

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

November 6, 2023

[REDACTED], ADMINISTRATOR
THE ROBERT PACKER HOSPITAL
[REDACTED]

RE: THE ROBERT PACKER HOSPITAL
PERSONAL CARE HOME
603 WILLIAM STREER
TOWANDA, PA, 18848
LICENSE/COC#: 22987

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/08/2023, 08/09/2023 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: THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME **License #:** 22987 **License Expiration:** 06/14/2024

Address: 603 WILLIAM STREER, TOWANDA, PA 18848

County: BRADFORD **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: THE ROBERT PACKER HOSPITAL

Address: [REDACTED]

Phone: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 01/07/2021 **Issued By:** PALI

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 85 **Waking Staff:** 64

Inspection Information

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

Reason: Renewal, Complaint, Incident **Exit Conference Date:** 08/18/2023

Inspection Dates and Department Representative

08/08/2023 - On-Site: [REDACTED]

08/09/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 94 **Residents Served:** 85

Secured Dementia Care Unit

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

Hospice

Current Residents: 8

Number of Residents Who:

Receive Supplemental Security Income: 31 **Are 60 Years of Age or Older:** 81

Diagnosed with Mental Illness: 3 **Diagnosed with Intellectual Disability:** 3

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

Inspections / Reviews

08/08/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/11/2023

Inspections / Reviews (*continued*)

09/12/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/18/2023
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 09/19/2023

09/29/2023 POC Submission

Submitted By: [REDACTED] Date Submitted: 10/18/2023
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 10/04/2023

11/06/2023 Document Submission

Submitted By: [REDACTED] Date Submitted: 10/18/2023
Reviewer: [REDACTED] Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

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

Description of Violation

The most recent License Inspection Summary Renewal dated 4/5/2022 was not posted at the time of inspection.

Plan of Correction

Accept (████ - 09/29/2023)

Administrator immediately fixed the issue during survey 08/18/2023. Administrator/designee will have a red labelled binder located in a discrete public place, Administrator/designee will monitor the public postings, to ensure all required documents are posted monthly starting 09/01/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (████ - 11/06/2023)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

There was a Medication Administration Record binder located unlocked and unattended on the top of a locked medication cart in the hallway on the 1st floor. The resident names and medications taken were not secured and could have been observed by anyone that passed through the hallway.

Repeat Violation 4/5/2022.

Plan of Correction

Accept (████ - 09/29/2023)

Administrator/designee have educated the staff when, they are not administering medications the MARs are to be locked in the 3rd drawer of the medication cart and the medication cart is to be locked behind the nurses' stations. This is to take immediate effect 09/18/2023. Administrator/Designee is responsible to monitor compliance on a monthly basis to ensure full compliance is maintained.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (████ - 11/06/2023)

42c - Treatment of Residents

3. Requirements

2600.

- 42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident 1 felt that their roommate, Resident 2, took their belongings. Resident 2 denied taking anything but Resident 1 began threatening and yelling at Resident 2. Resident 2 felt threatened and disrespected by Resident 1 and required staff to intervene to separate them from the situation.

42c Treatment of Residents (continued)

Plan of Correction

Accept [REDACTED] - 09/29/2023)

Administrator/designee submitted incident report to DHS, act 13, and notified Area of Aging at the time of incident on [REDACTED] and [REDACTED]. Administrator/designee is responsible for reporting incidents to DHS and other appropriate agencies. Administrator/designee will review all reportable incidents with staff to ensure incidents are reported in a timely manner.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented [REDACTED] - 11/06/2023)

65a - FS Orientation 1st Day

4. Requirements

2600.

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

Description of Violation

Staff Member A DOH [REDACTED], Staff Member B DOH [REDACTED], Staff Member C DOH [REDACTED], & Staff Member D DOH 6/28/2023 do not have signed verification that they received orientation on their 1st day in all of the required topics.

Plan of Correction

Accept [REDACTED] - 09/29/2023)

Administrator/Designee have adjusted the orientation forms at the time of survey 08/18/2023. Administrator/Designee is responsible for signing off the day the orientation is completed. Administrator/Designee will monitor all new hire orientees new hire packet monthly beginning 09/01/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented [REDACTED] - 11/06/2023)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

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

Description of Violation

Staff Member A DOH [REDACTED], Staff Member B DOH [REDACTED], Staff Member C DOH [REDACTED] & Staff Member D DOH 6/28/2023 do not have signed verification that they received orientation within their first 40 hours in all of the required topics.

Plan of Correction

Accept [REDACTED] - 09/29/2023)

Administrator/Designee have adjusted the orientation forms at the time of survey 08/18/2023. Administrator/Designee is responsible for signing off the day the orientation is completed. Administrator/Designee will monitor all new hire orientees new hire packet monthly beginning 09/01/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented [REDACTED] - 11/06/2023)

124 - Notice to Fire Department

6. 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 notification letter to the local fire department dated 3/15/2022, did not list the home's capacity.

Plan of Correction

Accept (█) - 09/29/2023)

Administrator/Designee sent the local fire department a copy of our updated license, (with our capacity) the notification of mobility letter at the time of survey 08/18/2023. Administrator/Designee is responsible for updated the local emergency fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. The Administrator/Designee will retain a copy of this letter and a receipt of the letter sent to ensure all appropriate topics are covered. Administrator/Designee will monitor and update the letter as needed is there are changes in the facility or annually beginning 08/18/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (█) - 11/06/2023)

132a - Monthly Fire Drill

7. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

There was no fire drill completed by the home in 12/2022. The home was dealing with a Covid outbreak but did not get consent from BHSL to not run the fire drill.

