's current support plan dated [REDACTED] does not have the medication assessment section completed.

Plan of Correction

Accept [REDACTED] - 06/05/2023)

1. Resident 3's support plan was updated with the medication assessment section completed by Quality Assurance. Resident 4's support plan was updated with the medication assessment section completed by quality assurance. Both were done [REDACTED]. All current residents' medication assessments assessment sections were checked for completion by [REDACTED] by Quality assurance..

2. Root cause was that the Head of Nursing was not reviewing the support plans for completion. All lpn's and Quality Assurance was educated on code 2600.227(e) on 5/24/23 by the administrator. Support plans will be

227e Self Administer Medication (continued)

monitored by quality assurance/designee to ensure that the medication assessment sections are completed within 72 hours of being completed. Process to start on 6/1/23.

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

Implemented () - 06/12/2023)

227g -Support Plan Signatures

7. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's support plan dated () was completed by staff person A. However, staff person A did not sign the support plan.

Plan of Correction

Accept () - 06/05/2023)

1. Resident 2's support plan was reviewed by Quality Assurance and Quality assurance did sign Resident 2's support plan on (). All current resident's support plans were reviewed by Quality Assurance to ensure that the support plans have been signed by 5/26/23. All lpsns and Quality Assurance were educated on code 2600.227(g) on 5/24/23 by the administrator.

2. Root cause was that the Head of Nursing was not reviewing the resident's support plans to ensure that signatures of those that participated in the support plan were present. Quality assurance/designee will review the resident's support plans to ensure that they have the signatures of those who participated in the development of the support plan within 72 hours of completion. process to start on 6/1/23.

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

Implemented () - 06/12/2023)

227h - Support Plan Refuse Sign

8. Requirements

2600.

227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

Description of Violation

Resident #1 did not participate in their support plan dated (). However, the support plan does not identify that the resident declined to participate.

Resident #2 did not participate in their support plan dated (). However, the support plan does not identify that the resident declined to participate.

Resident #3 did not participate in their support plan dated (). However, the support plan does not identify that the resident declined to participate.

227h Support Plan Refuse Sign (continued)

Plan of Correction

Accept () - 06/05/2023)

Resident 1's, 2's, 3's support plans were updated that either the resident and/or the designated person either participated in the support plan or declined to participate in the support plan by quality assurance. Resident 1's support plan was updated on [REDACTED], daughter did not sign but was given a copy. Resident 2's support plan was updated on [REDACTED] as [REDACTED] was unable to participate. Resident 3's support plan updated on [REDACTED] with [REDACTED] signature on [REDACTED] that [REDACTED] participated. All current residents support plans were reviewed and updated with the residents and or the designated persons willingness to participate in the support plan or their refusal to participate in the support plan by [REDACTED] by quality assurance. The lpn's and Quality Assurance was educated on code 2600.227(h) on 5/24/23 by the administrator.

2. Root cause was that the head of nursing was not reviewing the support plans for completion. Quality assurance/designee will review the residents' support plans to ensure that the resident and or designated party either participated or declined to participate in the support plan 72 hours of the completion. The starting date for this process will be 6/1/23.

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

Implemented () - 06/12/2023)

252 - Record Content

9. 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.
3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2's record does not include hair color, eye color, identifying marks, religious affiliation, height or a picture of the resident.

Resident's #3's record does not include religious affiliation, hair color, identifying marks or eye color.

Resident #5's record does not include a picture of the resident.

Plan of Correction

Accept () - 06/05/2023)

1. Resident 2's, 3's, and 5's records were updated to include race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks on [REDACTED] by the administrator. Their photographs were uploaded to their resident record. All current residents had their resident record reviewed to ensure that the above information and pictures were noted on their resident record by 5/26/23 by the administrator. The Activity Director was educated on 5/24/23 on the code 2600.252 by the administrator.

2. The root cause was that activity dir. was informed that another department was going to take the pictures and add the information into the resident record. The Activity Director now understands that this is their job duty with the backup of the administrator. The Administrator/designee will review resident's records to ensure that they have their pictures and all identifying information on the resident record with in 72 hours from the resident's admission starting the process on 6/1/23.

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

252 - Record Content *(continued)*

Implemented ([REDACTED] - 06/12/2023)