



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: NOVEMBER 28, 2023

Hotel Lebanon Corporation
23-25 South Ninth Street
Lebanon, Pennsylvania 17042

RE: American House T/A Hotel Lebanon
License #: 344042

Dear Hotel Lebanon Corporation:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on July 26, 2023, July 27, 2023 and July 28, 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 issues you a THIRD PROVISIONAL license to operate the above facility. A THIRD PROVISIONAL license is being issued based on our 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 THIRD PROVISIONAL license is enclosed.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.


<u>55 Pa. Code Chapter 2600:</u>	<u>Class of Violation</u>	<u>Census at Inspection</u>	<u>Fine Per resident X Per day</u>	<u>Calculated Fine = Per day</u>	<u>Mandated Correction Date (to avoid Fine)</u>
2600.15(a)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.16(c)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.42(b)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.54(a)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.65(a)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.65(b)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.65(d)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.85(b)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.105(g) from	II	58	\$5	\$290	5 calendar days mailing date of this letter

2600.132(d)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.132(e)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.183(b)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.185(a)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.187(a)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.187(d)	II	58	\$5	\$290	5 calendar days from mailing date of this letter
2600.190(b)	II	58	\$5	\$290	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

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:


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.

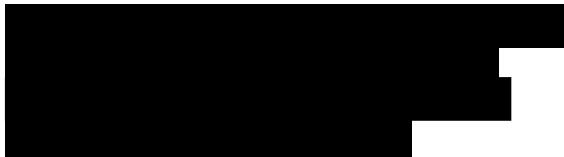
Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summaries

cc:



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

Facility Information

Name: *AMERICAN HOUSE T/A HOTEL LEBANON* License #: *34404* License Expiration: *09/14/2023*
Address: *23-25 SOUTH NINTH STREET, LEBANON, PA 17042*
County: *LEBANON* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *HOTEL LEBANON CORPORATION*
Address: *23-25 SOUTH NINTH STREET, LEBANON, PA, 17042*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/15/1987* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *58* Waking Staff: *44*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Complaint, Provisional* Exit Conference Date: *07/28/2023*

Inspection Dates and Department Representative

07/26/2023 - On-Site: [REDACTED]
07/27/2023 - On-Site: [REDACTED]
07/28/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *74* Residents Served: *58*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *26* Are 60 Years of Age or Older: *38*
Diagnosed with Mental Illness: *11* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

07/26/2023 - Full

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

08/23/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/22/2023*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/30/2023*

09/15/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *09/22/2023*
[REDACTED] [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/20/2023*

10/10/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: *09/22/2023*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 7/5/2023 at 9:44 AM, an incident of alleged abuse occurred. This incident was reported to Staff Member A on 7/5/2023 and a Mandatory Abuse Report was completed; however, the date and time of notification to AAA was not documented.

On 7/9/2023 at 4:38 PM, an alleged staff to resident abuse incident occurred. This incident was reported to Staff Member A on 7/9/2023. A Mandatory Abuse Report report was completed; the date and time of notification to AAA was not documented

Repeated Violation - 8/30/2022

Plan of Correction

Accept (█ - 08/22/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/07/2023 by the Manager to fixed both reports for incidents on 7/5/2023 and 7/9/2023 filling out all the necessary fields including the AAA reporting fields.

To enhance the currently compliant operations, on 08/07/2023 the Administrator and Manager will go over the office manual again with the manager completing a training on Proper Reporting Procedures. This material will go over incident/abuse reporting to all the proper authorities.

Effective 08/07/2023 the Administrator and Manager will perform daily checks to maintain ongoing compliance with immediately reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/16/2023

Not Implemented (█ - 10/06/2023)

16c - Written Incident Report

2. 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

On 7/9/2023 at 4:38 PM, an alleged incident of staff to resident abuse occurred. This incident was reported to Staff Member A on 7/9/2023. The home did not report this incident to the department until 7/26/2023.

16c - Written Incident Report (continued)

Repeated Violation - 1/10/2023, et al, 8/30/2022

Plan of Correction

Accept [REDACTED] - 08/22/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Manager to when brought to the homes' attention about the missing report the manager corrected the missing report immediately by filling out the form and reporting the incident to DHS.

To enhance the currently compliant operations, on 08/09/2023 the Administrator will Administrator re-trained the manager on the process and where the report goes in case of an incident occurs. Also the training information is provided in the office manual located in the main office.

Effective 08/09/2023 the Administrator and Manager will perform weekly reviews to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/16/2023

Not Implemented [REDACTED] - 10/06/2023)

18 - Compliance With Laws

3. 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

On 7/26/2023, the home did not have the required influenza information posted in a public place per the Influenza Awareness Act.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Administrator to the home with the reorganization of the med room didn't realize the misplacement of the poster. That same day the poster was later posted on the bulletin board outside the med office.

To enhance the currently compliant operations, on 09/01/2023 the Administrator and Manager will create a list with all necessary items to be posted on all public bulletin boards. This list will be added into the office manual as guide to follow.

Effective 09/01/2023 the Administrator or Manager will perform monthly checks to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

18 - Compliance With Laws (continued)

Licensee's Proposed Overall Completion Date: 09/01/2023

Implemented [REDACTED] - 10/06/2023)

20b8 - Quarterly Account

4. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident #1 and Resident #2 have not received an itemized account of financial transactions on a quarterly basis. Per the home's Administrator, the home does not provide this review to the resident or resident's designated person.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/16/2023 by the Administrator and Manager to continued to have open dialogue and questions about personal finances. We have shared with them about personal spending amounts, balances, upcoming income, etc. The Administrator/designee will receive education on regulations 2600 (a) through (b10) no later than 8/31/2023 by the administrator.

To enhance the currently compliant operations, on 08/31/2023 the Administrator or Manager will be meeting with all of the residents that we are representative payee for and go over reports for Q1 and Q2. On a quarterly basis (March, June, September, December) the home will go over with them their quarterly statements/reports. By 8/31/2023, the Administrator or Manager will be providing a quarterly itemized statements of financial transactions to any resident the home is rep payee for or provides financial assistance as well as the resident's designated contact; a copy will be kept in the resident's record.

Effective 08/31/2023 the Administrator and Manager will perform quarterly reviews to maintain ongoing compliance with giving residents and residents' designated persons, an itemized account of financial transactions made on residents' behalf on a quarterly basis. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] - 10/06/2023)

26a - Quality Management Plan

5. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home's policy indicates the home will conduct quality management reviews on an annual basis; however, the most recent quality management review was held in 2007.

26a - Quality Management Plan (continued)

Plan of Correction**Accept** [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/30/2023 by the Owner, Administrator, and Manager to to be able to have an effective and productive meeting a quality management meeting is planned to be held no after that 09/30/2023. The owner, administrator, and manger will be present and any other personnel if present will sign an attendance sheet.

To enhance the currently compliant operations, on 09/30/2023 the Administrator and Manager will a binder will be kept with date and record everything that goes on in the meeting. On 09/14/2023, the Administrator and Manager received education on the requirements for a Quality Management Plan by the Administrator. To ensure that a plan is set to move forward with the home and residents.

Effective 09/30/2023 the Administrator and Manager will perform annual audits to maintain ongoing compliance with establishing and implementing a quality management plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2023

Not Implemented [REDACTED] - 10/06/2023)

28e - Death of a Resident

6. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #3 passed away on [REDACTED]/2022; however, the home does not have documentation that a refund was made in accordance with the Elder Care Payment Restitution Act.

Plan of Correction**Directed** [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2023 by the Administrator and Manager to the home still has the funds of the resident that passed away in the hospital. Contact with the [REDACTED] has been lost since [REDACTED] was not actively present the time the resident resided here. Looking into the system and older there is no contact for the [REDACTED] saved. [REDACTED] called to speak to someone in the time recent to the death about funds but no understanding came to be after that contact was lost called Wellspan Hospital Lebanon, PA to try to get contact information but they are not allowed to comply with that information. On 08/23/2023 contact with the [REDACTED] was able to be made and the home as agreed to get [REDACTED] the residents funds. The owner has retouched with [REDACTED] in having to go to the bank with the [REDACTED] to get the account unfreeze since it has been able to be touched since the reporting of [REDACTED] passing away the [REDACTED] would need to be present. The owner and [REDACTED] are setting up a date to meet to get the funds returned to [REDACTED] as soon as possible based on [REDACTED] availability.

