

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

September 13, 2023

[REDACTED]
MANATAWNY AL OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCES AT MANATAWNY
VILLAGE
30 OLD SCHUYKILL ROAD
POTTSTOWN, PA, 19465
LICENSE/COC#: 14851

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/10/2023 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: *THE RESIDENCES AT MANATAWNY VILLAGE* License #: *14851* License Expiration: *11/05/2023*
 Address: *30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *MANATAWNY AL OPERATING COMPANY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *08/15/1989* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *66* Waking Staff: *50*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Monitoring* Exit Conference Date: *07/10/2023*

Inspection Dates and Department Representative

07/10/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *124* Residents Served: *48*

Secured Dementia Care Unit
 In Home: *Yes* Area: Capacity: *23* Residents Served: *16*
Horizons Memory Care Unit

Hospice
 Current Residents: *NM*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *48*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *18* Have Physical Disability: *1*

Inspections / Reviews

07/10/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/18/2023*

08/29/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/11/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/11/2023*

Inspections / Reviews *(continued)*

09/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/11/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED]-23 at [REDACTED] pm in the Secured Dementia Care Unit (SDCU), the [REDACTED] aide of resident #1 overheard a commotion among resident #2 and resident #3. The [REDACTED] aide observed resident #2 on the floor crying and lying on the floor with knees bent and hands guarding the body to avoid being hurt by resident #3. Resident #2 was in distress, tearful and scared. Resident #3 admitted to guiding resident #2 out of [REDACTED] room. Resident #2's walker/wheelchair, which is used to ambulate, was not in the vicinity of the resident. At the time of the altercation, Staff person A and B were assisting another resident. No other staff were present in the SDCU. The home does not have a written procedure in place to call for the assistance of other direct care staff in the event that staff are assisting other residents.

The home did to have enough staff on the secured unit to ensure a safe environment and avoidance of any resident altercations.

Plan of Correction

Directed [REDACTED] - 08/29/2023)

On 8/16 /2023 all staff where in serviced to call for assistance when one or more direct care staff need to step off the floor for breaks or resident care.

On 7/ /2023 staff were in serviced on resident to resident

As of 8/16/2023 the secured unit will staff 3 direct care staff during waken hours and 2 direct care staff during sleeping hours.

Scheduled resident to resident abuse in service on 8/30/2023

On 8/30/2023 administrator will hold a in service on resident to resident abuse.

The secured unit will now have a full time nursing supervisor starting 8/21/2023.

The clinical service director will also assist when needed.

Directed addendum [REDACTED] 8/29/23):

1. The administrator will conduct, at least, one monthly observations between staff and residents on all three shifts, starting 9/5/23.
2. The administrator will discuss resident abuse and neglect at monthly staff meetings for the next six months. The administrator will maintain a copy of the agenda and staff sign in sheet for the Departments review, starting 9/5/23.

Directed Completion Date: 09/05/2023

Implemented [REDACTED] - 09/13/2023)

60b - Additional Staffing

2. Requirements

2600.

60.b. The Department may require additional staffing as necessary to protect the health, safety and well-being of the residents. Requirements for additional staffing will be based on the resident's assessment and support plan, the design and construction of the home and the operation and management of the home.

60b - Additional Staffing (continued)

Description of Violation

On [redacted]-23 at [redacted] pm the memory care unit had two staff assigned to the Secured Dementia Care Unit (SDCU). The [redacted] aide of resident #1 was alone in the dining room with resident #1 and several unattended residents when [redacted] heard resident #3 yelling "Get out of my room." The [redacted] aide ran to the location in the hall and witnessed resident # 3 yelling while standing over resident # 2 who was crying on the floor. Staff person A and staff person B were unable to provide care to this resident or any of the other 15 residents in the SDCU at that time, as they were providing care for a resident that required a two person assist.

In addition, the secured unit has other residents that require assistance for additional support. The support plan of the following residents have documentation of the need for additional support:

- Resident #4- requires assistance with ambulation and getting in and out of bed/chair, with toileting as needed, turning and positioning as needed, and the assistance of 1 to 2 staff members with ambulation.
- Resident #5 - requires assistance with transfers and require staff assistance at all times, and a 2 person assist with turning and positioning in the bed. This resident is not able to ambulate and requires complete and total assistance of 2 staff persons to evacuate in an emergency.
- Resident #6 - requires extra assistance due to being a fall risk.

Plan of Correction

Accept [redacted] 08/29/2023)

On 8/16 /2023 all staff where in serviced to call for assistance when one or more staff need to step off the floor for breaks or resident care.

As of 8/16/2023 the secured unit will staff 3 staff persons during waken hours and 2 staff persons during sleeping hours.

