pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **ET 141 OPERATIONS LLC**
LEGAL ENTITY

To operate **ELIZABETHTOWN PERSONAL CARE**
NAME OF FACILITY OR AGENCY

Located at **141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **39**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **December 28, 2023** until **June 28, 2024**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338811**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: DECEMBER 28, 2023

[redacted], Owner
ET 141 Operations LLC
[redacted]

RE: Elizabethtown Personal Care
141 Heisey Avenue
Elizabethtown, PA 17022
License #: 338811

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on July 13-14, 2023 and November 15, 2023 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (338810) dated June 7, 2023 to June 7, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code §20.71(a)(2);(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc: [redacted]

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

Facility Information

Name: *ELIZABETHTOWN PERSONAL CARE* **License #:** *33881* **License Expiration:** *06/07/2024*

Address: *141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022*

County: *LANCASTER* **Region:** *CENTRAL*

Administrator

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

Legal Entity

Name: *ET 141 OPERATIONS LLC*

Address: [redacted]

Phone: **Email:** [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *12/07/1992* **Issued By:** *Labor and Industry*

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *29* **Waking Staff:** *22*

Inspection Information

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

Reason: *Interim* **Exit Conference Date:** *07/14/2023*

Inspection Dates and Department Representative

07/13/2023 - On-Site: [redacted]

07/14/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served:** *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *Unknown* **Are 60 Years of Age or Older:** *28*

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

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

Inspections / Reviews

07/13/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *08/14/2023*

08/18/2023 - POC Submission

Submitted By: [redacted] **Date Submitted:** *08/29/2023*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *08/24/2023*

12/13/2023 - Document Submission

Submitted By: [redacted] **Date Submitted:** *08/29/2023*

Reviewer: [redacted] **Follow-Up Type:** *Enforcement*

3c - Post Current License

1. Requirements

2600.
3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 7/13/23, the home's Chapter 2600 regulation book was not posted in a conspicuous and public place in the home.

Plan of Correction ***Accept [redacted] 08/17/2023)***

On 7/14/23, the home's Chapter 2600 regulation book was posted to bulletin board in main entrance area of home by front desk. All personal care home staff given verbal education by Personal Care Home Administrator that regulation booklet is not to be removed from bulletin board.
Personal Care Home Administrator will round weekly for 4 weeks beginning week of 8/14/23 to ensure booklet is posted.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented [redacted] - 12/13/2023)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted]/2023. However, the criminal background check was requested on [redacted]/2023.

Staff person B was hired on [redacted]2023. However, the criminal background check was requested on [redacted]/2023.

Staff person C was hired on [redacted]/2023. However, the criminal background check was requested on [redacted]/2023.

Plan of Correction ***Accept [redacted] - 08/17/2023)***

Personal Care Home Administrator verbally educated hiring manager on 7/14/23 regarding all employee criminal background checks are to be completed prior to date of hire. Personal Care Home Administrator implemented second review of employee hiring checklist to ensure accuracy and completion of required items.
Personal Care Home Administrator will audit 3 existing employee files weekly for 4 weeks beginning 8/14/23 and new hire files as received.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented [redacted] - 12/13/2023)

82a - Poisonous Materials

3. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials *(continued)*

Description of Violation

An unlabeled bottle of "Bravo Heavy-Duty Low Odor Stripper" was located in a locked maintenance room in the basement of the home. The original container for this chemical indicates that it is a "skin corrosive/irritant," can cause "severe skin burns and serious eye damage" and causes "burns/serious damage to mouth, throat and stomach."

Plan of Correction ***Accept[redacted] - 08/17/2023)***

The unlabeled bottle of chemical was immediately discarded on 7/13/23. An audit was completed by maintenance manager on 7/14/23 to ensure that all poisonous materials are stored in their original labeled containers, with no additional findings.
All personal care home staff were verbally educated by personal care home administrator on 7/14/23 that all poisonous materials must be store in original, labeled containers.
Beginning week of 8/14/23, Personal Care Home Administrator will complete random audits throughout the home weekly, for 4 weeks to ensure all chemicals are being properly stored in the original containers.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Not Implemented [redacted] - 12/13/2023)

96a - First Aid Kit

4. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The First Aid kit located on the second floor of the home was missing tweezers.

