

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

July 24, 2023

[REDACTED], ADMINISTRATOR
ELITE CARE GROUP LLP

RE: LIZA'S HOUSE
1357 BLUE MOUNTAIN DRIVE
DANIELSVILLE, PA, 18038
LICENSE/COC#: 21477

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/22/2023 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: LIZA'S HOUSE License #: 21477 License Expiration: 09/02/2023
 Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038
 County: NORTHAMPTON Region: NORTHEAST

Administrator

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

Legal Entity

Name: ELITE CARE GROUP LLP
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/24/1999 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 06/22/2023

Inspection Dates and Department Representative

06/22/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 19

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 8

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 7 Have Physical Disability: 1

Inspections / Reviews

06/22/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/15/2023

07/17/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/23/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/23/2023

Inspections / Reviews *(continued)*

07/24/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

18 Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Carbon Monoxide detector located in the basement of the home had a battery that was dated March 2021. The battery was replaced and dated on the day of the inspection.

The home has not developed a policy outlining the use of Voice -Controlled electronic devices.

Plan of Correction

Accept () - 07/17/2023

This regulation is important for the overall health and safety of the residents, to ensure their safety and ensure their privacy. The CO alarm battery was not changed since 2021. Battery was replaced day of inspection. A policy and a log has been created in order to ensure the back up battery is changed annually. Policy and Log will be kept in the fire safety binder in order to ensure compliance. Administration, maintenance and owner will monitor for ongoing compliance.

The home did not develop a policy outlining the use of voice-controlled electronic devices. Unfortunately, when the ListServe sent out the guidance mandating the policy's formulation and implementation, ListServe was having issues sending to gmail accounts. Administrator has a gmail account and was not aware of this guidance. Admin created a policy the day of inspection, and has continued to modify it. It will be sent to all families to read, sign and return, and all staff will read, sign and return policy as well. Home rule is being added to address policy in resident agreement.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented () - 07/24/2023

144c1 Smoking Area Guidelines

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

Description of Violation

Review of the home's Smoking Policy indicates smoking by residents or staff is not permitted "anywhere on the property". On the day of the inspection, Department Rep. noted Staff Person A smoking outside in the home's parking lot.

Plan of Correction

Accept () - 07/17/2023

This regulation is important to ensure the health and safety of the residents, as well as to reduce the chance of any fire issues due to improper disposal of cigarette butts. Staff member A was seen smoking in the parking lot of the home at the time of inspection. Smoking policy has been updated to include e-cigarettes and the T-21 law, prohibiting those under 21 from buying, possessing, or using tobacco and nicotine products. It also addresses disposal of cigarette butts if staff member or visitor leave the premise to smoke. Staff will be given a copy of the updated policy to review, sign and return. Admin, owner and maintenance will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 08/31/2023

144c1 Smoking Area Guidelines (continued)

Implemented () - 07/24/2023)

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

Department Rep. noted the "overflow" medication cabinets on the wall next to the medication carts were unlocked and unattended making the medications accessible to residents and unauthorized persons.

Plan of Correction

Accept () - 07/17/2023)

This regulation is important to ensure that medications are locked away safely from resident's and unauthorized persons. Staff had been in the cabinet in the morning to restock medications from the resident's overflow. Staff failed to lock cabinet when finished. Cabinets have been marked with labels reminding staff to lock cabinets. Staff will also review medication policy and return a signed copy, as well as an additional sheet highlighting key points. Admin will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented () 07/24/2023)

187a Medication Record

4. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed () tablet by mouth daily () m, hold for Systolic Blood Pressure (SBP) below (). On () the MAR indicates the medication was withheld per doctor's order. The MAR was not marked to indicate what the resident's SBP was at () when the medication was held.

Resident #1 is prescribed () tablet by mouth at (), hold for () (SBP) below (). On (), the MAR indicates the medication was withheld per doctor's order. The MAR was not marked to indicate what the resident's SBP was at () when the medication was held.

