

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

September 12, 2023

[REDACTED], ADMINISTRATOR/OWNER
ALLIANCE SENIOR HOME LLC
[REDACTED]
[REDACTED]

RE: ALLIANCE SENIOR HOME
104 PENNSYLVANIA AVENUE
MATAMORAS, PA, 18336
LICENSE/COC#: 22733

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/28/2023 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ALLIANCE SENIOR HOME* License #: *22733* License Expiration: *06/26/2023*
 Address: *104 PENNSYLVANIA AVENUE, MATAMORAS, PA 18336*
 County: *PIKE* Region: *NORTHEAST*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *ALLIANCE SENIOR HOME LLC*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *R-4* Date: *02/20/2018* Issued By: *Matamoras Borough*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *9* Waking Staff: *7*

Inspection Information

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

Inspection Dates and Department Representative

07/28/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *8* Residents Served: *7*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *3*
 Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

07/28/2023 Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *08/14/2023*

08/24/2023 - POC Submission
 Submitted By: [Redacted] Date Submitted: *08/30/2023*
 Reviewer: [Redacted] Follow-Up Type: *Document Submission* Follow-Up Date: *08/30/2023*

Inspections / Reviews *(continued)*

09/12/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

63a - First Aid/CPR Training

1. 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 the following dates and times the home's scheduled staff persons did not have current first aid and CPR training:

██████████ from ██████████.

On ██████████ from ██████████ and ██████████ from ██████████ the home's direct care schedule indicates that the scheduled staff did not have current first aid and CPR coverage.

Plan of Correction

Accept (██████████) - 08/24/2023)

How was the regulation violated?

On ██████████ inspector discovered that Staff member B working at night did not have First Aid/CPR Training current on files according to 2600. 63.a.

Plan of correction:

The violation was corrected on ██████████ All staff was trained on First Aid/CPR and all have certificates on file.

To prevent future violations:

To prevent future violations the administrator will write the date each staff member receives their training on First Aid/CPR. (Will have a list visible with each staff that has the trained with date of expiration

The administrator is responsible to follow the regulations to make sure that each shift has at least one person trained on First Aid/CPR Training according to the regulation 2600. 63. The administrator will make sure that staff are trained on time.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented (██████████) - 09/12/2023)

65a - FS Orientation 1st Day

2. 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 person A was hired on ██████████ but did not receive training in the topics required on their first day of work. Staff person A received training in these topics on ██████████.

65a FS Orientation 1st Day (continued)

Plan of Correction

Accept [redacted] - 08/24/2023)

How was the regulation violated?

On 7/28/2023, the inspector discovered that the regulation was violated because staff Member A did not have all the training on the 65.a. prior to or during the first work day.

Plan of correction:

Moving forward all staff will have all training according to 2600. 65a FS Orientation 1st Day which listed all topics which must be done on 1st day of work..

To prevent future violations:

To prevent future violations, the administrator will have a list of the topic will be trained according to 2600. 65a FS Orientation 1st Day

Who will be responsible for preventing future violation?

The administrator will be responsible to prevent future violations regarding regulation 2600. 65a FS Orientation 1st Day. The administrator will check that new staff members will have the all the training listed on the first day of work.

How will we monitor to make sure plan is followed?

The administrator will keep on tract of each new hiring staff to make sure that all training are complete during the first day of work according to the regulation 2600.65a.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [redacted] - 09/12/2023)

82a - Poisonous Materials

3. Requirements

2600.

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

Description of Violation

A white, unlabeled spray bottle was found in the unlocked medication room/office containing an odor eliminating cleaner liquid.

Plan of Correction

Accept [redacted] - 08/24/2023)

How was the regulation violated? [redacted] during inspection the inspector discovered a unlabeled bottle unlocked in the office

Plan of correction

The unlabeled bottler of poisonous materials was moved from the office and was placed outdoors in the trash while inspector was on site.

Moving forward, the administrator will conduct daily checks and documented health and safety checks in homes. The daily health and safety checklist documents that all components of the home are maintained based on regulations 2600. 82a which indicate that all poisoning materials must shall be stored in their original, labeled containers and be locked away.