Plan of Correction ***Directed [redacted] - 08/17/2023)***

On 7/14/23, tweezers were purchased and placed in First Aid kit located on second floor of the home.
Resident Services Coordinator will complete monthly checks of contents of First Aid kits in the home utilizing materials checklist.
All personal care home staff verbally educated on 7/14/23 to notify Resident Services Coordinator in the event any supplies utilized from First Aid kits so kits may be replenished.

[Directed]

- *On 7/14/23, tweezers were purchased and placed in First Aid kit located on second floor of the home.*
- *Starting 8/25/23, Resident Services Coordinator will complete monthly checks of contents of First Aid kits in the home utilizing materials checklist.*
- *All personal care home staff verbally educated on 7/14/23 to notify Resident Services Coordinator in the event any supplies utilized from First Aid kits so kits may be replenished.*

Directed Completion Date: *09/15/2023*

Implemented [redacted] 12/13/2023)

103f - Refrigerator/Freezer Temps

5. Requirements

2600.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

Located in the basement of the home there is a refrigerator unit used for the storage of resident food. At time of inspection, temperature of the refrigerator section of the unit measured 44 degrees Fahrenheit and the freezer section of the unit measured 12 degrees Fahrenheit.

Plan of Correction ***Directed [redacted] - 08/17/2023)***

On 7/14/23, new thermometers were placed inside the refrigerator and freezer sections of the unit. On 7/14/23, Personal Care Home Administrator verbally educated all staff to contact Administrator/maintenance designee if unit reading above designated temperatures.
Personal Care Home Administrator will complete audit of unit refrigerator and freezer temperature logs daily for 4 weeks to ensure temps remain within acceptable range.

[Directed]

- *On 7/14/23, new thermometers were placed inside the refrigerator and freezer sections of the unit.*
- *On 7/14/23, Personal Care Home Administrator verbally educated all staff to contact Administrator/maintenance designee if unit reading above designated temperatures.*
- *Starting 8/25/23, Personal Care Home Administrator will complete audit of unit refrigerator and freezer temperature logs daily for 4 weeks to ensure temps remain within acceptable range. Documentation of these audits will be kept.*

Directed Completion Date: *09/15/2023*

Implemented [redacted] - 12/13/2023)

141a 1-10 Medical Evaluation Information

6. Requirements

2600.
141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 2's medical evaluation, dated [redacted]/2023, is missing the following items: resident's height, Section 8 (body

141a 1-10 Medical Evaluation Information (continued)

positioning and movement), Section 9 (health status), cognitive function, and Section 10 (mobility needs assessment).

Plan of Correction ***Accept [redacted] - 08/17/2023)***

On 7/12/23, Resident 2's medical evaluation was revised and reviewed/signed by physician to include resident's height and missing items in sections 8, 9, and 10 and cognitive function.
On 7/12/23, Personal Care Home Administrator verbally educated Resident Services Coordinator on importance of ensuring all sections of DME completed fully and accurately.
Beginning week of 8/14/23, Personal Care Home Administrator will complete random weekly audits of initial and annual DME forms to ensure completion in entirety.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Not Implemented [redacted] - 12/13/2023)

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

Resident 1 has the following medication documented on the Medication Administration Record (MAR) to be administered at 8:00PM. However, the prescription label for these medications states that they are supposed to be administered at 5:00PM:
- Bumetanide 2mg
- Metoprolol Tartrate 100mg
- Potassium Chloride 20mEq

Plan of Correction ***Directed ([redacted] - 08/17/2023)***

On 7/14/23, Resident Services Coordinator corrected Resident 1's MAR to reflect 5:00PM administration time for these medications.
On 7/14/23, Personal Care Home Administrator verbally educated med tech staff on the importance of reviewing five rights of medication administration.
Personal Care Home Administrator or designee will randomly audit 5 resident MARs weekly, for 4 weeks to ensure order transcription accuracy.

[Directed]

- *On 7/14/23, Resident Services Coordinator corrected Resident 1's MAR to reflect 5:00PM administration time for these medications.*
- *On 7/14/23, Personal Care Home Administrator verbally educated med tech staff on the importance of reviewing five rights of medication administration.*
- *Starting 8/25/23, Personal Care Home Administrator or designee will randomly audit 5 resident MARs weekly, for 4 weeks to ensure order transcription accuracy. Documentation of these audits will be kept.*

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

Directed Completion Date: *09/15/2023*

Implemented [redacted] - 12/13/2023)

183b - Meds and Syringes Locked

8. Requirements

2600.
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 room.