28e - Death of a Resident (continued)

To enhance the currently compliant operations, on 08/16/2023 the Administrator and Manager will Home will continue to hold funds until able to find the correct correspondent to [REDACTED] funds. Going to keep investigating to see if we can be successful in contacting a family member or anywhere else we can get information to get [REDACTED] funds to the proper personnel. Also the Administrator is going to add to the office manual the proper discharge steps for a resident that passes away to help ensure all correct measures are being taken by 09/15/23. A training will also be given by the Administrator to Manger and Owner on proper return of funds to a resident that has passed away on 09/15/23.

Effective 09/15/2023 the Administrator and Manager will perform biannual reviews to maintain ongoing compliance with refunding the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property, and in the event of a death of a resident under 60 years of age. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107), and keeping documentation of refunds in each resident's record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- The refund for Resident #3 will be issued to the designated contact no later than 10/15/2023.

Directed Completion Date: 10/15/2023

Not Implemented ([REDACTED] - 10/06/2023)

41e - Signed Statement**7. Requirements**

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Residents #1, #2 and #3's records did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Plan of Correction

Accept ([REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2023 by the Manager to residents 1, 2, and 3 were brought to the office to sign the missing residents rights and complaint procedures form to complete their files.

To enhance the currently compliant operations, on 09/01/2023 the Administrator will trained manager on the correct way to complete a resident file and how to follow the resident checklist to ensure compliance. Also resident file checklist will be updated to ensure it meets all regulations.

41e - Signed Statement (continued)

Effective 09/04/2023 the Administrator and Manager will perform monthly reviews to maintain ongoing compliance with keeping in the resident's record a statement signed by each resident and, if applicable, each resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] - 10/06/2023)

42b - Abuse**8. 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 7/9/2023 at approximately 4:38 PM, Staff Member H grabbed Resident #16's hand and shoved the resident in the dining room of the home.

Repeated Violation - 1/10/2023, et al, 8/30/2022

Plan of Correction

Directed [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on [REDACTED]/10/2023 by the Manager to Staff Member H was called into the home to meet with the manager and med supervisor to speak upon what was reported. In result of meeting with the staff member H [REDACTED] was terminated from the facility.

To enhance the currently compliant operations, on 07/10/2023 the Manager will Had a meeting with the staff meeting to go speak on effective intervention with resident and how as direct care staff we should manage ourselves. This training that on positive interventions and resident rights will be provided to all staff no later than 9/1/2023. Also when hiring staff management will continue to go over residents rights with new hires to help prevent inappropriate actions, with a completion date of 07/11/2023.

Effective 08/15/2023 the Administrator and Manager will perform quarterly reviews on employee files ensuring all staff have taken resident rights training to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. The employee checklist will have listed resident rights training to ensure all staff have completed the training prior to hire or 1st day of work. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- The home will contact outside resources to request additional training in the areas of Abuse and Neglect, Dignity and Respect and other Resident Rights. The training will be provided to all staff members including the Administrator and Manager. Documentation of the syllabus and staff sign in sheets will be kept by the home. The training will be conducted by 11/1/2023.

42b - Abuse (continued)

Directed Completion Date: 11/01/2023

Not Implemented [redacted] - 10/06/2023)

42s - Privacy

9. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home has video monitoring and recording in interior areas that are accessible to residents including but not limited to: the home's dining room, medication administration window, hallways and common lounge areas. Additionally, residents are not informed upon admission that these areas are subject to video recording and signs are not posted indicating that images are being recorded.

Resident #5 has a resident-owned electronic communication device in the resident's bedroom. The use of the electronic communication device is not addressed in the resident-home contract and the facilities policies and procedures do not include the use of these devices.

Plan of Correction

Accept [redacted] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2023 by the Owner to the owner immediately shut down the home's recording surveillance and left the cameras running only on the live view. Residents were given a verbal and posted notice that the home will be having video recording effective with in 30 days of August 1, 2023.

To enhance the currently compliant operations, on 08/01/2023 the Administrator and Manager will the home will have signs posted by August 31, 2023 that states that video recording is going on in all common areas inside and outside the facility, with a completion date of 08/31/2023. The letters were now taken down from the home and surveillance recording will remain off until further notice. Cameras will be left only on live view with no saved surveillance.

Effective 08/31/2023 the Administrator, Manager, and Maintenance will perform checks to maintain ongoing compliance with providing residents the right to privacy of self and possessions and to provide privacy to each resident during bathing, dressing, changing and medical procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [redacted] - 10/06/2023)

54a - Direct Care Staff

10. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

54a - Direct Care Staff (continued)

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct Care Staff Member C does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Repeated Violation - 1/10/2023, et al

Plan of Correction

Accept [redacted] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/04/2023 by the Manager to staff member C was contacted and asked for a document stating if [redacted] has a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. Staff member said [redacted] does and that [redacted] will bring it into the home. Staff member C's position was put on hold until [redacted] is able to provide the necessary documentation.

To enhance the currently compliant operations, on 08/07/2023 the Administrator and Manager will Upon interview candidates must provide proof of high school, diploma, GED, or active registry status on the Pennsylvania nurse aide registry in order to begin to work. On 08/25/2023 Administrator trained manager about hiring process and all necessary items on the employee checklist. Emphasizing the importance of having many documents prior to bringing an employee on board. By 09/08/2023 an initial audit will be done by Administrator and Manager of all remaining staff members to ensure they have the required qualifications.

Effective 09/08/2023 the Administrator and Manager will perform quarterly review to maintain ongoing compliance with ensuring direct care staff, including have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [redacted] - 10/06/2023)

57b - 1 Hour/Day

11. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On 7/16/2023, there were 56 residents in the home, requiring a minimum of 56 hours of direct care service. On this day, only 48.75 hours of direct care staffing was provided.

On 7/22/2023, there were 56 residents in the home, requiring a minimum of 56 hours of direct care service. On this day, only 48.75 hours of direct care staffing was provided.

57b - 1 Hour/Day (continued)

Plan of Correction

Accept [redacted] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/15/2023 by the Administrator and Manager are actively working on covering all shifts to fulfill the need for personal care service hours. The manager is responsible for creating the schedules which are posted 2 weeks in advanced.

To enhance the currently compliant operations, on 08/15/2023 the Administrator and Manager will are actively hiring and recruiting staff members through flyers, indeed post, social media, word of mouth, and etc.. Trying to fill positions with qualified candidates for the direct care staff position, this is an ongoing process. The Administrator and/or designee will perform a review of the staff schedule at least one week in advance to ensure the home has the appropriate staff coverage based on the amount of residents residing in the home. The process to be followed to ensure staff schedules are compliant with 1hr per day of personal care service is as follows. Staff members must call off to Administrator or Manager to inform about absence to work. Administrator or Manager will then look into the staff list and schedule for available direct care staff with qualifications to fulfill regulation compliance. The Administrator or Manager will then proceed to call available staff to cover available shift.

Effective 08/15/2023 the Administrator and Manager will perform daily review through out to maintain ongoing compliance with ensuring direct care staff persons are available to provide at least 1 hour per day of personal care services to each mobile resident. The Administrator and/or designee will perform a review of the staff schedule at least one week in advance to ensure the home has the appropriate staff coverage based on the amount of residents residing in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [redacted] - 10/06/2023)

57d - Waking Hours

12. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On 7/16/2023, a total of 42 hours of direct care during waking hours was required. However, the home only provided 38 hours of care during waking hours.

On 7/22/2023, a total of 42 hours of direct care during waking hours was required. However, the home only provided 38 hours of care during waking hours.

Plan of Correction

Accept [redacted] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/15/2023 by the Administrator and Manager to The administrator and manager are actively working on covering all shifts to fulfill the need for personal care service hours. The manager is responsible for creating the schedules which are posted 2 weeks in advanced.

57d - Waking Hours (continued)

To enhance the currently compliant operations, on 08/15/2023 the Administrator and Manager will be actively hiring and recruiting staff members through flyers, indeed post, social media, word of mouth, and etc.. Trying to fill positions with qualified candidates for the direct care staff position, this process is ongoing. The process to be followed to ensure staff schedules are compliant with 75 % of personal care service during waking hours is as follows. Staff members must call off to Administrator or Manager to inform about absence to work. Administrator or Manager will then look into the staff list and schedule for available direct care staff with qualifications to fulfill regulation compliance. The Administrator or Manager will then proceed to call available staff to cover available shift.

