

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

October 11, 2023

[REDACTED]
BRADFORD ECUMENICAL HOME INC
[REDACTED]

RE: CHAPEL RIDGE
200 ST. FRANCIS DRIVE
BRADFORD, PA, 16701
LICENSE/COC#: 42642

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/10/2023, 08/11/2023 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: *CHAPEL RIDGE* License #: *42642* License Expiration: *11/10/2023*
 Address: *200 ST. FRANCIS DRIVE, BRADFORD, PA 16701*
 County: *MCKEAN* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *BRADFORD ECUMENICAL HOME INC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *09/18/1996* Issued By: *Dept. of Labor & Industry*
 Type: *I-1* Date: *01/20/2017* Issued By: *City of Bradford*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *08/11/2023*

Inspection Dates and Department Representative

08/10/2023 - On-Site: [REDACTED]
 08/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *112* 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: *4* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

08/10/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/10/2023*

Inspections / Reviews (*continued*)

09/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/21/2023

10/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/12/2023

10/11/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1's bed has an enabler bar that is not securely attached to the bed and is able to move approximately 6 inches back and forth with minimal force. The resident's mattress also moves and slides away from enabler bar with minimal force, posing an entrapment hazard.

Plan of Correction

Accept [REDACTED] - 10/02/2023)

This violation is being disputed. Plan of correction has been prepared and executed because the regulations require that we do so. This plan does not constitute an admission that any of the violations are either legally or factually correct. This plan of correction is not meant to establish any standard of care, contract, obligation, or position and Chapel Ridge reserves all rights to raise possible contestations and defenses in any civil or criminal claim, action, or possible contestations and defenses in any civil or criminal claim, action, or proceeding. Resident #1 has an enabler bar that is attached to the bed per the manufacturer's instructions. The enabler was secured for proper use. Administrator and Director of Maintenance dispute the fact that "minimal force" was used. Surveyor used what we consider to be excessive force to pull the enabler from end of bed to head of bed. The enabler has two feet that sit on the ground to help keep the enabler stable. The surveyor used enough force that when moving it back and forth caused the mattress to move up in the air. Resident #1 has been assessed to use the enabler appropriately and if the enabler was being used in the manner that the surveyor assessed the enabler this would be an inappropriate use. Per the manufacturer's instructions "the unit is not meant to support full body weight but to assist with the stability when getting in or out of the bed." The enabler was securely attached when used for that purpose.

On 8/10/2023 Director of Maintenance secured the legs of the enabler to the bed frame of resident #1's bed.

On 8/15/2023 Maintenance staff and Administrator inspected the other enablers located in the home to ensure that they were securely attached.

During our monthly scheduled RA meeting, scheduled for 9/12/2023, nurse manager and nurse supervisor will be providing nursing staff with education on enablers and the importance of making sure they are securely attached. Along with the process of handling any enablers that are found to be unsafe.

On 8/7/2023 Therapy assessed the three residents that currently have enablers to ensure they still had a need.

Beginning 8/15/2023 nurse supervisor will assess residents during the resident's annual RASP and/or any significant changes. Schedule of assessment will be based on the resident's RASP date. Assessment will include making sure that the resident still has a need and that the enabler is secure.

As of 8/15/2023 maintenance will assist with installation and securing enablers as needed. As of 8/15/2023 Nursing will immediately contact maintenance if an enabler is found to not be secure. Enablers that are found to be unsafe will be removed and not used until we can ensure it is secure for use.

81b - Resident Personal Equipment (continued)

Licensee's Proposed Overall Completion Date: 09/19/2023

Implemented (█) - 10/11/2023)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The emergency telephone numbers to include the nearest hospital and fire department were on a card and attached to the telephone cord, however, the card had slid down the cord and was located behind the bed, essentially unreachable by resident #1 and resident #2.

Plan of Correction

Accept (█) - 10/02/2023)

This violation is being disputed. Plan of correction has been prepared and executed because the regulations require that we do so. This plan does not constitute an admission that any of the violations are either legally or factually correct. This plan of correction is not meant to establish any standard of care, contract, obligation, or position and Chapel Ridge reserves all rights to raise possible contestations and defenses in any civil or criminal claim, action, or proceeding. The requirement is that the phone numbers be posted on or by each telephone with an outside line. The phone located in the bedroom of resident #1 and resident #2 had an emergency tag posted on the phone itself but had slid down from use. There was a second phone in the main area of the apartment of resident #1 and resident #2 that also had a tag on it. The phone in the main area of the apartment had a tag that was immediately visible. The surveyor makes no mention of the second phone. The apartment size overall is 401 square feet. Two phones, both having tags attached to them meets what is required.

On 8/10/2023 housekeeping placed an additional emergency telephone number tag on refrigerator located within the apartment of resident #1 and resident #2. On 8/11/2023, Administrator and Director of Maintenance went to the apartment of resident #1 and resident #2 and verified that the tag was visible on both handheld phones and that the additional phone tag was placed on the refrigerator.

Beginning 9/5/2023 housekeeping placed emergency phone tags on all refrigerators which are located within every apartment and checking placement of emergency tags on phones. Housekeeping is doing a whole house audit of emergency phone tag placement that is to be completed by Monday, September 11th, 2023.

On 9/5/2023, housekeepers were trained by Administrator on emergency phone tags and the importance of making sure they are available within each apartment.

Beginning 9/5/2023, to ensure ongoing compliance, housekeeping will monitor that emergency tags are appropriately placed in every apartment. This task has been added to the checklist used by housekeeping during weekly apartment cleaning days.

91 - Telephone Numbers *(continued)*

Licensee's Proposed Overall Completion Date: 09/19/2023

Implemented (JG - 10/11/2023)

102i - Soap Dispenser

3. 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

There was an unlabeled used bar of white soap on the sink in shared bathroom in bedroom #208.

There was an unlabeled used bar of blue soap in the bathroom shower in shared bathroom in bedroom #221.

Plan of Correction

Accept [REDACTED] **10/02/2023)**

On 8/10/2023 upon discovering that the bar soap was not in containers the soap was placed in labeled containers by nursing staff within apartment #208 and #221. It's noted that both apartments had labeled containers available, but residents did not place the soap back in the containers after use.

On 8/14/2023 and 8/28/2023 nurse supervisor did an audit of all shared rooms to ensure that any resident utilizing bar soap has a clearly labeled container and that any bar soap not currently being used was stored appropriately.

On 9/1/2023 Administrator presented a memo to each resident residing in a Community Care Room (shared room) explaining the regulation and the need to return soap to a labeled container when not in use.

Our monthly resident assistant meeting is scheduled for 9/12/2023. Nurse Manager and Nurse Supervisor will be providing education to all nursing staff, as well as housekeeping, regarding the requirements of regulatory requirement 2600.102i. As of 8/15/2023 ongoing compliance will be monitored by nurse manager and nurse supervisor monthly during apartment audits.

Licensee's Proposed Overall Completion Date: 09/19/2023

Implemented [REDACTED] **10/11/2023)**