Description of Violation

On 7/14/2023 at 12:22PM, Representative of the Department observed the second floor's medication room door to be open and unlocked. Inside of this Room is a refrigerator unit used for the storage of Resident medication. The refrigerator was also unlocked. Located inside of the Unit was the following medications:
Resident 3's Levemir Flex Pens.
Resident 4's Diphenhydramine 25mg, Haloperidol 2mg, Lorazepam 2mg syringes (12 syringes) in a zip-lock bag marked as controlled substances.
Furthermore, a 4.9 oz tube of Lac-Hydrate 12% cream (with a Rx label) belonging to Resident 5 which is sitting, unlocked, unattended, and accessible, in the lounge area on the windowsill next to a chair by the window.

Plan of Correction ***Accept [redacted] - 08/17/2023)***

On 7/14/23, all med tech staff were verbally educated by Personal Care Home Administrator on necessity and importance of keeping all med room doors closed and locked at all times. Staff also educated on importance of storing treatment creams in locked medication cart.
Beginning week of 8/14/23, Personal Care Home Administrator or Resident Services Coordinator will conduct random, daily audits at various, unannounced times of medication rooms and carts to ensure locked at all times.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented [redacted] 12/13/2023)

184a - Resident's Meds Labeled

9. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident 1 is prescribed Vitamin D3 tab 50mcg, give 50mcg by mouth 1x day. However the pharmacy label on the medication states: "Vitamin D 2000 IU."

Plan of Correction ***Accept [redacted] - 08/17/2023)***

On 7/14/23, staff disposed of medication "Vitamin D 2000 IU" and requested pharmacy to send " Vitamin D3 tab 50mcg" for Resident 1. On 7/14/23, staff verbally educated by Personal Care Home Administrator on five rights of medication administration and the importance of verifying correct medication received from pharmacy prior to placing medication in the medication cart.
Personal Care Home Administrator/ Resident Services Coordinator will randomly audit labeled medications received from pharmacy weekly for 4 weeks for order accuracy beginning week of 8/14/23.

184a - Resident's Meds Labeled *(continued)*

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented ([redacted] - 12/13/2023)

185a - Implement Storage Procedures

10. 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

Resident 1 is Prescribed a PRN of Loperamide HCL Oral 2mg tab. On 7/13/23 the medication was not available in the home.

Resident 2 has PRN prescriptions for Tylenol 325mg and Tramadol 50mg. On 7/13/23 the medications were not available in the home.

Plan of Correction ***Accept ([redacted] - 08/17/2023)***

Upon investigation completed 7/14/23, Resident 1 had recently used all remaining doses of Loperamide HCL. Staff had phoned pharmacy to verbally request refill be sent to facility. Refill took 2 days to arrive from pharmacy. Medication received at facility on 7/16/23. Resident 2 medication required prescriber to send new script to pharmacy for narcotic (Tramadol) refill. Medications for Resident 2 arrived 7/17/23.

On 7/14/23, Personal Care Home administrator verbally educated all med tech staff on medication refill policies and procedures to include staff requesting refill of medication when a quantity of 7 days of doses or less remain.

Beginning week of 8/14/23, Personal Care Home administrator or Resident Services Coordinator will randomly audit PRN orders/medications and quantities remaining to ensure medications available or in process of reorder if low stock.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented [redacted] - 12/13/2023)

185b - Medication Procedures

11. Requirements

2600.
185.b. At a minimum, the procedures must include:

Description of Violation

Located inside Resident 2's file are past MAR sheets. One of the past Narcotic Log Sheets from the MAR for Tramadol 50mg Tablet (30 tabs) is from "6/5."
The last dose of Tramadol was never documented on the Controlled Substance Record Sheet. The amount remaining is documented as "0," However, no date of administration, time, amount used and who it was administered by is

185b - Medication Procedures (continued)

documented on the Record. Furthermore, there is a sticky note attached to the Form that states "who ever gave last one please fill this out! Thank you."

