

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

August 16, 2023

[REDACTED], CEO
ODD FELLOWS HOME OF PENNSYLVANIA INC
[REDACTED]

RE: CRESCENT VIEW ASSISTED LIVING
999 WEST HARRISBURG PIKE
MIDDLETOWN, PA, 17057
LICENSE/COC#: 33892

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/28/2023 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: CRESCENT VIEW ASSISTED LIVING **License #:** 33892 **License Expiration:**
Address: 999 WEST HARRISBURG PIKE, MIDDLETOWN, PA 17057
County: DAUPHIN **Region:** CENTRAL

Administrator

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

Legal Entity

Name: ODD FELLOWS HOME OF PENNSYLVANIA INC
Address: 999 WEST HARRISBURG PIKE, MIDDLETOWN, PA, 17057
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 01/25/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 43 **Waking Staff:** 32

Inspection Information

Type: Partial **Notice:** Announced **BHA Docket #:**
Reason: New, Change Legal Entity **Exit Conference Date:** 06/28/2023

Inspection Dates and Department Representative

06/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: **Residents Served:** 42

Special Care Unit

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

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 1
Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 1 **Have Physical Disability:** 0

Inspections / Reviews

06/28/2023 Partial

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

07/31/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 07/21/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 08/04/2023

Inspections / Reviews *(continued)*

08/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/14/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

91 Telephone Numbers

1. Requirements

2800.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and assisted living residence complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire Department on or by the telephone in resident rooms 128, 232, 236, 333, 334 and 342.

Plan of Correction

Accept ([redacted] - 07/24/2023)

The Maintenance Director, or designee, will post the emergency numbers on the back of every resident room door by 7/7/2023.

Beginning 7/10/2023, the Housekeepers will check the back of the resident's doors for emergency telephone numbers and replace as needed while cleaning the resident's rooms weekly.

Beginning 8/1/2023, the Maintenance Director or designee will inspect a random sample of rooms monthly to ensure the telephone numbers are posted. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ([redacted] - 08/16/2023)

101j7 Lighting/operable lamp

2. Requirements

2800.

101.j. Each resident shall have the following in the living unit:

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

Description of Violation

Residents #1, 2, 3, 4, 5, 6 or 7 do not have access to a source of light that can be turned on/off at their bedside.

Plan of Correction

Accept ([redacted] - 07/24/2023)

The Maintenance Director or designee will install bedside lights in the identified rooms by 7/7/2023.

By 7/7/2023, The Maintenance Director or designee shall inspect every room to ensure they have a working light at bedside.

Beginning 7/10/2023, the Housekeepers shall check the bedside to ensure there is a working light source, operable at bedside, during weekly room cleaning.

Licensee's Proposed Overall Completion Date: 08/07/2023

Implemented ([redacted] - 08/16/2023)

183b Medications and syringes locked

3. Requirements

2800.

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 living unit.

Description of Violation

On [redacted] at [redacted], the 3rd floor medication office was open and unsupervised. Inside the medication room, there was a medication cart with a key in the lock. The medication cart was able to be unlocked with this key. Several

183b Medications and syringes locked (continued)

residents' medications were accessible, including resident #8's Biofreeze gel and resident #9's Mupironcin ointment.

Plan of Correction

Directed [redacted] - 07/31/2023)

The Medication room door was closed and locked immediately after being identified by the licensing representative on 6/28/2023 at 11:55 am by the Nursing Supervisor.

The Nursing Supervisor or designee shall conduct an in service for all medication administration staff by 7/28/2023 on the policies and procedures for ensuring all medications are stored securely or under direct supervision by trained staff members, at all times.

The Nursing Director or designee shall periodically check the medication storage room throughout the day to ensure the door is closed and secured when not in use.

[Directed]

The Medication room door was closed and locked immediately after being identified by the licensing representative on 6/28/2023 at 11:55 am by the Nursing Supervisor.

The Nursing Supervisor or designee shall conduct an in service for all medication administration staff by 7/28/2023 on the policies and procedures for ensuring all medications are stored securely or under direct supervision by trained staff members, at all times.

Beginning on 8/1/2023, the Nursing Director or designee shall periodically check the medication storage room throughout the day to ensure the door is closed and secured when not in use.

Directed Completion Date: 07/31/2023

Implemented [redacted] 08/16/2023)