To prevent future violation

All staff members were re trained on [redacted] on making sure that poisonous materials were stored in their original, labeled containers and locked away. They are well aware of the implications of failing to do so. That includes: a write up the person that leave poisoning material unlock, and unlabeled. Staff that are careless leave poisoning materials unlocked, and unlabeled will face disciplinary actions to comply with the regulation 2600.82 a.

82a - Poisonous Materials (continued)

The disciplinary actions includes: Retraining, a write up, suspension for 3 days without pay, and if the situation continues, possible termination of the job at Alliance Senior Home.

Who will be responsible for preventing future violation?

The administrator will be responsible to prevent future violations of 2600. 82a - Poisonous Materials, are on lock in store area away from the residents reach. The administrator will use the check list and make sure that all staff follows the plan of correction according to the regulation.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/12/2023)

96a - First Aid Kit**4. Requirements**

2600.

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

Description of Violation

The first aid kit was missing band aids and a thermometer.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

Plan of Correction

How was the regulation violated?

On 7/28/2023 during inspection, the inspector found that the regulation was violated because the home has multiple First Aid Kits but none of them were completed with all items that regulation 2600.96 requires.

Plan of correction:

The violation was corrected on 7/30/2023. The home purchased two First Aid Kits that included all the items that regulation 2600.96 requires.

To prevent future violations:

To prevent future violations, the administrator will make sure that at least one of the first aid kits are completed, unopened, and will have all items that the regulation requires.

Who will be responsible for preventing future violation? By having in the sites a First Aid Kit according to the regulation 2600.96

The administrator is responsible that the plan is followed according to the regulation by having a set of First Aid Kits labeled and completed for the inspector to inspect and find all items required by the regulation in it. The Administrator will check the First Aid Kits weekly to make sure that nobody opened them. In case items are lost, any items will be replaced to be in compliance.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/12/2023)

101j7 - Lighting/Operable Lamp**5. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

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

101j7 Lighting/Operable Lamp (continued)

Description of Violation

Resident room #4 did not have an operable source of lighting at bedside.

Plan of Correction

Accept (█) - 08/24/2023)

How was the regulation violated?

On 7/28/2023, the inspector discovered that the regulation was violated because resident room #4 did not have an operable source of lighting at the bedside. according to regulation 2600. 101.j. The lamp was removed by one of the staff and was never reported to the administrator.

Plan of correction:

The regulation was corrected on 7/28/2023. The lamp was placed in the resident's room on the bedside table.

To prevent future violations: There will always be an operable lamp in the each residents room all the time

Who will be responsible for preventing future violation?

The Administrator will personally check each resident's room to make sure that each room has an operable light at the bedside table.

How will we monitor to make sure plan is followed?

The administrator will check each room daily to make sure all rooms have a bedside operative light.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented (█) - 09/12/2023)

107c - Food/Water 3 Day Supply

6. 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

The home did not have 21 gallons of emergency water stored on hand for the 7 residents that were currently residing in the home.

Plan of Correction

Accept (█) - 08/24/2023)

On 7/28/20223 the inspector the home did not have 21 gallons of emergency water stored on hand for the 7 residents that were currently residing in the home.

Plan of correction

The regulation was corrected on 7/30/2023. The home purchased 8 pails of 5 gallons each (40 gallons of water) plus 8 cases of 40 bottles. The bottles of water were in the administrator's car at the time of the inspection. Staff will communicate with the administrator if they removed any of the water to let administrator know to replace any missing gallons of water to be in compliance with the regulation.

To prevent future violations, the administrator will make sure that the home has at least 24 gallons of water stored in the facility.

The administrator will check every month and count that each resident has at least 3 gallons of water for emergencies.

The administrator will keep monitor an inventory to make sure that each resident has at least 3 gallons of water available for each resident.

Licensee's Proposed Overall Completion Date: 08/14/2023

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

Implemented () - 09/12/2023)

132g - Fire Drills Days/Times

7. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home conducted fire drills consistently in the first week of the month from 7/2022 through 3/2023.