Plan of Correction ***Accept [redacted] - 08/17/2023)***

On 7/14/23, Personal Care Home Administrator verbally re-educated all med tech staff on five rights of medication administration and stressed the importance of narcotic log documentation as soon as the medication is dispensed, as well as also documenting on the MAR upon med administration.
Beginning week of 8/14/23, Personal Care Home administrator will audit narcotic logs daily for 4 weeks to ensure accurate accounting and signatures for log.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented ([redacted] - 12/13/2023)

187a - Medication Record

12. 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 2 has a Prescription for Kelfex 500mg, on the Pharmacy label the directions are to stop medication after 7 days. When reviewing the MAR for this medication, there is no documentation for this medication to be stopped/ DC'd after 7 days of administration.
There are no initials for the following medication administrations on Resident 2's MAR.
- Breo Ellitpta 100-25mg on 06/07/2023 and 06/21/2023
- Immonium Lactate 12% Lotion on 06/22/2023
- Alstrovatin Calcium 20mg on 06/19/2023

Plan of Correction ***Accept [redacted] - 08/17/2023)***

On 7/17/23, Personal Care Home Administrator verbally educated all med techs on process of receipt of new medication orders and transcribing to MAR. Med tech staff educated on five rights of medication administration to include documentation.
Beginning week of 8/14/23, Personal Care Home Administrator/Resident Services Coordinator will perform daily audits of residents' MARs to ensure initials/signatures for all medications and treatments.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented [redacted] - 12/13/2023)

191 - Resident Right to Refuse

13. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident Contracts for Resident 1 and Resident 2 do not contain a section or statement that documents the resident

191 - Resident Right to Refuse (continued)

was educated or informed on their right to refuse medication if they suspect it has been given in error.

Plan of Correction ***Accept (- 08/17/2023)***

On 7/17/23, updated resident rights' statement/addendum which includes residents' right to refuse medication, reviewed with Residents 1 and 2 and added to contracts.
On 7/17/23, Personal Care Home Administrator provided education to all personal care staff on updated resident rights addendum. Revised resident rights will also be reviewed at next resident council meeting.
Beginning week of 8/14/23, Personal Care Home Administrator will audit within 30 days all resident contracts to ensure inclusion of updated resident rights addendum describing their right to refuse medication.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Not Implemented - 12/13/2023)

224a - Preadmission Screen Form

14. Requirements

2600.
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 /2023; however, the resident's preadmission screening form has not been completed.

Resident 2 was admitted to the home on /2023; however, the resident's preadmission screening form has not been completed.

Plan of Correction ***Accept 08/17/2023)***

On 7/17/23, Resident Services Coordinator completed preadmission screening forms for residents 1 and 2.
On 7/17/23 Personal Care Home Administrator verbally educated Resident Services Coordinator on importance of assessment and form being completed prior to admission. Personal Care Home Administrator will also review admission checklist documents upon admission to ensure proper completion and timeliness.
Beginning week of 8/14/23, Resident Services Coordinator will review all current resident files to ensure completed preadmission screening form on record. Personal Care Home Administrator will audit random sample and all new admissions weekly for 4 weeks to assure proper completion of document.

Licensee's Proposed Overall Completion Date: *09/08/2023*

Implemented - 12/13/2023)

227d - Support Plan Medical/Dental

15. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

227d - Support Plan Medical/Dental *(continued)*

Description of Violation

Resident 1's support plan, dated [redacted]/2023, doesn't include documentation on how the home plans to meet the resident's medical and psychological needs.

Plan of Correction ***Directed [redacted] - 08/17/2023)***

Resident Services Coordinator updated Resident 1's support plan on 7/17/23 to reflect how resident's medical and psychological needs will be met.
On 7/17/23, Personal Care Home Administrator provided verbal education to Resident Services Coordinator on importance of completing all sections of RASP in entirety, to include utilizing N/A as a response as appropriate.
Beginning week of 8/14/23, Personal Care Home Administrator will audit weekly for 4 weeks any new admission, annual, or significant change RASPS to ensure completion and accuracy of document.