Plan of Correction

Accept (█) - 09/29/2023)

Administrator/ Designee will ensure the facility continues to have fire drills monthly, if the facility cannot participate in a monthly drill for any reason, administrator/ designee will immediately reach out to the BHSL for approval. Administrator/designee is responsible for ensuring all regulations are followed per DHS 2600. Administrator/designee will monitor all fire drills monthly starting 08/18/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (█) - 11/06/2023)

132c - Fire Drill Records

8. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records do not include the number of residents in the home at the time the fire drill was run in any month from 6/2022 through 7/2023.

132c - Fire Drill Records (continued)

Plan of Correction

Accept (████) - 09/29/2023)

Administrator/designee corrected all fire drill records at the time of survey will the correct census on 08/18/2023. Administrator/ Designee will do quarterly audits on the fire drill logs to ensure the correct census and correct number of evacuated residents are recorded. From the months, 6/2022-7/2023 all residents were evacuated however, the previous used form did not indicate our total census the day of the drill. Administrator/Designee initiated on 09/01/2023 the use of the correct DHS approved forms to be completed during a fire drill.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (████) - 11/06/2023)

132d - Evacuation

9. 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.

Description of Violation

The home does not have a letter from a fire safety expert from the last 12 months that gives any additional time for evacuating the home during a fire. This requires the home to evacuate in 2 1/2 minutes. The home completed fire drills with evacuation times greater than 2 1/2 minutes in every month from 6/2022 to 11/2022 & 1/2023-7/2023.

Plan of Correction

Accept (████) - 09/12/2023)

Administrator/Designee will ensure the fire department has the correct paperwork filled out annually for our fire drill times. Administrator contact the local fire department via phone call regarding incorrect documentation for 2023. Fire chief completed new drill and new documents on 8/13/2023

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

Implemented (████) - 11/06/2023)

181d - Storing Medication

10. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 3 self-administers their own medications. At time of inspection on ██████████, their room was observed unlocked and unoccupied with 2 prescription medications sitting on their dresser.

Plan of Correction

Accept (████) - 09/12/2023)

Resident 3 did not lock ██████ medications in ██████ room, ██████ stated ██████ has lost ██████ key to ██████ room and did not let the staff know. Administrator was observed by surveyor locking correcting this at the time of survey. Administrator locked the residents room door, and gave a new key to the resident at the time of the survey. Administrator/Designee will talk to all residents upon admission about the regulations when self administering medications, including keeping them locked and in a safe place when not in use.

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

181d - Storing Medication (continued)

Implemented () - 11/06/2023

184b - Labeling OTC/CAM

11. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident 4 takes () as needed for allergies. The medication was not labeled with the resident's name.

Plan of Correction

Accept () - 09/12/2023

Staff have been re-educated on dating and labelling of OTC medications, which will be included in their 6month re-certification of medication administration. Administrator/ Designee will continue to monitor the medication carts monthly to ensure all OTC's are properly labelled.

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

Implemented () - 11/06/2023

187a - Medication Record

12. Requirements

2600.

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

Description of Violation

Resident 4 received their PRN medication of () but the effectiveness of the PRN was not documented on the MAR.

Resident 5's Medication Administration Record for August 2023 still lists as a current PRN () which was discontinued ()

Repeat Violation 9/28/2022.

Plan of Correction

Accept () - 09/29/2023

Administrator/ Designee will re-educate the staff on the proper procedures regarding PRN medication 09/18/2023. Administrator/ Designee will implement monthly MAR checks with the pharmacy for all medications on cycle to ensure no DC'd medications are listed on the MAR starting 09/01/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented () - 11/06/2023

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident 6 has an order to receive () units of () when blood glucose levels are over () when checked at () daily. On () at (), the resident had a BG level of () but received () units of () instead of the prescribed () units.

187d Follow Prescriber's Orders (continued)

Repeat Violation 5/16/2023.

Plan of Correction

Accept (████) - 09/29/2023)

Administrator/ Designee educated licenses nurses when receiving a verbal order from a provider they are required to send that order to the provider to have them sign it, once the order is signed it is to be placed in the resident's medical chart on 09/01/2023. Administrator/Designee will review all insulin orders monthly with the medication reviews with the provider to ensure all orders are correct before administering medications 09/01/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (████) - 11/06/2023)

224a - Preadmission Screen Form**14. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 8's pre admission screening form dated █████ is incomplete and does not indicate if the home can meet the resident's needs.

Plan of Correction

Accept (████) - 09/29/2023)

Administrator corrected the pre admission screening on █████ at the time of survey. Administrator/designee will review all resident's required documentation is completed 24hours prior to admission. Administrator/designee initiated resident chart reviews starting █████ to review all appropriate documentation is completed withing the required time frame.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (████) - 11/06/2023)

227d - Support Plan Medical/Dental**15. Requirements**

2600.

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

Description of Violation

Resident 7's RASP dated █████ does not indicate that the resident has been receiving PT/OT services since █████.

Plan of Correction

Accept (████) - 09/29/2023)

Administrator/designee fixed the RASP at the time of survey 8/18/23. Administrator/Designee fixed and will monitor the RASPs on a monthly basis as well as update with changes, if necessary, monthly starting 09/18/2023.

Licensee's Proposed Overall Completion Date: 09/18/2023

Implemented (████) - 11/06/2023)