Effective 08/15/2023 the Administrator and Manager will perform daily review through out to maintain ongoing compliance with ensuring at least 75% of the personal care service hours specified in subsections (b) and (c) are available during waking hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] - 10/06/2023)

60a - Staff/Support Plan

13. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home does not currently have staff trained in Medication Administration during overnight shifts from 10:00 PM to 6:30 AM. As a result, the home is unable to provide medication administration services during this time. There are no scheduled medications at the home during this time; however, the following residents have these medications scheduled pro re nata (PRN):

Resident #1: Glucose tablets as needed for Low Blood Sugar, Trazodone 50mg as needed for sleep

Resident #2: Albuterol Sul HFA 90 MCG as needed for Mild Intermittent Asthma

Resident #5: Acetaminophen 325mg as needed for pain, Hydroxyzine Pamoate 50mg as needed for Anxiety, Tramadol hcl 50mg as needed for pain

Resident #6: Nitroglycerin 0.4mg as needed for chest pain

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/15/2023 by the Administrator and Manager to the management office staff is actively working/interviewing to potentially to hire qualified direct care staff that can be med techs for overnight shifts. The manager is responsible for creating the schedules which are posted 2 weeks in advanced. The Manager and Med Supervisor work hand to hand to complete coverage for med tech availability.

60a - Staff/Support Plan (continued)

To enhance the currently compliant operations, on 08/15/2023 the Administrator and Manager will be actively hiring and recruiting staff members through flyers, indeed post, social media, word of mouth, and etc.. Trying to fill positions with qualified candidates for the direct care staff to become med tech, with a completion date by 09/30/23. The Administrator and/or designee will perform a review of the staff schedule at least one week in advance to ensure the home has at least one med tech per shift. The process to be followed to ensure staff schedules are compliant with med tech certified staff is as follows. Staff members must call off to Administrator or Manager to inform about absence to work. Administrator or Manager will then look into schedule for available direct care staff with med tech certification (a list is in the med training binder) to fulfill regulation compliance. The Administrator or Manager will then proceed to call available staff to cover available shift.

Effective 08/15/2023 the Administrator and Manager will perform daily review through out to maintain ongoing compliance with ensuring staffing is provided to meet the needs of the residents as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented (█) - 10/06/2023)

63a - First Aid/CPR Training**14. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 7/16/2023, from 10:30 PM to 7/17/2023 6:00 AM, 56 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 7/19/2023, from 6:00 AM to 8:30 AM and again from 8:00 PM to 10:30 PM, 56 residents were present in the home. During this time one staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 7/19/2023, from 10:30 PM to 7/20/2023 7:00 AM, 56 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

On 7/22/2023, from 6:00 AM to 2:30 PM, 56 residents were present in the home. During this time one staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

On 7/22/2023, from 2:30 PM to 10:00 PM, 56 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid, obstructed airway techniques and CPR.

Repeated Violation - 1/10/2023, et al

63a - First Aid/CPR Training (continued)

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/07/2023 by the Administrator and Manager to contact a CPR trainer as we were having trouble engaging contact with a CPR trainer and potentially new trainer but was having no success. Recently having much persistence we was able to get contact with a CPR trainer that will be providing training 08/18/2023. All staff as of 08/18/2023 have been CPR certified to be in compliance with regulation. As a home we try to all staff member CPR certified to ensure that safety for residents is taken care of. Being under staffed due to shortage is a big factor as in why we have a lower count of CPR certified staff. The process to be followed to ensure staff schedules are compliant with CPR certified staff is as follows. Staff members must call off to Administrator or Manager to inform about absence to work. Administrator or Manager will then look into schedule for available direct care staff with current CPR certification (a list is in the med training binder) to fulfill regulation compliance. The Administrator or Manager will then proceed to call available staff to cover available shift.

To enhance the currently compliant operations, on 08/25/2023 the Administrator or Manager will maintain contact with CPR trainer to help in future cases where CPR training is needed we will have a contact at hand. A list will be made to be place in the med training binder with training dates to ensure that CPR certifications are current.

Effective 08/25/2023 the Administrator and Manager will perform quarterly reviews to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [REDACTED] - 10/06/2023)

65a - FS Orientation 1st Day

15. 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:
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.

Description of Violation

Staff Member C, whose first day of work was [REDACTED]/2023, did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking

65a - FS Orientation 1st Day (continued)

areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeated Violation - 1/10/2023, et al

Plan of Correction

Accepted [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/04/2023 by the Manager to staff member C position has been held per parameters if/when [REDACTED] provides necessary documents then management will proceed to train in general fire safety and emergency preparedness.

To enhance the currently compliant operations, on 08/07/2023 the Administrator and Manager will Upon interview or first day of work candidates must go through general fire safety and emergency preparedness training before beginning to work. Administrator on 08/11/2023 will retrain manager about hiring process and all necessary items on the employee checklist. Emphasizing the importance of having many documents prior to bringing an employee on board. An initial audit will be completed by the Administrator and Manager by 09/01/2023 to ensure staff members have completed the trainings as required in 2600.65(a).

Effective 09/30/2023 the Administrator and Manager will perform monthly review to maintain ongoing compliance with ensuring that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in general fire safety and emergency preparedness that include, including evacuation procedures, and staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, and smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, and the location and use of fire extinguishers, and smoke detectors and fire alarms, and telephone use and notification of emergency services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] 10/06/2023)

65b - Rights/Abuse 40 Hours**16. 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:

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.

Description of Violation

Staff Member C, hired on [REDACTED]/2023, did not complete training in the following topics: resident rights, emergency

65b - Rights/Abuse 40 Hours (continued)

medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

Repeated Violation - 1/10/2023, et al

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/04/2023 by the Manager to staff member C position has been held per parameters if/when [REDACTED] provides necessary documents then management will proceed to train in resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions.

To enhance the currently compliant operations, on 08/07/2023 the Administrator and Manager will Upon interview or first day of work candidates must go through resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), reporting of reportable incidents and conditions training before beginning to work. Administrator on 08/11/2023 will retrain manager about hiring process and all necessary items on the employee checklist. Emphasizing the importance of having many documents prior to bringing an employee on board. An initial audit will be completed by the Administrator and Manager by 09/01/2023 to ensure staff members have completed the trainings as required in 2600.65(b).

Effective 09/30/2023 the Administrator and Manager will perform monthly review to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes, including resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights, and emergency medical plan, and mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/06/2023)

65d - Initial Direct Care Training**17. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Member C, hired on [REDACTED] 2023, provides unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test as of 7/28/2023.

Direct Care Staff Member D, hired on [REDACTED] 2023, provides unsupervised ADL services. However, the staff person did not

65d - Initial Direct Care Training (continued)

complete and pass the Department-approved direct care training course and pass the competency test as of 7/28/2023.

Repeated Violation - 1/10/2023, et al

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/04/2023 by the Manager to staff member C position has been held per parameters if/when [REDACTED] provides necessary documents then management will proceed to train in job shadowing to preform ADL service and staff member passing the competency test. Staff member D did [REDACTED] job shadowing under another staff member on August 4,7,9,11,15 ,2023. Also [REDACTED] is on track to finishing [REDACTED] direct care staff test as soon as possible.

To enhance the currently compliant operations, on 08/07/2023 the Administrator and Manager will Upon interview or first day of work candidates must have direct care staff test and job shadowing under trained staff member training before beginning to work. Administrator on 08/11/2023 will retrain manager about hiring process and all necessary items on the employee checklist. Emphasizing the importance of having many documents prior to bringing an employee on board. An initial audit will be completed by the Administrator and Manager by 09/01/2023 to ensure staff members have completed the trainings as required in 2600.65(d).

Effective 09/30/2023 the Administrator and Manager will perform daily review to maintain ongoing compliance with ensuring direct care staff persons hired after April 24, 2006, do not provide unsupervised ADL services until completion of, including successful completion and passing the Department-approved direct care training course and passing of the competency test. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/01/2023

Not Implemented [REDACTED] - 10/06/2023)

65f - Training Topics**18. 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.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct Care Staff Member E did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence,

65f - Training Topics (continued)

malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 2022.

Plan of Correction**Accept** [REDACTED] - 09/15/2023)

In response to the violation on 08/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/14/2023 by the Administrator and Manager to all trainings have been being kept up to date for 2023 and training that might be missing are scheduled for completion for all staff.

To enhance the currently compliant operations, on 09/29/2023 the Administrator and Manager will staff files will be updated into Tabula Pro with dates to ensure that out of date training will be noticed when pulling a report. A binder will be created with dates of all trainings and certifications received with dates. Administrator and Manager will be completing trainings to Staff Member E of all identified topics by 09/20/23. By 09/08/2023 an initial audit will be done by Administrator and Manager of all remaining staff members to ensure they have the required qualifications.