[Directed]

- *Resident Services Coordinator updated Resident 1's support plan on 7/17/23 to reflect how resident's medical and psychological needs will be met.*
- *On 7/17/23, Personal Care Home Administrator provided verbal education to Resident Services Coordinator on importance of completing all sections of RASP in entirety, to include utilizing N/A as a response as appropriate.*
- *Personal Care Home Administrator and/or Resident Services Coordinator will complete an audit of all current resident support plans to ensure compliance. Audit will be completed by 9/15/23. Documentation of audit will be kept.*
- *Beginning week of 8/14/23, Personal Care Home Administrator will audit weekly for 4 weeks any new admission, annual, or significant change RASPS to ensure completion and accuracy of document. Documentation of audits will be kept.*

Directed Completion Date: *09/15/2023*

Not Implemented [redacted] - 12/13/2023)

252 - Record Content

16. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

Resident 1's record does not include any identifying marks.

Resident 2's record does not include eye color, hair color, race, any identifying marks and preferred/spoken language.

Plan of Correction ***Directed [redacted] - 08/17/2023)***

On 7/14/23, Personal Care Home Administrator updated demographic and physical information on Resident 1 and Resident 2's transfer forms.
On 7/14/23, Personal Care Home Administrator educated Resident Services Coordinator on the importance of completing all sections of resident transfer forms in entirety up to and including descriptor of "none" if appropriate.
Beginning week of 8/14/23, Personal Care Home Administrator will audit random sample of 5 resident transfer forms weekly for 4 weeks, to evaluate and ensure accuracy and completion.

252 - Record Content (continued)

[Directed]

- *On 7/14/23, Personal Care Home Administrator updated demographic and physical information on Resident 1 and Resident 2's transfer forms.*
- *On 7/14/23, Personal Care Home Administrator educated Resident Services Coordinator on the importance of completing all sections of resident transfer forms in entirety up to and including descriptor of "none" if appropriate.*
- *Personal Care Home Administrator and/or Resident Services Coordinator will complete an audit of all current resident records for completeness by 9/15/23. Documentation of audit will be kept.*
- *Beginning week of 8/14/23, Personal Care Home Administrator will audit random sample of 5 resident transfer forms weekly for 4 weeks, to evaluate and ensure accuracy and completion. Documentation of audit will be kept.*

Directed Completion Date: *09/15/2023*

Not Implemented [redacted] - 12/13/2023)

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

Facility Information

Name: *ELIZABETHTOWN PERSONAL CARE* **License #:** *33881* **License Expiration:** *06/07/2024*

Address: *141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022*

County: *LANCASTER* **Region:** *CENTRAL*

Administrator

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

Legal Entity

Name: *ET 141 OPERATIONS LLC*

Address: [redacted]

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

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *12/07/1992* **Issued By:** *Labor and Industry*

Staffing Hours

Resident Support Staff: **Total Daily Staff:** *29* **Waking Staff:** *22*

Inspection Information

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

Reason: *Interim* **Exit Conference Date:** *11/15/2023*

Inspection Dates and Department Representative

11/15/2023 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *39* **Residents Served:** *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *Unknown* **Are 60 Years of Age or Older:** *28*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability:** *1*

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

Inspections / Reviews

11/15/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *12/09/2023*

Inspections / Reviews *(continued)*

12/13/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/08/2023*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

65a - FS Orientation 1st Day

1. Requirements

2600.
65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Person A, whose first day of work was [redacted]/2023, did not receive orientation on the following topics:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Staff Person B, whose first day of work was [redacted]/2023, did not receive orientation on the following topics:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Staff Person C, whose first day of work was [redacted]/2023, did not receive orientation on the following topics:
1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction ***Directed [redacted] - 12/11/2023)***

Staff Persons A, B, and C received orientation on topics 1-7. Staff persons A, B, and C signed day 1 orientation checklist verified by Maintenance Director and Administrator on 11/24/23.

All new hire files will be reviewed and audited by HR coordinator and Administrator within first week of employee

65a - FS Orientation 1st Day (continued)

start date.

