

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

August 2, 2023

[REDACTED], ADMINISTRATOR
DISCOVERY READING LEASING LLC

RE: RITTENHOUSE VILLAGE AT
MUHLENBERG
2900 LAWN TERRACE
READING, PA, 19605
LICENSE/COC#: 22802

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/06/2023, 06/07/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: RITTENHOUSE VILLAGE AT MUHLENBERG License #: 22802 License Expiration: 05/01/2024
 Address: 2900 LAWN TERRACE, READING, PA 19605
 County: BERKS Region: NORTHEAST

Administrator

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

Legal Entity

Name: DISCOVERY READING LEASING LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: 1 1 Date: 11/17/2009 Issued By: PALI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 88 Waking Staff: 66

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 06/07/2023

Inspection Dates and Department Representative

06/06/2023 On Site [REDACTED]
 06/07/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 104 Residents Served: 84

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 5

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 84
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

06/06/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/22/2023

07/25/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 07/28/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/28/2023

Inspections / Reviews *(continued)*

08/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

The public bathroom on the 3rd floor had a garbage can with no lid.

Plan of Correction

Accept (████) - 07/25/2023)

- Garbage can lid on the 3rd floor bathroom was unattached and was able to be removed.
- The garbage can lid was removed and was not replaced.
- Director of Housekeeping replaced the garbage can with one that the lid cannot be removed
- Director of Housekeeping educated the housekeeping staff on all garbage cans in public areas are to have lids on at all times
- Director of Housekeeping and/or the housekeeping staff will monitor the garbage cans in the public areas daily to ensure all have lids.
- Executive Director will monitor for compliance

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented (████) - 08/02/2023)

103d - Storing Food Off Floor

2. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

There were 2 cans of chicken noodle soup observed on the floor in the pantry area of the kitchen.

Plan of Correction

Accept (████) - 07/25/2023)

- Food order was delivered 6/7/2023.
- Two cans of chicken noodle soup fell off the shelf onto the floor in the pantry area while the dining staff was putting the food order away
- Director of Culinary educated the dining staff on food storage and checking the floor to ensure nothing fell off the shelf.
- Directory of Culinary/Supervisor will monitor the pantry daily to ensure there is no food on the floor
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented (████) - 08/02/2023)

103f - Refrigerator/Freezer Temps

3. Requirements

2600.

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

103f - Refrigerator/Freezer Temps (continued)

Description of Violation

There was no thermometer found in the refrigerator or freezer in the activity room.

Plan of Correction

Accept [REDACTED] - 07/25/2023)

- Thermometer was missing from the refrigerator and freezer in the activity room at the time of inspection.
- Thermometer was placed in the refrigerator and freezer in the activity room on 6/21/2023.
- Director of Activities was re-educated on checking the temperatures in the refrigerator and the freezer, and to ensure the thermometers are there.
- Director of Activities will begin a daily log of temperatures.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [REDACTED] - 08/02/2023)

131f - Fire Extinguisher Inspection

4. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguisher located in the home's transportation van was last inspected in 3/2022.

Plan of Correction

[REDACTED] - 07/25/2023)

- Fire protection company was in the community on 3/29/2023 for the annual fire extinguisher inspection.
- At the time of the inspection the community bus was not at the community and the fire extinguisher in the bus was not inspected.
- The Executive Director contacted the fire protection company on 7/10/2023 to schedule an inspection for the fire extinguisher.
- The fire protection company scheduled the inspection for 7/12/2023 at 1:00pm.
- The fire extinguisher was inspected on 7/12/2023 at 1:00pm, and the inspector stated that we needed a new fire extinguisher.
- Proposal to replace the fire extinguisher was received by the fire protection company and signed by the Executive Director and submitted to the fire protection company, awaiting a date for replacement.
- Fire protection company updated the fire extinguisher checklist to add the extinguisher on the bus.
- Director of Maintenance was re-educated on all the fire extinguishers are to be inspected.
- Director of Maintenance/Designee will check all fire extinguishers post inspection to ensure none were missed.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented [REDACTED] - 08/02/2023)

191 - Resident Right to Refuse

5. Requirements

2600.

191 - Resident Right to Refuse (continued)

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

There is no documentation that Resident 1 was orientated regarding their right to question or refuse medications.

Plan of Correction

Accept (████) - 07/25/2023)

- Executive Director received an update on 3/3/2023 from PALA stating that the Resident Rights Poster located on the DHS website was updated.
- Executive Director sent the updated Resident Rights poster to the community legal team to update the Resident Agreement.
- The previous Resident Rights poster on the DHS website included the the resident right - "The resident has the right to question or refuse medication if the resident believes there may have been a medication error."
- The resident right to refuse medication was removed from the updated Resident Rights Poster.
- The community legal team updated the Resident Agreement with the new DHS Resident Rights Poster.
- Resident 1 moved into the community on █████/2023 and signed the updated Resident Agreement which did not include the residents right to refuse or question medication.
- Resident 1 was educated and signed the updated resident rights on █████, which included the residents right to refuse or question medications.
- Business Office Manager audited Resident Agreements on residents that moved into the community between 3/3/2023 and 6/13/2023.
- Move ins between 3/3/2023 and 6/13/2023 were educated and signed the updated Resident Rights that ncluded the right to question and refuse medication.
- Executive Director will review any updated paperwork in the Resident Agreement to ensure compliance.

Licensee's Proposed Overall Completion Date: 07/24/2023

Implemented (████) - 08/02/2023)

227d - Support Plan Medical/Dental

6. Requirements

2600.

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

Description of Violation

The most recent RASP dated █████/2023 for Resident 2 does not indicate that the resident utilizes a bed cane on their bed.

Plan of Correction

Accept (████) 07/25/2023)

- Resident 2 RASP dated 2/17/2023 did not indicate that the resident utilizes a bed cane on their bed.
- Director of Health and Wellness updated Resident 2 on 6/6/2023 indicating the resident utilizes a bad cane on their bed.
- Director of Health and Wellness and Nursing Supervisor were re-educated on updating resident RASP ndicating any assistive devices.
- Director of Health and Wellness will audit resident RASP monthly.
- Executive Director will monitor for compliance.

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

Licensee's Proposed Overall Completion Date: 07/28/2023

Implemented ([REDACTED]) - 08/02/2023