Effective 09/29/2023 the Administrator and Manger will perform monthly reviews to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/29/2023

Not Implemented [REDACTED] - 10/06/2023)**65g - Annual Training Content****19. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff Member E did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, new population groups that are being served at the home that were not previously served, if

65g - Annual Training Content (continued)

applicable during training year 2022.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/15/2023 by the Administrator and Manager to update annual training for what is left of 2023 to meet fire safety annual regulation for all staff to train.

To enhance the currently compliant operations, on 09/29/2023 the Administrator and Manager will staff files will be updated into Tabula Pro with dates to ensure that out of date training will be noticed when pulling a report. A binder will be created with dates of all trainings and certifications received with dates. Also Administrator or Manager will provide training on emergency preparedness procedures and recognition and response to crises and emergency situations, resident rights, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), falls and accident prevention, new population groups, as applicable, by 9/8/2023.

Effective 09/29/2023 the Administrator and Manager will perform monthly reviews to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable, and fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/29/2023

Not Implemented [REDACTED] - 10/06/2023)

82a - Poisonous Materials**20. Requirements**

2600.

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

82a - Poisonous Materials (continued)

Description of Violation

On 7/26/23 at approximately 10:05 AM, a clear 25 fluid oz spray bottle, filled with unidentified pink substance, was found in the basement storage room, next to the laundry room. A manufacturer's label was not present.

On 7/26/23 at approximately 10:30 AM, a purple LA Totally Awesome Cleaner spray bottle was labeled as "bleach and water" with masking tape and black marker. This spray bottle was located in room #213 which was unoccupied and unlocked.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Maintenance to The clear 25 fluid oz spray bottle, filled with unidentified pink substance was removed and discarded. The purple spray bottle, labeled as "bleach and water" found in the room #213 was discarded the same day.

To enhance the currently compliant operations, on 08/07/2023 the Direct Care Staff, Maintenance, and Manager will Additional training will be provided to the staff to eliminate the instances of bottles without a manufacture's label. Letting staff know that they are not allowed to bring in personal cleaning products if not only the ones provided by the home. Maintenance was spoken to keep storage closets stocked with enough cleaning products for staff to have accessible when needed.

Effective 08/14/2023 the Administrator and Manager will perform weekly checks to maintain ongoing compliance with storing poisonous materials in their original, labeled containers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/17/2023

Not Implemented [REDACTED] - 10/06/2023)

82c - Locking Poisonous Materials

21. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 7/26/2023 at approximately 10:15 AM, a 10.1 fluid ounce container of Painters Acrylic Latex Caulk, with a manufacturer's label indicating "for emergencies, call poison control", was unlocked, unattended, and accessible to residents in the cabinet on the first floor. Not all the residents of the home, including Resident #5, have been assessed capable of recognizing and using poisons safely.

On 7/25/2023 at approximately 10:30 AM, a purple spray bottle, labeled as "bleach and water", was unlocked, unattended and accessible to residents in room #213. Not all the residents of the home, including Resident #5, have been assessed capable of recognizing and using poisons safely.

82c - Locking Poisonous Materials (continued)

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Maintenance to Painters Acrylic Latex Caulk was removed from the first floor cabinet and cabinet is locked. The purple spray bottle, labeled as "bleach and water" found in the room #213 was discarded the same day. After revising resident #5 DME his preadmission screening was updated. [REDACTED] has been assessed capable of recognizing and using poisons safely by a medical professional.

To enhance the currently compliant operations, on 07/31/2023 the Maintenance and Direct Care Staff will Additional monitoring and reminders of the cabinets to be lock will be done verbally and we will be posting signs as well. Direct Care Staff will be performing daily walk thru of rooms and common areas to ensure no medications, and poisonous materials are accessible to residents. Any finding that are not permitted to be at resident accessibility will be placed in a in the office labeled Resident Personal Medication. Either to be later discarded, approved by prescriber, or if allowed given by a staff member.

Effective 07/31/2023 the Administrator and Manager will perform daily checks to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/17/2023

Not Implemented [REDACTED] - 10/06/2023)

85a - Sanitary Conditions

22. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 7/26/2023 at approximately 9:05 AM, the bathroom located in the home's basement was observed to have unsanitary conditions as follows: a standing pool of brown water in the center of the bathroom floor, a paper towel with brown/yellow wet marks resting on the floor next to the toilet, an unidentified patch of brown liquid in front of the bathroom sink and brown/black dirt like substances surrounding the perimeter of the restroom.

On 7/26/2023 at approximately 9:50 AM, a box containing spoiled lettuce was observed in the home's walk-in refrigerator in the basement. The lettuce was wrapped in plastic however, brown liquid was observed to be leaking from the plastic, through the cardboard box and onto other items located on lower shelves in the refrigerator.

On 7/26/2023 at approximately 9:52 AM, a 1 gallon container of Sysco Reliance Sweet Pickle Relish was observed in the walk-in refrigerator located in the basement. The top of the lid to the container had a presence of mold.

On 7/26/2023, at approximately 9:50 AM, there was a presence of dead cockroaches in the home's food storage area located in the basement. The cockroaches were observed to be caught in mouse traps as well as loose on the pantry floor.

85a - Sanitary Conditions (continued)

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Cook and Housekeeping to the bathroom in basement was disinfected and cleaned. The box containing spoiled lettuce and the 1 gallon container of Sysco Reliance Sweet Pickle Relish was discarded the same day. Also the basement pantry area floor was cleaned as well as new mouse traps were places around.

To enhance the currently compliant operations, on 08/14/2023 the All Staff will cleaning logs were created to reassure sanitation of all the common bathrooms and downstairs pantry. A log was created for the pantry downstairs when orders are delivered to be check and marked down as received in the log to ensure all items up to standards. An official meeting/training session will be held by 09/11/2023 will all staff on updates and necessary logs in cleaning procedures and the importance of documentation. A document will be created go over all the current/new logs and processes for proper cleaning and sanitation.

Effective 08/21/2023 the Administrator and Manager will perform daily checks to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/11/2023

Not Implemented ([REDACTED] - 10/06/2023)

85b - Infestation

23. Requirements

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

Description of Violation

On 7/26/2023 at approximately 9:10 AM, there was a dead cockroach visible in the basement's overhead lighting fixture.

On 7/26/2023 at approximately 9:45 AM, dead cockroaches were present in the home's food storage area in the basement.

Repeated Violation - 8/30/2022

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2023 by the Maintenance and Cook to cleaned and removed any evidence of infestation in the areas of the basement pantry. Also the basement overhead light fixture was cleaned out.

To enhance the currently compliant operations, on 08/28/2023 the Administrator or Manager and Maintenance will in a facility log it will be recorded any signs of infestations or areas that need to be cleaned out due to prior infestation. The home continue with the extermination company to continue help reducing any infestation that may occur, Also a list of all the areas that need to be checked will be made to use during facility walk thru.

85b - Infestation (continued)

Effective 08/28/2023 the Administrator or Manager will perform weekly inspections to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 10/06/2023)

86b - Bathroom**24. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 7/26/2023 at approximately 9:05 AM, the ventilation fan in the resident bathroom located in the home's basement, was observed to be dangling below the ceiling and covered in dirt and lint. The buildup of lint/dust has potential to prevent proper ventilation; there is no window located in the bathroom.

On 7/28/2023, the ventilation fan in the 3rd floor bathroom across from room #306, was observed to be covered in a thick layer of dust. The layer of dust has potential to prevent proper ventilation; there is no window located in the bathroom.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/01/2023 by the Maintenance to in the basement bathroom and 3rd floor bathroom the vents were secured/cleaned to allow proper ventilation.

To enhance the currently compliant operations, on 08/28/2023 the Administrator or Manager and Maintenance will in a facility log it will be recorded any needed cleaning or fixes the common bathrooms may need to then be completed. The home do walk through of the building looking at all the areas needing attention. Also a list of all the areas that need to be checked will be made to use during facility walk thru.

Effective 08/28/2023 the Administrator or Manager and Maintenance will perform weekly inspections through [] to maintain ongoing compliance with ensuring all bathrooms, that do not have an operable outside window, are equipped with an exhaust fan for ventilation. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 10/06/2023)

93a - Handrails**25. Requirements**

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

93a - Handrails (continued)

Description of Violation

On 7/26/2023 at approximately 10:25 AM, the right descending handrail located on the home's side exit to the alleyway, was observed to be loose and wobbly.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Maintenance to [REDACTED] was able to go out to the side exit to the alley and secure the hand rail for the safety of everyone.