()

Plan of Correction

Accept () - 07/17/2023)

This regulation is important to ensure the health and safety of the residents is top priority. It is also important to ensure that physicians orders are being followed. The MAR was not marked with a blood pressure although the medication was held for resident #1, as the order had a blood pressure parameter for administration. The EMar system was not immediately set to record the BP with in the med pass. Staff failed to enter BP into system manually. Weekly audits of the medications held will be conducted to ensure proper documentation is noted in the EMar system.

Resident #2's has an order for accuchecks twice daily. Upon review, it was noted the glucometer seemed to fail to

187a - Medication Record (continued)

enter evening accucheck's into memory. There were also transcription errors. Weekly audits of all glucometers will be conducted to ensure proper recording of BG levels.

Staff will also review medication policy and procedure of medication management. Staff will also sign off on an additional form highlighting key points of med policy. Staff will also undergo a reminder training on diabetic management in a personal care home.

Admin will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█ - 07/24/2023)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #2 has an order for BSL testing 2x daily. On █, the glucometer for Resident # 2 indicates a BSL of █ in the morning. A BSL reading of █ was documented on the MAR for the evening but was not in the glucometer. On █, the glucometer for Resident #2 indicates a BSL of █ in the morning. A BSL reading of █ was documented on the MAR for the evening but was not in the glucometer.

Plan of Correction

Accept (█ - 07/17/2023)

This regulation is important for the health and safety of the residents. It is to ensure staff are follow physicians orders. Resident #2's has an order for accuchecks twice daily. Upon review, it was noted the glucometer seemed to fail to enter evening accucheck's into memory. There were also transcription errors. Weekly audits of all glucometers will be conducted to ensure proper recording of BG levels.

Staff will also review medication policy and procedure of medication management. Staff will also sign off on an additional form highlighting key points of med policy. Staff will also undergo a reminder training on diabetic management in a personal care home.

Admin will monitor for ongoing compliance

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█ - 07/24/2023)

202 - Prohibitions

6. Requirements

2600.

202. The following procedures are prohibited:

- 5. Mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited. Mechanical restraints include geriatric chairs, handcuffs, anklets, wristlets, camisoles, helmet with fasteners, muffs and mitts with fasteners, poseys, waist straps, head straps, papoose boards, restraining sheets, chest restraints and other types of locked restraints. A mechanical restraint does not include a device used to provide support for the achievement of functional body position or proper balance that has been prescribed by a medical professional as long as the resident can easily remove the device.

Description of Violation

On █ @ █ Staff Person B tied a blanket around Resident #3's waist while they were seated in a

202 - Prohibitions (continued)

wheelchair. Staff Person was trying to prevent Resident #3 from falling.

Plan of Correction**Accept (█ - 07/17/2023)**

This regulation is important for the over all well being of the resident, as well as their dignity. Staff person B was sitting with Resident #3 and Resident repeatedly tried getting up. Staff had tried alternative methods, as well as given Resident a PRN for agitation, however it had not worked yet. Staff Person B was afraid Resident #3 would fall, so she loosely tied a blanket that was sitting on Resident #3's lap, around the back of the wheel chair. Blanket was tied for a short period of time then untied. Other staff who witnessed incident stated it was not of any malicious intent, only to help keep Resident #3 from falling.

Staff Member B was put on supervised duty while investigation took place. ALL staff underwent a training on alternative methods of handling anxiety and agitation with dementia. ALL staff are also undergoing a training on the PA Aging website. Staff Person B was also pulled aside by administrator and discussed incident and the way it was handled, reminded of restraint policy. RN Nurse Educator also verbalized to Staff Person B (on top of other trainings) the severity of the situation and re-educated on alternative methods. Initial Training Attached, Additional training to be completed by 8/31/2023. Admin and RN Nurse Educator will monitor for ongoing compliance and completion.

Licensee's Proposed Overall Completion Date: 08/31/2023

Implemented (█ - 07/24/2023)