Plan of Correction

Accept () - 08/24/2023)

2600.132g - Fire Drills Days/Times

On 7/28/2023, during inspection, the inspector reviewed the fire drills record, and observed that the home conducted fire drills consistently in the first week of the month from 7/2022 through 3/2023.

The violation is corrected on 7/30/2023 it was conducted a fire drill at 4:30 am. Moving forward fire drill will be conducted at different dates of the month, on different days of the week, and day and nights conducted on all shifts to make sure that everybody participates on the fire drills.

To prevent future violations:

To prevent future violations, the facility's administrator will make sure that the facility has fire drills at different times of the month, and different days of the week according to the regulations.

2600.132g .

Who will be responsible for preventing future violation?

The administrator will make sure that fire drill will be done according to the regulation 2600.132g.

How will we monitor to make sure plan is followed?

The administrator will check each month the fire drill records to make sure that no fire drill will be done on the same day of the month and the same week. As well as making sure that the fire drill will be done on all shifts.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented () - 09/12/2023)

141a 1-10 Medical Evaluation Information

8. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

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

Description of Violation

Resident #1's documentation of medical evaluation (DME) form dated [REDACTED] was missing the blood pressure. Resident #1's DME form dated [REDACTED] was not signed by the physician and was missing the blood pressure and weight.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

On [REDACTED], the inspector observed that Resident #1's documentation of medical evaluation (DME) form dated [REDACTED] was missing the blood pressure. Resident #1's DME form dated [REDACTED] was not signed by the physician and was missing blood pressure and weight.

Plan of correction

Resident #1's DME form dated [REDACTED] was not signed by the physician and was missing the blood pressure and Weight. The Doctor is expected to sign it on [REDACTED] and will write the blood pressure and weight. For the DME 10/17/22, The Doctor is expected to sign it by [REDACTED] it and will write the blood pressure
To prevent future violations the administrator will check carefully all Medical Evaluation Information to make sure that all information requirements are complete according to the 2600.141a 1-10.
Administrator will monitor to make sure the plan is followed. All DMEs will be checked twice to make sure that all requirements are complete according to the regulation 141a 1-10.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/12/2023)

182b - Prescription Medication

9. Requirements

2600.
182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff persons B and C had only 1 medication administration observation completed for their annual practicums.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

Description of Violations: Staff persons B and C had only 1 medication administration observation completed for

182b Prescription Medication (continued)

their annual practicums.

Plan of correction: The violation is corrected on 8/4/2023. The staff were observed and re trained.

To prevent future violations:

To prevent future violations, the administrator will check that the staff has the required observations according to regulation 182.b.

2600.

Who will be responsible for preventing future violation?

Administrator will check that all observations are completed before the trainer signs the form.

How will we monitor to make sure plan is followed?

By checking that trainer have all required observation to comply with 182b.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/12/2023)

183d - Prescription Current**10. 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

The home did not have a current physician's order for the medication [REDACTED] that was found in the medication cart for resident #2. Also, the home did not have a current physician's order for the medication [REDACTED] that was found in the medication cart for resident #2.

Plan of Correction

Accept [REDACTED] - 08/24/2023)

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, during the medication check, the inspector found that the home did not have a current physician's order for the medication Metoprolol that was found in the medication cart.

The violation was corrected on August 9, 2023. The doctor signed the medications order for all the medications included Metoprolol and Buspirone for resident #2.

To prevent future violations the home will have a medication order for all the medications that the residents are taking.

The administrator will be responsible for making sure the medications are in order.

The plan of correction will be monitored to make sure the plan is followed by checking that each resident has a medication order in the MAR. Check once each month to check if the order is expired, as well if any others medications need an order as well.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/12/2023)

184a - Resident's Meds Labeled**11. Requirements**

184a - Resident's Meds Labeled (continued)

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 has an order for [redacted] plus [redacted] daily. The pharmacy label incorrectly states the order is for two times daily.