To enhance the currently compliant operations, on 08/28/2023 the Administrator or Manger and Maintenance will in a facility log it will be recorded any citing of broken, missing, loose, hanging, and dirty finding around the outside of the facility as well . The home do walk through of the building looking at all the areas needing attention. Also a list of all the areas that need to be checked will be made to use during facility walk thru including inside and out, with a completion date of [].

Effective 08/28/2023 the Administrator or Manager will perform weekly inspections through [] to maintain ongoing compliance with ensuring each ramp, interior stairway and outside steps have a well-secured handrail. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/28/2023

Not Implemented [REDACTED] - 10/06/2023)

96a - First Aid Kit

26. 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

On 7/28/2023, the the first aid kit in the home's kitchen did not include nonporous disposable gloves, thermometer, breathing shield, eye coverings or tweezers.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/04/2023 by the Administrator and Manager to new first aid kits and goggles were ordered online. The kits were delivered to the facility and put in its corresponding places.

To enhance the currently compliant operations, on 08/18/2023 the Administrator, Manager, Med Supervisor, Cook, and Maintenance will a list will be created with all the essential items needed to be in the first aid kit and place on or near the first aid kit. So first aid kit can be checked weekly to make sure all essential items are inside the box. A log with dates and initials will be placed by or on the first aid kit so the employee in the corresponding areas can revise them accordingly.

96a - First Aid Kit (continued)

Effective 08/21/2023 the Administrator and Manager will perform weekly checks to maintain ongoing compliance with having a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/21/2023

Implemented [REDACTED] **- 10/06/2023)**

102i - Soap Dispenser**27. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On 7/28/2023, there was an unlabeled used bar of soap in the shared bathroom between rooms #310 and #312.

On 7/28/2023, there was an unlabeled used bar of soap in the shared bathroom of resident room #215.

On 7/28/2023, there were 3 unlabeled used bars of soap in the bathroom of resident room #209.

Plan of Correction

Accept [REDACTED] **- 08/23/2023)**

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/07/2023 by the Direct Care Staff to Staff has been making residents aware that multiple bars of soap or single soap bar is for their own personal use and they should have it in a spot specifically for themselves. Also staff has been going in resident rooms help to reorganize and placing bar soap in correct storage methods they have.

To enhance the currently compliant operations, on 09/01/2023 the Administrator, Manager, Maintenance, and Direct Care Staff will the home will order more soap storage containers and shelves to be place into the residents personal bathrooms. All residents if they choose can use storage methods we provide and all methods of storage will be labeled with their names. Upon arrival of a new resident they will be provided with either a soap storage container or a single soap shelf label for personal use.

Effective 09/04/2023 the Administrator or Manager and Maintenance will perform weekly checks to maintain ongoing compliance with providing a dispenser with soap within reach of each bathroom sink, and to not permit bar soap unless there is a separate bar clearly labeled for each resident who shares a bathroom. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/04/2023

Not Implemented [REDACTED] **- 10/06/2023)**

105g - Lint Removal and Duct Cleaning

29. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 7/26/2023 at approximately 10:05 AM, there was an accumulation of lint in the lint trap of the right side industrial size dryer. There were no clothes in the dryer at the time.

Repeated Violation - 8/30/2022

Plan of Correction

Accept [redacted] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2023 by the Manager to Maintenance cleaned out all lint traps and placed the log in the laundry area so all staff can keep track of when lint is removed.

To enhance the currently compliant operations, on 07/31/2023 the Direct Care Staff and Maintenance will A lint cleaning log was created to keep track of when staff do remove lint and reduce the risk of fire hazards. A random audit of the lint traps of dryer will be done weekly by maintenance or designee to ensure proper removal of lint starting effective 09/04/2023 on.

Effective 07/31/2023 the Manager and Maintenance will perform daily checks to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/04/2023

Not Implemented [redacted] - 10/06/2023)

107b - Emergency Procedures

30. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

- 3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.

Description of Violation

The home's written emergency procedures do not include contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.

Plan of Correction

Accept [redacted] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/16/2023 by the Administrator and Manager to Started updating home's written emergency procedures in order to submit it to the local emergency.

107b - Emergency Procedures (continued)

To enhance the currently compliant operations, on 09/15/2023 the Administrator and Manager will The emergency procedures binder will be updated to ensure all updates are completed and submitted to the local and state emergency agency. The administrator/manager will also provide training to all staff in the home on the updated emergency procedures by 9/8/2023.

Effective 09/15/2023 the Administrator and Manager will perform quarterly reviews to maintain ongoing compliance with having written emergency procedures that include, including contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, and contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, and contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, and contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] - 10/06/2023)

107c - Food/Water 3 Day Supply**31. Requirements**

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 7/26/2023, the home served 56 residents, requiring 168 gallons of emergency drinking water. However, the home had only 110 gallons. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/23/2023 by the Administrator and Manger to we will go by the necessary amount of water to have in the home to be in compliance with the needed amount due to the amount of residents residing.

To enhance the currently compliant operations, on 08/25/2023 the Administrator, Manager, Cook, and Maintenance will an updated list will be created stating the amount of emergency items needed to have on hand in case of emergency. So staff can be aware of when they would need to order more and have the supply at hand. The home is currently looking into getting a contract with a company to provide emergency water supply to see if it is a viable possibility for the home.

Effective 08/25/2023 the Manager and Cook will perform weekly checks to maintain ongoing compliance with maintaining at least a 3-day supply of nonperishable food and drinking water for residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/25/2023

Not Implemented [REDACTED] - 10/06/2023)

107c - Food/Water 3 Day Supply (continued)

107d - Procedure Emergency Management Agency Submission

32. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated or submitted to the local emergency agency since December 2020.

Plan of Correction

Accept (████) 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2023 by the Administrator and Manager to Started updating home's written emergency procedures in order to submit it to the local emergency. On August 21,2023 the manager sent a letter to the local emergency department updating emergency procedures. The letter will be placed in the emergency preparedness plan binder in the main office.

To enhance the currently compliant operations, on 08/28/2023 the Administrator, Manager, and Maintenance will A check log will be created to ensure the completion of the emergency procedures binder. This binder will be updated every six months to confirm all updates are completed and submitted to the local emergency agency.

Effective 08/28/2023 the Administrator, Manager, and Maintenance will perform biannual reviews to maintain ongoing compliance with reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented (████) - 10/06/2023)

124 - Notice to Fire Department

33. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home's documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency has not been updated since October 21, 2005. The home has since been acquired by new ownership in October 2021.

Plan of Correction

Accept (████) - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2023 by the Staff Member A. A letter was sent to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

124 - Notice to Fire Department (continued)

To enhance the currently compliant operations, on 08/28/2023 the Administrator and Manager will ensure that every written notification from the home will be submitted to the local fire department to prevent future occurrences.

Effective 08/28/2023 the Administrator and Manager will perform annual reviews of the Emergency Procedures binder in the office and dining area with all necessary paperwork to maintain ongoing compliance with notifying the local fire department in writing of any changes made to the home and to keep documentation of notification. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Implemented [REDACTED] - 10/06/2023)

127a - Portable Space Heaters**34. Requirements**

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 7/26/2023 at approximately 10:10 AM, a small tower-style black Lasko-brand space heater was located on the steps in the basement next to the laundry room.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Staff Member F to the space heater was discarded right away.

To enhance the currently compliant operations, on 08/29/2023 the Administrator, Manager, and Maintenance will a meeting will be held with maintenance to avoid any type of space heaters to enter the building, The space heaters will be included during the weekly building inspections by maintenance starting 09/05/23.

Effective 08/29/2023 the Administrator, Manager, or Maintenance will perform monthly checks through to maintain ongoing compliance with prohibiting portable space heaters. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/05/2023

Not Implemented [REDACTED] - 10/06/2023)

132d - Evacuation**35. Requirements**

2600.

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.

132d - Evacuation (continued)

Description of Violation

On 7/27/2023 at 2:00 PM, the home exceeded an evacuation time of 2 minutes 30 seconds during the fire drill. The total evacuation time was 2 minutes 56 seconds. The home does not have a designated maximum evacuation time from a fire-safety expert.

Repeated Violation -5/2/2023, 1/10/2023, et al

Plan of Correction

Directed [REDACTED] - 09/15/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/16/2023 by the Administrator and Manager to create a plan to evacuate the home effectively within the 2minutes 30 seconds time frame.

