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

July 11, 2023

[redacted], ADMINISTRATOR
EMMANUEL HOME
800 PRIESTLY AVENUE
NORTHUMBERLAND, PA, 17857

RE: EMMANUEL HOME
800 PRIESTLY AVENUE
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 20053

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/08/2023 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: *EMMANUEL HOME* **License #**: *20053* **License Expiration**: *05/25/2024*

Address: *800 PRIESTLY AVENUE, NORTHUMBERLAND, PA 17857*

County: *NORTHUMBERLAND* **Region**: *NORTHEAST*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *EMMANUEL HOME*

Address: *800 PRIESTLY AVENUE, NORTHUMBERLAND, PA, 17857*

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *06/28/1999* **Issued By**: *PALI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *21* **Waking Staff**: *16*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *06/08/2023*

Inspection Dates and Department Representative

06/08/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *38* **Residents Served**: *21*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *21*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

06/08/2023 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/09/2023*

07/10/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/10/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *07/14/2023*

Inspections / Reviews *(continued)*

07/11/2023 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/10/2023*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

There was a medication error for Resident 1 on [redacted] through [redacted] that was not reported to BHSL.

Plan of Correction ***Accept ([redacted] - 07/10/2023)***

Former Director of Nursing (DON) has been replaced by New Director of Nursing [redacted] on 06/26/2023, who is now responsible to fix the problem. The new Director of Nursing (DON) fixed the deficiency on 06/30/2023. Reportable incident re-education was provided to all direct care medical/nursing staff. A physical copy of Pa. Code 2600.16 was provided to all Emmanuel Home direct care medical/nursing staff. The Emmanuel Home incident reporting sheet was made available for all to review. Staff awareness of State Reporting Procedures is evidenced by signature sheet. Going forward the new Director of Nursing (DON) is responsible for staff compliance and all medical/nursing incident reporting.

Licensee's Proposed Overall Completion Date: *07/06/2023*

Implemented ([redacted] - 07/11/2023)

17 - Record Confidentiality

2. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The LIS from 7/6/2022 was posted with the privacy code attached revealing names of residents.

Plan of Correction ***Accept ([redacted] - 07/10/2023)***

The Administrator, Verrol Soleyn is responsible to fix this problem and ensure that future Licensing Inspection Summary (LIS) reports do not contain the privacy coding when posted. Administrator, [redacted] will check this posting monthly to make certain privacy coding pages are not attached to Licensing Summary Postings. Pages containing privacy coding was immediately removed on 06/08/2023 from Licensing Inspection Summary (LIS) dated 07/06/2022.

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

Implemented [redacted] - 07/11/2023)

65f - Training Topics

3. Requirements

2600.
65.f. Training topics for the annual training for direct care staff persons shall include the following:
1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

65f - Training Topics *(continued)*

3. Care for residents with dementia and cognitive impairments.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

Direct Care Staff Member A was not trained in the required topics of self-administering medications, instructions on using DME/RASPs, care for residents with dementia and cognitive impairments, personal care needs, and safe management techniques in 2022.

Plan of Correction ***Accept ([redacted] - 07/10/2023)***

Our Director of Nursing (DON) [redacted], Administrator [redacted], are responsible for fixing problem. Former Director of Nursing (DON) has been replaced on 06/26/2023. New Director of Nursing (DON) [redacted] completed required training for "Staff Member A" by instructing and training "Staff Member A" on direct care staff training as indicated on Pa. Code Chapter 2600.65F which includes topics such as self administering medication, instructions on using DME/RASPs, care for residents with dementia and cognitive impairments, personal care needs, and life management techniques. This training was completed by "Staff Member A" on 07/03/2023. To ensure future compliance a direct care staff training has been added to current list of required training for direct care staff. The Director of Nursing (DON) will ensure that required trainings are adhered to and completed. This will also be reviewed by the Administrator. Attached is a list of "Staff Member A" completion of Pa.Code Chapter 2600f training topics.

Licensee's Proposed Overall Completion Date: *07/06/2023*

Implemented [redacted] - 07/11/2023)

81b - Resident Personal Equipment

4. 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

Resident 2 had an uncovered enabler bar on their bed with an opening of 10 inches by 12 inches.