The secured unit will now have a full time nursing supervisor starting 8/21/2023

The nursing supervisor and clinical service director will hold monthly meetings and assessments if needed to ensure staffing needs are met the levels of care, starting immediately [redacted] 8/29/23).

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented ([redacted] - 09/13/2023)

65c - Ancillary Staff Orientation

3. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person C, whose first day of work was [redacted]-22, did not have a general orientation to [redacted] specific job functions.

Plan of Correction

Accept [redacted] - 08/29/2023)

On 8/ / 2023 staff person C ,was provided with a job description for [redacted] specific job functions.

Human resource will aduit all personal care employee charts to ensure all staff persons was given a job description for [redacted] specific job functions.

65c - Ancillary Staff Orientation (continued)

Administrators will receive a copy of all new hire job descriptions with signature for 60 days.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented () - 09/13/2023

85a - Sanitary Conditions**4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7-10-23 at 11:39 am, a toilet in the common area bathroom located across from the homes private dining room had feces smeared on the toilet seat and front of the commode.

Plan of Correction

Accept () - 08/29/2023

On 7/10/2023 both the womens and mens common restrooms were cleaned.

Both the mens and womens common bathrooms will be checked for cleanliness before and after breakfast lunch and dinner.

Starting 8/21/2023 a designated staff person will sign off when the bathrooms are checked for the next 60 days.

The designated staff person will immediately notify housekeeping of any issues.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented () - 09/13/2023

95 - Furniture and Equipment**5. Requirements**

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The headboard in the room of resident #7, was not secure and stable as it was not attached to the frame of the bed.

Plan of Correction

Accept () - 08/29/2023

On 7/10/2023 maintenance was called to attach the frame, and was found that the bed was attached to the frame.

On 7/ /2023 the clinical service director did reach out to () and sent pictures of the bed showing it was attached.

On 7/11/2023 all beds were checked to ensure the bed was attached to the frame.

As of 7/12/2023, the administrator will check every bed before a new admission to ensure all beds are attached to a frame.

As of 8/18/2023 the home has had 3 new admissions and all beds were checked and all were attached to the frame.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented () 09/13/2023

181f - Record of Medication**6. Requirements**

2600.

181f - Record of Medication (continued)

181.f. The resident’s record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On 7-10-23, resident #8 's medication administration record did not include a current list of medications. The list in the resident's record did not include the following medications:

- *Non drowsy Claritin Loratadine tablet 10 mg*
- *Senokot-S container of 30 tablets*

Plan of Correction

Accept (█ - 08/29/2023)

On 8/18/2023 the clinical service director went over the self-administration policy with residents that self administer and all OTC medication must be reported and approved by PCP and medication list must be updated.

The Clinical Service Director will conduct monthly audits of medications with residents who self-administer medications to ensure all medications are on the current list of medications.

Clinical Service Director will go over the self-administration policy and have them sign that they have been informed of the policy.

Each resident will be given a copy of our policy for their records upon admission or status change.

Clinical Service Director will monitor all self-administration admissions.

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented (█ 09/13/2023)

183a - Original Containers and Injections

7. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On 7-10-23 at 12:18pm, Risperdal Oral Tablet, belonging to resident #8, was observed in an over-the-counter Tylenol container.

Plan of Correction

Accept (█ - 08/29/2023)

Clinical Service Director immediately went over the self-administration policy with residents that self administer on 8/18/23. Although resident is Independent resident was encourage to keep medication in the original container.

The Clinical Service Director will conduct monthly audits on residents who self-administer medications, starting 9/1/23 (█ 8/29/23).

Clinical Service Director will go over the self-administration policy and have them sign that they have been informed of the policy, by 9/10/23 (█ 8/29/23).

Each resident will be given a copy of our policy for their records at the time of admission and or status change by the Clinical Service Director.

183a - Original Containers and Injections *(continued)*

Licensee's Proposed Overall Completion Date: 08/18/2023

Implemented [REDACTED] - 09/13/2023)

183f - Discontinued Medications

8. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

Acetaminophen 325mg, belonging to resident #9, expired on 7-5-23. On 7-10-23, this medication was present in the home's medication cart. The medication was not destroyed in accordance with the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept [REDACTED] - 08/29/2023)

The Pharmacy was contacted immediately and came to do a cart audit on Wednesday 8/9/23.

The Clinical Service Director will oversee that Pharmacy along with Nurses and med tech each will conduct monthly cart audits and pull discontinued or expired medications out of the cart and reorder as needed per State regulations. This will be ongoing. starting immediately.

Licensee's Proposed Overall Completion Date: 10/19/2023

Implemented [REDACTED] - 09/13/2023)