To enhance the currently compliant operations, on 08/30/2023 the Administrator and Manager a meeting will be held with all staff members to inform on a more effective way to conduct a fire drill safely and promptly. Fire drills will continue to be conducted monthly under the direction of the Administrator or designee to ensure resident evacuations are under the 2 minute 30 second evacuation time. An audit of the fire drill documentation should be reviewed monthly by the Administrator or designee after each drill to ensure the fire drill process does not exceed the evacuation time. If a fire drill evacuation time exceeds the 2 minutes 30 second time, the home will review the fire drill within a specified timeframe to discuss any obstacles that may have caused the delay in evacuation.

Effective 08/30/2023 the Staff Member A will perform monthly checks to maintain ongoing compliance with ensuring residents are 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, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- The home will contact an external qualified fire safety expert no later than 11/1/2023 to request additional training for residents and staff on how to safely evacuate the home within 2 minutes 30 seconds. Documentation of the education and revised evacuation plan will be kept by the home.

Directed Completion Date: 11/01/2023

Not Implemented [REDACTED] - 10/06/2023)

132e - Fire Drill Sleeping Hours

36. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The fire drill records show no fire drills were conducted during sleeping hours for the period of 1/10/2023 through 6/30/2023.

132e - Fire Drill Sleeping Hours (continued)

Repeated Violation - 1/10/2023, et al

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/21/2023 by the Administrator and Manager to fire drills during correct sleeping hours has been scheduled. A fire drill will be performed during sleeping hours on 09/11/2023 by the administrator.

To enhance the currently compliant operations, on 08/28/2023 the Administrator and Manager will continuously schedule fire drill during the correct sleeping hours. Annual schedule will be updated accordingly to comply with state regulations to night fire drills.

Effective 08/28/2023 the Administrator and Manager will perform quarterly reviews to maintain ongoing compliance with holding a fire drill during sleeping hours. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented [REDACTED] 10/06/2023)

141a 1-10 Medical Evaluation Information**38. 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] 2022, did not include the resident's height, temperature, immunization history, or body positioning and movement stimulation for residents.

Resident #7's medication evaluation, signed [REDACTED]/27/2023, did not include the date the resident was evaluated, the date the form was completed, weight, pulse rate, temperature, medical information pertinent to diagnosis and treatment in case of an emergency, allergy information, immunization history, body positioning and movement stimulation for residents, if appropriate, health status, or cognitive functioning.

141a 1-10 Medical Evaluation Information *(continued)***Plan of Correction**

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/14/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/07/2023 by the Med Supervisor to Sent new forms of medical evaluation to the doctors and confirming they are completely filled for resident #2 and resident #7.

To enhance the currently compliant operations, on 08/25/2023 the Administrator, Manager, and Med Supervisor will created a log to check the medical record of each resident to ensure any updates that have occurred may be fixed according. To help that the records are being kept up to date.

Effective 08/25/2023 the Administrator and Manager will perform monthly checks to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician's assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department's request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/25/2023

Not Implemented ([REDACTED] 10/06/2023)

144c1 - Smoking Area Guidelines

39. 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:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home permits smoking in designated areas only including the exterior back porch and the exterior side of the home. However, on 7/26/2023, a half-smoked cigar was observed on the interior back stairwell of the home. Per Staff Member F, residents are occasionally observed smoking inside the home.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/16/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Staff Member F to The cigar was removed from the stairwell by maintenance the same day.

144c1 - Smoking Area Guidelines (continued)

To enhance the currently compliant operations, on 08/25/2023 the Administrator, Manager, and Maintenance will the home will have a meeting with the residents reminding them the no smoking is allowed in the home. Reminding that all designated smoking areas are outside of the building. The home will also be putting up more signs in the home saying NO SMOKING to help remind residents of the home rules. Direct Care Staff as well in there daily rounds will be looking out for any signs of smoking and reporting such finding to management or supervisors.

Effective 08/25/2023 the Administrator, Manager, and Maintenance will perform daily checks to maintain ongoing compliance with developing and implementing written fire safety policy and procedures that includes, including proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms, and proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented [REDACTED] - 10/06/2023)

182c - Medication Administration**40. Requirements**

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

Description of Violation

On 7/27/2023 at approximately 4:00 PM, Staff Member E passed medications to Resident #8 (Naproxen 500mg), Resident #9 (Pravastatin 80mg) and Resident #10 (Metformin 500mg). Staff Member E did not observe these residents, who require this assistance, ingest their medications.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2023 by the Staff Member A to provided verbal education to staff member E about the importance of observing residents ingest their meds.

To enhance the currently compliant operations, on 08/24/2023 the Administrator will Additional training will be provided to all med techs to ensure they observe residents ingest of all their meds and are following all the correct procedures when passing medications.

Effective 09/05/2023 the Administrator or Manager will perform weekly checks randomly during medication pass to maintain ongoing compliance with ensuring medication administration includes to observe all residents swallow their medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/05/2023

182c - Medication Administration (*continued*)

Not Implemented [REDACTED] - 10/06/2023)

183b - Meds and Syringes Locked

41. 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 7/26/2023 at approximately 10:15 AM, a 2oz container of MedLinePro Phase Wound Cleanser and a 2oz tube of CVS Health Ultra Strength Muscle Rub were unlocked, unattended, and accessible in a cabinet on the first floor located near the home's dining room.

On 7/28/2023, Resident #11 was observed to store Ventolin Inhaler and Spiriva Handi-Haler as well as Tiotropium Bromide 19mcg in an unlocked wooden chest bedside. Resident #11 is not assessed to self-administer medications and shares a room.

Repeated Violation - 8/30/2022

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Staff Member A to The 2oz container of MedLinePro Phase Wound Cleanser and a 2oz tube of CVS Health Ultra Strength Muscle Rub was removed from the cabinet by the inspector and brought to the main office where they were discarded. [REDACTED] explained to resident 11 that [REDACTED] cannot self-administer any medication or have it in [REDACTED] room.

To enhance the currently compliant operations, on 09/08/2023 the Direct Care Staff will Additional monitoring and reminders of the cabinets to be lock will be done by word of mouth and posting signs. Also, all staff will be educated by the administrator to make sure medication area or containers are kept locked. A the same time, caregivers will be performing daily walk thru of rooms and common areas to ensure no medications, CAM, or syringes are not in corresponding locations. Any finding that are not permitted to be at resident accessibility will be placed in a in the office labeled Resident Personal Medication. Either to be later discarded, approved by prescriber ,or if allowed given by a staff member, with a completion date.

Effective 09/11/2023 the Med Supervisor will perform daily checks to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that are locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

183d - Prescription Current

42. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 7/28/2023 at 9:55 AM, Insulin Aspart 100u Novolog Flexpen for Resident #1 was in the medication cart. The Flexpen was opened on 6/28/2023 with instructions to discard after 28 days. Per Staff Member B, this Flexpen was used to administer insulin to Resident #1 during the AM medication administration time on 7/28/2023.

On 7/28/2023 at approximately 10:50 AM, a Lantus Solostar Insulin pen ordered for Resident #12 was in the medication cart. This pen was opened on 6/28/2023 with instructions to discard in 28 days.

Plan of Correction

Accept [REDACTED] - 08/23/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2023 by the Staff Member B to The Novolog Flexpen was discarded right away.

To enhance the currently compliant operations, on 09/04/2023 the Administrator, Manager, and Med Supervisor will the home will monitor insulin and discard after instruction date according to the insulin pen label on it. To help ensure insulin pens are with in date all med tech staff will be re-trained on Correct Insulin Pen Management including proper storage, labeling, and use of insulin pens with in 28 days.

Effective 09/04/2023 the Administrator, Manager, and Med Supervisor will perform weekly checks through [] to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/04/2023

Not Implemented [REDACTED] - 10/06/2023)

185a - Implement Storage Procedures**43. 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 Hydroxyzine Pamoate 25mg as needed. On 7/28/2023 at 10:00 AM, this medication was not available in the home.

Resident #14 is prescribed blood sugar tests four times a day and receives insulin per sliding scale orders. The blood glucose checks on the glucometer did not match the numbers transcribed on the home's blood glucose documentation form as follows:

Glucometer reading on 7/25/2023 at 3:12 PM was 224-the blood glucose documentation stated 244

Glucometer reading on 7/22/2023 at 8:48 AM was 111-the was no documentation of the residents blood glucose level

Glucometer reading on 7/21/2023 at 8:17 AM was 115-the was no documentation of the residents blood glucose level

Repeated Violation - 1/10/2023, et al

185a - Implement Storage Procedures (*continued*)**Plan of Correction****Directed** [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/11/2023 by the Med Supervisor to a refill was place for resident #1. Also, provided verbal education to all medtech personnel about the importance in accuracy when documenting blood glucose and the importance of always having all meds available at all times.