Plan of Correction ***Accept ([redacted] - 07/10/2023)***

The Administrator, Verrol Soleyn along with the Maintenance Supervisor will fix problem in compliance with PA Code 2600.81.b. The enabler bar in question was immediately covered on 06/08/2023 by the Maintenance Supervisor as directed by the Administrator. The Administrator and Maintenance Supervisor will ensure all bed enablers are covered, this will be done by a daily physical inspection. Also the task of covering enabler bars will be added to daily Maintenance/Housekeeping checklist in order to comply with PA Code 2600.81.b

Licensee's Proposed Overall Completion Date: *07/05/2023*

Implemented [redacted] - 07/11/2023)

132d - Evacuation

5. Requirements

2600.

132d - Evacuation *(continued)*

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 letter from a fire safety expert indicating a maximum evacuation time. Due to this they are required to evacuate in under 2 minutes and thirty seconds. The home failed to evacuate in under 2 ½ minutes on all fire drills completed from 4/2022 through 5/2023.

Plan of Correction ***Accept (- 07/10/2023)***

The Administrator, is responsible to fix problem. In order to be in compliance with PA Code 2600.132.d the Administrator sought and obtained an updated letter from a qualified Fire Safety Expert indicating a maximum evacuation time. Mr. , Fire Chief of The Northumberland Fire Department provided updated fire & safety letter indicating maximum evacuation time. Also provided with updated letter is Pennsylvania Form 55 PA. Code 2600.b indicating adult licensing, personal care homes supervised fire drill and safety inspection. The Administrator along with Office Manager will monitor any further letters from Fire Safety Experts to ensure that all letters and documents indicate maximum evacuation times.

Licensee's Proposed Overall Completion Date: *07/05/2023*

Implemented (- 07/11/2023)

141b2 - Medical Evaluation Changes

6. Requirements

2600.
141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

The DME dated for Resident 3 indicates that the resident is a total . The DME was never updated to reflect their change in mobility to a minimal mobility need. The RASP dated , was updated to reflect the current mobility needs of the resident.

Plan of Correction ***Accept (- 07/10/2023)***

Former Director of Nursing (DON) has been replaced on with New Director of Nursing (DON) The new Director of Nursing (DON) is responsible to fix problem. The Director of Nursing fixed the problem by ensuring that the DME and RASP are synchronous. The resident in question, "Resident 3" no longer resides at Emmanuel Home, however moving forward a revised DME was completed. In the future the Director of Nursing (DON) will review and make an analysis of all DME and RASP documentation. If upon review it is discovered that changes need to be made, the Director of Nursing (DON) would initiate a new RASP and request that a revised DME from the resident's primary care physician be done. An appointment with resident's primary care physician will be made by the Director of Nursing (DON) in conjunction with the resident's family. At the time of Appointment a revised DME should be completed.

Licensee's Proposed Overall Completion Date: *07/06/2023*

Implemented (- 07/11/2023)

185a - Implement Storage Procedures

7. Requirements

185a - Implement Storage Procedures *(continued)*

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 has an order to receive [redacted] every 6 hours as needed. The medication was not available in the home at the time of inspection.

Plan of Correction ***Accept ([redacted] - 07/10/2023)***

Former Director of Nursing (DON) has been replaced by New Director of Nursing [redacted] on [redacted] who is now responsible to fix the problem. The Director of Nursing is ultimately responsible for the absence of any/all PRN Medication. The Director of Nursing was able to secure "Resident 4" PRN which was Tussin DM from resident's local pharmacy. [redacted] has been placed in "Resident 4" designated medication bin. Going forward, when a new PRN Medication is ordered the Director of Nursing (DON) will ensure that the PRN Medication is obtained, in stock and always available to resident. Emmanuel Home has also implemented the hiring of a part-time pharmacy tech to aide the Director of Nursing (DON) in auditing and ordering medications.

Licensee's Proposed Overall Completion Date: *07/06/2023*

Implemented ([redacted] - 07/11/2023)

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 1 is prescribed [redacted] eye drops 2 times per day. The medication was not available in the home from [redacted] through [redacted]. The medication was documented on the MAR in error as having been given at [redacted] on [redacted]. The medication was also documented as having been administered on [redacted].