Proposed Overall Completion Date: 12/15/2023

[Directed]

- *Administrator will complete an audit of all current staff records to ensure all staff had their first day training. Audit will be completed by 1/15/24. Documentation of audit will be kept and available for review by the Department.*
- *Administrator will create a new hire checklist, including first day trainings. This will be created and implemented by 1/15/24.*
- *Starting 1/15/24, administrator and HR coordinator will audit all new employee records within the first week of their employment to ensure compliance. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *01/15/2024*

65b - Rights/Abuse 40 Hours

2. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Person A, whose first day of work was [redacted]/2023, did not complete the following training in the following topics within their 1st 40 hours of working:

1. *Resident rights.*
2. *Emergency medical plan.*
3. *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
4. *Reporting of reportable incidents and conditions.*

Staff Person B, whose first day of work was [redacted]/2023, did not complete the following training in the following topics within their 1st 40 hours of working:

1. *Resident rights.*
2. *Emergency medical plan.*
3. *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
4. *Reporting of reportable incidents and conditions.*

Staff Person C, whose first day of work was [redacted]/2023, did not complete the following training in the following topics within their 1st 40 hours of working:

1. *Resident rights.*
2. *Emergency medical plan.*
3. *Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*
4. *Reporting of reportable incidents and conditions.*

65b - Rights/Abuse 40 Hours (continued)

Plan of Correction ***Directed [redacted] - 12/11/2023)***

Staff persons A, B, and C completed 1st 40 training and checklist verified by Administrator on 11/24/23.

All new hire files will be reviewed and audited by HR Coordinator and Administrator within first week of employee start date.

Proposed Overall Completion Date: 12/15/2023

[Directed]

- *Administrator will complete an audit of all current staff records to ensure all staff had their first day training. Audit will be completed by 1/15/24. Documentation of audit will be kept and available for review by the Department.*
- *Administrator will create a new hire checklist, including first day trainings. This will be created and implemented by 1/15/24.*
- *Starting 1/15/24, administrator and HR coordinator will audit all new employee records within the first week of their employment to ensure compliance. Documentation of these audits will be kept and available for review by the Department.*

Directed Completion Date: *01/15/2024*

82a - Poisonous Materials

3. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 11/15/2023, there was a plastic spray bottle containing an unknown liquid and a gallon bottle with liquid labeled in marker as "Stripper Floor Only". Neither container had a manufacture's label.

Plan of Correction ***Accept ([redacted] - 12/11/2023)***

On 11/15/23, plastic spray bottle containing an unknown liquid and a gallon bottle with liquid labeled floor stripper were disposed of.
On 11/24/23, Environmental Services Director and housekeeping staff educated on 2600.82a regarding poisonous materials must be stored in original, labeled containers.
Beginning 12/1/23, Administrator/ ESD will perform daily audit for one month of cleaning/utility supply closet to ensure compliance of 2600.82a.

Proposed Overall Completion Date: 12/31/2023

Licensee's Proposed Overall Completion Date: *12/31/2023*

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident 1's medical evaluation, dated [redacted]/2023, did not include the following:

Section (1) Blood Pressure, Height, Weight, Pulse Rate and Temperature.

Section (2) Medical Diagnoses.

Section (3) Medical information pertinent to diagnosis and treatment in case of an emergency.

Section (5) Allergies.

Section (7) Medication Regiment.

Plan of Correction ***Directed [redacted] - 12/11/2023)***

On 11/16/23, Resident 1's DME updated to include items in Section 1,2,3,5, and 7.

Administrator will perform monthly audits of all DMEs completed to ensure accuracy and completion in entirety.

Proposed Overall Completion Date: 12/31/2023

[Directed]

- *Administrator will complete an audit of all current resident records to review medical evaluations for completeness. Audit will be completed by 1/15/24. Documentation of audit will be kept and available for review by the Department.*
- *Starting 1/15/24, administrator will complete monthly audits of medical evaluations for completeness. Documentations of audits will be kept and available for review by the Department.*

Directed Completion Date: *01/15/2024*

190a - Completion Medication Course

5. 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.

190a - Completion Medication Course *(continued)*

Description of Violation

Staff Person C, who currently administers medications, is not currently trained and certified in the Department-approved medication administration course.

Plan of Correction ***Directed [redacted] - 12/11/2023)***

Staff Person C will retake a Department-approved medications administration course that includes the passing of the Department's performance-based competency test by 1/31/24.

HR Coordinator/ Administrator will audit all med tech employee files to ensure certifications are current to comply with 2600.190a.