Resident #3 has an order for [redacted], one table twice daily. The pharmacy label incorrectly states the order is for three times daily as needed.

Plan of Correction

Accept [redacted] - 08/24/2023)

On 7/28/2023 during the inspection, the inspector found that the resident #2 has an order for [redacted] plus [redacted] once daily. The pharmacy label incorrectly states the order is for two times daily. Resident #3 has an order for [redacted], one table twice daily. The pharmacy label incorrectly states the order is for three times daily as needed.

The violation was corrected. The order was corrected on 7/30/22 to match with the order, MAR, and the pharmacy label. Resident #3 has an order for [redacted], one table twice daily has a order signed by doctor on 08/04/2023

To prevent future violations, the administrator will check all medications that match the MAR, pharmacy label, and medication order.

The plan of correction will be to monitor, by daily check, medications, MAR, and Pharmacy label to make sure that they all match.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [redacted] - 09/12/2023)

187a - Medication Record

12. Requirements

2600.

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

- 8. Frequency of administration.

Description of Violation

The Medication administration record (MAR) for resident #3 lists the order for [redacted] as "take one tablet once daily". The order for the medication is to take one tablet as needed, and to take with Potassium.

Plan of Correction

Accept [redacted] - 08/24/2023)

On 7/28/2023, during medication review, the inspector found a violation in The Medication administration record (MAR). Resident #3 lists the order for Furosemide as "take one tablet once daily". The order for the medication is to take one tablet as needed, and to take with Potassium.

The violation was corrected on 8/01/2023. The MAR now matches with the order and pharmacy label.

To prevent future violations the administrator will check each medication correctly matches with the three checks. All the staff were re-trained on 8/4/2023 at the same time that the medication trainer was doing the observation for the medication observation.

187a Medication Record (continued)

The plan of correction will monitor by checking all medications have an order and the three checks match. It will be done on a regular basis.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/12/2023)

187d - Follow Prescriber's Orders**13. Requirements**

2600.

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

Description of Violation

Resident #2 has an order for [REDACTED], take one tablet every 48 hours. On the following dates the medication was not administered:

[REDACTED]

Plan of Correction

On 7/28/2023, during inspection, the inspector noted that the Resident #2 has an order for [REDACTED] /24/2023), take one tablet every 48 hours. On the following dates the medication was not administered:

[REDACTED]

Moving forward all medication will be administrated as the doctor ordered. Staff was re trained on 8/4/2023 during the time that the trainer was doing the medication observation.

To prevent future violations, the administrator will check the MAR every single day to make sure all medication will be administrated according to the medication order.

The plan of correction will be monitored by checking daily the MAR, order, and pharmacy label, if there is any discrepancy contact the doctor for clarifications.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented [REDACTED] - 09/12/2023)

251b - Record Entries Legible**14. Requirements**

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

The July 2023 MAR for resident #2 had a pink sticker placed over administration dates [REDACTED] for the medication [REDACTED], with initials written over previously recorded information. Also, there were areas on the [REDACTED] and [REDACTED] medications where medication administration initials had been scratched out/erased and written over.

Plan of Correction

The July 2023 MAR for resident #2 had a pink sticker placed over administration dates [REDACTED] for the medication [REDACTED] with initials written over previously recorded information. Also, there were areas on the

Accept ([REDACTED] 08/24/2023)

251b - Record Entries Legible (continued)

██████████ medications where medication administration initials had been scratched out/erased and written over.

Plan of Correction: Staff were trained about the importance of keeping medical records legible, dated and signed by the staff person making the entry. Moving forward if a member of the staff makes a mistake, they just have to circle, and initial on the next line. On the back of the page, they will write an explanation on how the error occurred. To prevent future violation the administrator will check the MAR daily, and to make sure that staff are following the plan of correction.

Staff and administrators are responsible for making sure that this Plan of Correction is done correctly in the future. The plan will be monitored by checking the MAR documentations that is legible and without any stickers.

Licensee's Proposed Overall Completion Date: 08/14/2023

Implemented (██████████ - 09/12/2023)