Plan of Correction ***Accept [redacted] - 07/10/2023)***

Former Director of Nursing (DON) has been replaced by New Director of Nursing (DON) [redacted], and is responsible to fix problem. The new Director of Nursing (DON) submitted an incident report to DHS on 07/06/2023. The Director of Nursing (DON) ordered the medication in question,[redacted], and is now stocked in medication room. The Director of Nursing (DON) reviewed the incident with nursing/medical staff. Pa.Code 2600.16 was given to all nursing/medical staff along with incident reporting sheets. Nursing/Medical staff evidence of understanding was verified by a signature sheet of acknowledgement. Going forward medication audits are scheduled for July 10-14 for all medication technicians. The audits will include how to properly document the administering of medications whether given or not given.

Licensee's Proposed Overall Completion Date: *07/07/2023*

Implemented [redacted] - 07/11/2023)

187d - Follow Prescriber's Orders

9. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d Follow Prescriber's Orders *(continued)*

Description of Violation

Resident 1 is prescribed [redacted] eye drops 2 times per day. The medication was not available in the home from [redacted] through [redacted] and not administered as prescribed.

Plan of Correction ***Accept ([redacted] - 07/10/2023)***

Former Director of Nursing (DON) has been replaced by New Director of Nursing (DON) [redacted], and is responsible to fix problem. The new Director of Nursing submitted an incident report to DHS on 07/06/2023. The Director of Nursing (DON) ordered the medication in question, [redacted], and is now stocked in medication room. The Director of Nursing (DON) reviewed the incident with nursing/medical staff. Pa.Code 2600.16 was given to all nursing/medical staff along with incident reporting sheets. Nursing/Medical staff evidence of understanding was verified by a signature sheet of acknowledgement. Going forward medication audits are scheduled for July 10 14 for all medication technicians. The audits will include how to properly document the administering of medications whether given or not given. The 5 rights of administration are mandatory for administering competency. The medication technicians and Director of nursing are responsible for ensuring that all medications are administered according to prescribers orders. The Director of Nursing (DON) will monitor ongoing compliance. Emmanuel Home is hiring a pharmacy technician to perform prescription verifications with all orders and comparison to current MAR documentation.

Licensee's Proposed Overall Completion Date: *07/07/2023*

Implemented ([redacted] - 07/11/2023)

188b - Medication Error Reporting

10. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

No notification was made to the prescriber that Resident 1 was not administered their prescribed [redacted] eye drops 2 times per day from [redacted] through [redacted]

Plan of Correction ***Accept [redacted] - 07/10/2023)***

Former Director of Nursing (DON) has been replaced by New Director of Nursing (DON) [redacted], and is responsible to fix problem. The new Director of Nursing submitted an incident report to DHS on 07/06/2023. The Director of Nursing (DON) ordered the medication in question, [redacted] and is now stocked in medication room. The Director of Nursing (DON) reviewed the incident with nursing/medical staff. Pa.Code 2600.16 was given to all nursing/medical staff along with incident reporting sheets. Nursing/Medical staff evidence of understanding was verified by a signature sheet of acknowledgement. Going forward medication audits are scheduled for July 10 14 for all medication technicians. The audits will include how to properly document the administering of medications whether given or not given. The 5 rights of administration are mandatory for administering competency. The medication technicians and Director of nursing are responsible for ensuring that all medications are administered according to prescribers orders. The Director of Nursing (DON) will monitor ongoing compliance. Emmanuel Home is hiring a pharmacy technician to perform prescription verifications with all orders and comparison to current MAR documentation. The Director of Nursing (DON) and direct care staff are responsible for notifying resident, family and physician for all medication errors. On 07/06/2023 all notifications were made and acknowledged. Documentation of communication with family/POA and physician are provided and attached. Ongoing compliance will be administered and supervised by Director of Nursing (DON).

188b - Medication Error Reporting *(continued)*

Licensee's Proposed Overall Completion Date: *07/07/2023*

Implemented [redacted] - 07/11/2023)