Proposed Overall Completion Date: 01/31/2024

[Directed]

- *Administrator and HR coordinator will complete an audit of all current med tech records to ensure all current med techs have the required medication administration certification. Any med techs who aren't currently certified will not be allowed to administer any medication until they successfully complete the medication administration standard course. Audit will be completed by 1/15/24. Documentation of this audit will be kept and available for review by the Department.*
- *Starting 1/15/24, Administrator will complete a quarterly audit of a med tech trainings to ensure compliance. Documentation of this audit will be kept and available for review by the Department.*

Directed Completion Date: *01/31/2024*

190b - Insulin Injections

6. Requirements

2600.
190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff Person B administers insulin to residents. However, Staff Person B has not completed a diabetic education program in the past 12 months.

Staff Person C administers insult to residents. However, Staff Person C has not taken and passed the Department approved medication administration course.

Plan of Correction ***Directed [redacted] - 12/11/2023)***

Staff Person B will complete a Department-approved diabetes patient education program by 1/31/24.

HR Coordinator/Administrator will audit all med tech employee files to ensure diabetes education is current.

Proposed Overall Completion Date: 01/31/2024

190b - Insulin Injections (continued)

[Directed]

- *Staff Person C will retake the Department-approved medication administration standard course, including passing of the Department's performance-based competency test, by 1/31/24.*
- *Administrator and HR coordinator will complete an audit of all current med tech records to ensure all current med techs have had Department-approved diabetic patient education within the last 12 months and successfully complete the medication administration standard course within the last 2 years. Any med techs who aren't currently certified will not be allowed to administer insulin or take blood sugars until they successfully complete the medication administration standard course and have had Department-approved diabetic patient education. Audit will be completed by 1/15/24. Documentation of this audit will be kept and available for review by the Department.*
- *Starting 1/15/24, Administrator will complete a quarterly audit of a med tech trainings to ensure compliance. Documentation of this audit will be kept and available for review by the Department.*

Directed Completion Date: *01/31/2024*

191 - Resident Right to Refuse

7. Requirements

2600.
191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident 1, admitted to the home on [redacted]/2023, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident 2, admitted to the home on [redacted]/2023, has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction ***Accept ([redacted] - 12/11/2023)***

On 11/16/23, Resident 1 and Resident 2 signed resident rights' addendum to personal care home contract to include resident's right to refuse medication if the resident believes that there may be a medication error.

Resident rights' addendum including resident's right to refuse medication added to all admission packets moving forward. All current resident's contracts audited on 11/24/23 to ensure all current contracts include resident education on right to refuse medications.

Licensee's Proposed Overall Completion Date: *12/15/2023*

227d - Support Plan Medical/Dental

8. Requirements

2600.
227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1's support plan, dated [redacted]/2023, does not resident's medical diagnoses, the home's plan to meet

227d - Support Plan Medical/Dental (continued)

resident's medical needs and Part 4: Summary and Determination.

Plan of Correction ***Directed [redacted] 12/11/2023)***

Resident 1's support plan updated on 11/24/23 to include resident's medical diagnoses and Part 4 Summary and Determination.

Administrator to audit all resident RASPS for accuracy and completion of all sections.

Proposed Overall Completion Date: 12/31/2023

[Directed]

- *Administrator will audit all current resident RASPs for accuracy and completeness. This audit will be completed by 1/15/24. Documentation of audit will be kept and available for review by the Department.*
- *Starting 1/15/24, administrator will complete quarterly audits of current RASPs for accuracy and completeness. Documentation of audit will be kept and available for review by the Department.*

Directed Completion Date: *01/15/2024*

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.

Description of Violation

Resident 1's record does not include the resident's religion and height.

Resident 2's record does not include the resident's religion.

Plan of Correction ***Directed ([redacted] - 12/11/2023)***

On 11/24/23, Resident 1's record updated to include height and "N/A" for religion. Resident 2's record updated to include "N/A" for religion.

Administrator will audit all resident records to ensure accuracy and completion of all requirements of 2600.252. Administrator will ensure "N/A" or "none" utilized when appropriate for description.

Proposed Overall Completion Date: 12/31/2023

[Directed]

- *Administrator will complete an audit of all current resident records to review records for completeness. This audit will be completed by 1/15/24. Documentation of this audit will be kept and available for review by the Department.*
- *Starting 1/15/24, administrator will complete quarterly audits of resident records to review records for completeness. Documentation of this audit will be kept and available for review by the Department.*

Directed Completion Date: *01/15/2024*