To enhance the currently compliant operations, on 08/07/2023 the Manager and Med Supervisor will created a log to check the medication record of each resident to ensure any updates that have occurred may be fixed according. Also designated a place for discharged paperwork to be placed to help paperwork reach corresponding personnel and be faxed to pharmacy.

Effective 08/24/2023 the Administrator, Manager, and Med Supervisor will perform weekly checks to compare the MARs with the glucometers to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Also, the Med Tech Supervisor will audit the medication carts on a monthly basis starting on 8/31/23, therefore any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- *Effective 9/18/2023, resident blood glucose levels documented in the MARs will be compared to the resident's glucometer at least weekly to ensure proper transcriptions by the Administrator or designee.*
- *Beginning 9/18/2023, monthly medication cart audits will be conducted by the Administrator or designee. This audit will include checking resident's current orders with medications in the cart.*

Directed Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

186a - Authorized Prescriber

44. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

Description of Violation

On 7/28/2023 at approximately 10:00 AM, Nitroglycerin 4mg was available in the medication cart with a pharmacy label identifying Resident #13. However, Resident #13 does not have a current physician's order for this medication.

On 7/28/2023 at approximately 10:15 AM, a bottle of Daily-Vite Multivitamin was available in the medication cart with a pharmacy label identifying Resident #14. However, Resident #14 does not have a current physician's order for this medication.

186a - Authorized Prescriber (continued)

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/28/2023 by the Staff Member B to The Nitroglycerin 4mg from resident #13 and the Daily-Vite Multivitamin from resident #14 were removed immediately.

To enhance the currently compliant operations, on 08/07/2023 the Manager and Med Supervisor will created a log to check the medication record of each resident to ensure any updates that have occurred may be fixed according. Also designated a place for discharged paperwork to be placed to help paperwork reach corresponding personnel and be faxed to pharmacy.

Effective 08/24/2023 the Administrator, Manager, and Med Supervisor will perform weekly checks to compare orders to the medications in the carts to maintain ongoing compliance with ensuring each prescription medication must be prescribed in writing by an authorized prescriber, and prescription orders are kept current. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

187a - Medication Record

45. 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's July 2023 Medication Administration Record is missing Drug allergies as well as the following:

- *Enalapril 5mg- diagnosis or purpose for the medication*
- *Simvastatin 40mg-diagnosis or purpose for the medication*
- *Trazadone 150mg-diagnosis or purpose for the medication*

Resident #5's July 2023 Medication Administration Record is missing Drug allergies as well as the following:

- *Carvedilol 25mg-route of administration, diagnosis or purpose for the medication*
- *Carboxymethylcellulose 1%-Dosage form, dose, route of administration, diagnosis or purpose for the medication*
- *Ipratropium 0.96-dosage form, dose, route of administration,*
- *Lisinopril 40mg-route of administration, diagnosis or purpose for the medication*
- *Ondansetron HCL 4mg-dosage form, route of administration, frequency of administration, diagnosis or purpose for the medication*

Repeated Violation - 8/30/2022

187a - Medication Record (continued)

Plan of Correction

Accepted [REDACTED] - 08/23/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2023 by the Med Supervisor to Updated all missing information, including, drug allergies, diagnosis or purpose of the medication, route of administration, frequency of administration, and dosage for resident #2 and resident #5.

To enhance the currently compliant operations, on 08/07/2023 the Manager and Med Supervisor will created a log to check the medication record of each resident to ensure any updates that have occurred may be fixed according. Also designated a place for discharged paperwork to be placed to help paperwork reach corresponding personnel and be faxed to pharmacy.

Effective 08/07/2023 the Administrator and Manager will perform weekly reviews to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/16/2023

Not Implemented ([REDACTED] - 10/06/2023)

187b - Date/Time of Medication Admin.

46. 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 #14 is prescribed Lorazepam 0.5mg as needed for Anxiety. Resident #14's July 2023 Medication Administration Record does not include the initials of the staff person who administered Lorazepam on 7/25/2023 at 10:00 PM or on 7/26/2023 at 2:19 PM per the controlled substance count sheet.

Plan of Correction

Directed [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2023 by the Staff Member E to Controlled substance count sheet and the MAR was updated.

To enhance the currently compliant operations, on 08/24/2023 the administrator will provide additional training to all med techs to make sure the proper information is being recorded at the time of administration medication in the controlled substance count sheet.

Effective 08/24/2023 the Administrator, Manager, and Med Supervisor will perform weekly checks to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

187b - Date/Time of Medication Admin. (continued)

(Directed)

- *Beginning 8/24/2023, the Administrator, Manager and Med Supervisor will perform weekly checks of the controlled substance sheet and resident MAR to ensure medication administration is being documented accordingly.*

Directed Completion Date: 09/06/2023**Not Implemented** (█ - 10/06/2023)

187c - Refusal of Medication

47. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 refused to take the following scheduled doses of medications. The home did not report the refusals to the resident's doctor as required.

- *7/3/2023 at 7:00 AM: Glipizide ER 5mg, Insulin Aspart 100 unit/ML per sliding scale, Lisinopril 5mg, Metoprolol Tartrate 25mg, Montelukast 10mg, Sertraline 100 mg*
- *7/9/2023 at 7:00 AM: Glipizide ER 5mg, Insulin Aspart 100 unit/ML per sliding scale, Lisinopril 5mg, Metoprolol Tartrate 25mg, Montelukast 10mg, Sertraline 100 mg*
- *7/15/2023 at 4:00 PM-Insulin Aspart 100 unit/ML per sliding scale*
- *7/15/2023 at 8:00 PM-Metoprolol Tartrate 25mg, Ariprazole 30mg, Lantus Solostar Insulin 100 u/m, Simvastatin 20mg*
- *7/19/2023 at 8:00 PM-Metoprolol Tartrate 25mg, Ariprazole 30mg, Lantus Solostar Insulin 100 u/m, Simvastatin 20mg*

On 7/22/2023, 7/23/2023, 7/24/2023 and 7/25/2023 at 8:00 PM, Resident #5 refused to take the scheduled doses of Carvedilol 25mg, Hydralazine HCL 50mg, Lidocaine 4% cream, Cetirizine HCL 10mg, Melatonin 5mg, Mirtazapine 15mg, and lubricating ointment. The home did not report the refusals to the resident's doctor as required.

Plan of Correction**Accept** (█ - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/24/2023 by the Administrator and Manager to Reviewed the correct procedure with med supervisor and med techs when residents refuse to take their medication.

To enhance the currently compliant operations, on 08/24/2023 the Med Supervisor will Med tech supervisor will call prescribers for residents with refusals within 24 hours. If med supervisor is not present in the home then med techs will perform the call to the prescriber with in 24 hr. Also, notes will be taken after contacting the prescriber and keep following their indication.

187c - Refusal of Medication (continued)

Effective 08/24/2023 the Administrator and Manager will over see medication refusal weekly, while the Med Supervisor will perform daily checks of medication refusals to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented [REDACTED] - 10/06/2023)

187d - Follow Prescriber's Orders**48. Requirements**

2600.

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

Description of Violation

On 7/26/2023, Resident #2 received a physician's order for Trazadone 150mg-take one tablet orally at bedtime. On 7/27/2023, Resident #2 only received 100mg of Trazadone.

Resident #14 receives Insulin Aspart 100 unit/ML per sliding scale orders. On 7/22/2023 at 12:00 PM, the resident's blood glucose was 170. Resident #14 received 8 units of insulin when 9 units should have been administered. On 7/24/2023 at 5:00 PM, the resident's blood glucose was 204. Resident #14 received 13 units of insulin when 14 units should have been administered. On 7/26/2023 at 7:00 AM, the resident's blood glucose was 155. Resident #14 received 8 units of insulin when 9 units should have been administered.

On 4/3/2023, Resident #15 received orders to discontinue Buspirone 15mg, Docusate Sodium 100mg, Famotidine 20mg, Ondansetron ODT 4mg, Polyethylene Glycol 17 gram, and Sennosides-Docusate Sodium 8.6-50mg. However, Resident #15 continued to receive these medications through 4/21/2023 per the April 2023 Medication Administration Record.

Repeated Violation - 8/30/2022

Plan of Correction

Directed [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2023 by the Staff Member E to MARS have been updated according to doctors' orders to ensure right medication is being administered. Also, medication packs have been updated and old medication that is not in use has been disposed of safely.

To enhance the currently compliant operations, on 08/24/2023 the Administrator and Manager will Organized a meeting review of the procedure for all med techs to ensure accuracy during med administration, to follow the directions of the prescriber, and have necessary paperwork to update medications as needed.

187d - Follow Prescriber's Orders (continued)

On 9/14/23 the plan in place will be after every appointment the med staff will ensure the resident will bring necessary after visit summary paperwork if not brought to the home, med staff will call the prescriber to find necessary updates on discontinued medications. Notes will be made into residents profiles confirming the discharge paper has been received or a call has been completed to the prescriber. On 9/5/23 the Manager and Med Supervisor will create a log for diabetic residents to check the medication record of each resident to ensure any updates that have occurred may be fixed accordingly. Weekly checks will be completed confirming doctors orders to be up to date all med check logs will be kept in a binder labeled Weekly Med Logs.

Effective 08/24/2023 the Administrator or manager will perform monthly reviews of MARs, med carts, expiration of medication, and necessary medication according to doctor's order are in the home to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

- (Directed)

To reduce medication errors surrounding insulin and sliding scale orders, resident MAR's will be reviewed weekly as well as the resident's sliding scale orders to ensure proper amounts of insulin are being provided. The audits will be completed by the Administrator or designee beginning 9/18/2023. Any errors found will be reported to the physician, resident and designated contact. Documentation will be kept.

Directed Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

190b - Insulin Injections**49. 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 Member G, who has not successfully completed the Department-approved medications administration course, administered insulin to Resident #1 and Resident #14 during July 2023.

Repeated Violation - 5/2/2023, 1/10/2023, et al

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/18/2023 by the Administrator to a Department approved diabetes patient education program was scheduled for staff member G and other staff members to gain diabetes awareness. Staff members without diabetic education will not be permitted to check the blood glucose levels.

190b - Insulin Injections (continued)

To enhance the currently compliant operations, on 08/18/2023 all staff members that need the medication administration course will be trained for the Diabetes education program. The home will keep contact with the providers of the program to ensure we can always have trained staff to serve our residents.

Effective 08/18/2023 the Staff Member A will perform quarterly reviews to maintain ongoing compliance with ensuring that 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. The home will keep documentation of the certification for each staff member and the trainers credentials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

191 - Resident Right to Refuse**50. 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

The following residents have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error:

Resident #1, admitted [REDACTED]/2001

Resident #2 admitted [REDACTED]/2022

Resident #4. admitted [REDACTED]/2022

Resident #5, admitted [REDACTED] 2023

Plan of Correction

Directed [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/24/2023 by the Administrator and Manager to A meeting was scheduled to meet with the residents #1,#2, #4 and #5 to educate them about their right to refuse medication if they believe there might be an error with their medication.

An initial audit for all residents will be started on 8/22/2023 to ensure the residents record includes the education provided by the administrator. Also, a new admission checklist will be created for all new residents on 8/20/23 by Staff Member A.

To enhance the currently compliant operations, on 09/06/2023 the Administrator and Manager will Create a document to educate residents about the right to question or refuse a medication if they believe there might be an error with their medication. This document will be presented to resident that have consecutive refusal in a month to understand the importance of taking medication as well as how to inform if they feel medication is incorrect.

191 - Resident Right to Refuse (continued)

Effective 09/06/2023 the Staff Member A will perform monthly reviews to maintain ongoing compliance with ensuring the home must 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 must be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

A new admission checklist will be created by 8/20/23 to include education provided to the resident of the right to question or refuse a medication if the resident believes there may be a medication error. This education will be provided upon resident admission to the home effective 9/18/2023. Documentation of the education will be filed in the resident record.

Directed Completion Date: 09/18/2023

Not Implemented [REDACTED] - 10/06/2023)

224a - Preadmission Screen Form**51. 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 #2's preadmission screening form, dated [REDACTED]/2022, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept ([REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/08/2023 by the Manager to The determination of resident #2 was added to the preadmission screening form that [REDACTED] needs can be met by the services provided by American House.

To enhance the currently compliant operations, on 08/22/2023 the Administrator will provide additional training to the manager and med tech supervisor on procedures to fill the preadmission screen form correctly.

A new admission checklist will be created on 8/20/23 to be completed upon a resident moving into the home by staff member A.

Effective 08/22/2023 the Administrator and Manager will perform quarterly reviews to maintain ongoing compliance with ensuring a determination is 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

225a - Assessment 15 Days

52. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #5's assessment, dated [REDACTED]/2023, does not assess the resident's supervision needs or if the resident is safe around poisons.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/07/2023 by the Administrator to Completed the initial assessment of resident #5.

An initial audit of all resident assessment and support plans will be made on 8/11/23 to ensure the resident has been assessed in the areas of supervision needs and safety around poisons.

To enhance the currently compliant operations, on 08/11/2023 the Administrator will Additional training to the manager will be provided in order to understand how to translate doctor orders on to the home's documents. To transcribe if the resident needs supervision or is safe around poisonous materials.

Effective 08/11/2023 the Staff Member A will perform quarterly reviews to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented ([REDACTED] - 10/06/2023)

227e - Self Administer Medication

54. Requirements

2600.

227.e. The resident's support plan must document the ability of the resident to self-administer medications or the need for medication reminders or medication administration.

Description of Violation

Resident #2's assessment, dated [REDACTED]/2022, does not address the resident's ability to self-administer medications.

Resident #5's assessment, dated [REDACTED]/2023, does not address the resident's ability to self-administer medications.

Plan of Correction

Accept [REDACTED] - 09/15/2023)

In response to the violation on 08/15/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2023 by the Staff Member E to Added the resident #5 ability to self-administer medications in the support plan. Resident #2 was made aware that [REDACTED] could not self-administer medications and if [REDACTED] would like to change that [REDACTED] would have to visit [REDACTED] doctor to determine if that is possible. [REDACTED] record was updated showing the lack of self-administer medications

227e - Self Administer Medication (continued)

An initial audit of all resident support plans and records will be completed by 09/06/2023 by the Staff Member E to ensure required information will be updated and included.

To enhance the currently compliant operations, on 08/29/2023 the Administrator will The administrator will be providing training to the manager, med tech supervisor and direct care staff to have the ability to understand the assessment correctly which includes the ability of self-administer medications.

Effective 08/29/2023 the Staff Member A will perform quarterly reviews to maintain ongoing compliance with ensuring each resident's support plan documents the ability of the resident to self-administer medications or the need for medication reminders or medication administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

227g -Support Plan Signatures**55. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's assessment, dated [REDACTED]/2022, does not contain the resident's signature. A notation was not made by the home regarding the resident's inability or refusal to sign.

Plan of Correction

Directed [REDACTED] - 09/15/2023)

An initial audit of all resident support plans will be completed by 08/30/2023 by the Staff Member E to ensure required signatures are present.

To enhance the currently compliant operations, on 08/22/2023 the Administrator will provide additional training following the resident checklist to the manager and med tech supervisor complete the support plan correctly with all the signatures required.

Effective 08/22/2023 the Administrator and Manager will perform quarterly reviews to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

On 8/03/2023, Staff Member E completed the support plan with all signatures required for the assessment of Resident #2.

Directed Completion Date: 09/06/2023

Not Implemented [REDACTED] - 10/06/2023)

252 - Record Content

56. 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 the resident's race.

Resident #2's record does not include the resident's hair color, eye color or religious preference.

Resident #5's record does not include the resident's religious preference.

Plan of Correction

Directed [REDACTED] - 09/15/2023)

An initial audit of all resident records will be completed by staff member E to ensure resident records include the required information in 2600.252. This audit will be completed by 08/15/2023 and all updates will be made accordingly by the Staff member A.

To enhance the currently compliant operations, on 08/22/2023 the Administrator will provide additional training following the resident check list to the manager and med supervisor in order to have all the residents' records completely filled.

Effective 08/22/2023 the Administrator and Manager will perform quarterly checks to maintain ongoing compliance with ensuring each resident's record includes hair color, eye color, race and religious preference among others. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

(Directed)

- On 08/02/2023, Resident # 1's race was added to the resident record; Resident #2's hair color, eye color and religious preference was added to the resident's record; Resident #5 religious' preference was added to the resident's record. Updates were made by Staff Member E.*

Directed Completion Date: 09/13/2023

Not Implemented [REDACTED] - 10/06/2023)