

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

September 28, 2023

[REDACTED]
ACADIA ACQUISITION INC
[REDACTED]

RE: ACADIA ACQUISITION 3
1104/1114 BENTLEY RIDGE BLVD.
LANCASTER, PA, 17602
LICENSE/COC#: 33144

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2023, 08/30/2023 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: ACADIA ACQUISITION 3 License #: 33144 License Expiration: 01/01/2024
 Address: 1104/1114 BENTLEY RIDGE BLVD., LANCASTER, PA 17602
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: ACADIA ACQUISITION INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/01/2001 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal Exit Conference Date: 08/30/2023

Inspection Dates and Department Representative

08/29/2023 - On-Site: [REDACTED]
 08/30/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 Residents Served: 6

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 2
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

08/29/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/16/2023

09/25/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/28/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/02/2023

Inspections / Reviews *(continued)*

09/28/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/02/2023

09/28/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/28/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 [redacted]/23, at approximately [redacted] pm, a physical altercation occurred between Resident 2 and Resident 3. This incident was observed by staff person A and C. However, this allegation of abuse was not reported to the local area agency on aging.

Plan of Correction

Accept [redacted] - 09/25/2023)

15.a

Effective 9/7/2023 staff will contact the on-call supervisor when they are aware of an incident and the supervisor will ensure that the staff reports the incident to APS if it meets the requirements. All staff will be trained on The Older Adult Protective Services Act, 2600.15, 2600.16(c) and the RCG , Appendix A and B by 10/8/2023. Training will be done by the PCHA and will be documented on a signature sheet. RCG Appendix A and B will be posted at all houses for staff to reference.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented [redacted] 09/28/2023)

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 [redacted]/23, at approximately [redacted] pm, a physical altercation occurred between Resident 2 and Resident 3. This incident was observed by staff person A and C. The home did not report this incident to the department until [redacted]/23.

Plan of Correction

Accept [redacted] 09/25/2023)

Effective 9/7/2023 staff will contact the on-call supervisor when they are aware of an incident and the supervisor will ensure that the staff reports the incident to APS if it meets the requirements. All staff will be trained on The Older Adult Protective Services Act, 2600.15, 2600.16(c) and the RCG , Appendix A and B by 10/8/2023. Training will be done by the PCHA and will be documented on a signature sheet. RCG Appendix A and B will be posted at all houses for staff to reference.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented [redacted] 09/28/2023)

42b - Abuse

3. Requirements

2600.

42b - Abuse (continued)

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 [redacted]/23, at approximately [redacted] pm, staff persons A and C witnessed Resident 2 [redacted] Resident 3's [redacted] Resident 3 [redacted] Resident 3's [redacted]. As a result of this incident, Resident 3 had [redacted]

Plan of Correction

Accept ([redacted] - 09/25/2023)

A support plan will be developed for Resident 2 to assist staff in supporting [redacted] Staff will be trained in the support plan by the site supervisor. This training will take by October 8th.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented ([redacted] - 09/28/2023)

63a - First Aid/CPR Training

4. 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 08/13/23 and 08/18/23, from 9:30 pm to 9 am, 6 residents were present in the home. During this time, there were no staff in the home who were certified in first aid, obstructed airway techniques and CPR.

Plan of Correction

Accept ([redacted] - 09/25/2023)

The staff member that was present on 8/13 and 8/18 completed [redacted] First Aid and obstructed airway techniques and CPR on 9/13/23. CPR training will be tracked on Relias Learning Management Systems. Site supervisors will do a monthly check to ensure that their staff are current in CPR.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented ([redacted] - 09/28/2023)

64a - Admin Training

5. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.

Description of Violation

[redacted] the home's administrator, has not successfully completed the Department-approved and administered orientation program, the Department-approved 100-hour administrator training course, and the Department-approved competency-based training test.

64a - Admin Training (continued)

Plan of Correction

Accept [REDACTED] - 09/25/2023)

The home's administrator is currently enrolled in the 100 hour department approved department-approved administrator training course. The course will be completed on 11/14 and the training test will be scheduled ASAP. By 12/14/23 the home administrator will have completed all requirements of 2600.64a. A request for a waiver was completed. See attached waiver and enrollment receipt.

Licensee's Proposed Overall Completion Date: 12/14/2023

Implemented [REDACTED] - 09/28/2023)

103g - Storing Food

6. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A 28 oz bag of hashbrowns with onions and peppers and a bag of mixed vegetables in the home's freezer were opened and unsealed.

Plan of Correction

Accept [REDACTED] - 09/28/2023)

A training on 103g - Food Storage, was conducted on 9/27/23. See attached documents. Site Supervisor will do a weekly check to ensure compliance with regulation 103g, see attached chart.

Licensee's Proposed Overall Completion Date: 10/02/2023

Implemented [REDACTED] - 09/28/2023)

105g - Lint Removal and Duct Cleaning

7. 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

The home's dryer duct was not cleaned in 2022.

Plan of Correction

Accept [REDACTED] - 09/25/2023)

Email was sent to High maintenance department to request them to clean the outside the apartment duct work, Moving forward, when they have completed the outside ductwork cleaning, the PCHA will request a copy of the documentation of the completed work. PCHA and the Director of Residential Services will put on the calendar July 1st, 2024 to send to maintenance on request clean done by August 30th. PCHA will follow up to get the document done by August 1st to ensure they have the documentation. See attached letter for proof that vents were cleaned.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented [REDACTED] 09/28/2023)

107d - Procedure Emergency Management Agency Submission

8. Requirements

107d - Procedure Emergency Management Agency Submission (continued)

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 were not reviewed and sent to the local emergency management agency (EMA) in 2022.

Plan of Correction

Accept [redacted] - 09/25/2023)

The Director of Residential Services updated the emergency procedures and submitted the written plan to the local emergency management agency. The director will put a reminder on the calendar on 9/7/2024 to update and submit the plan.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented [redacted] - 09/28/2023)

132a - Monthly Fire Drill

9. Requirements

2600.

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

Description of Violation

An unannounced fire drill was not held during the month of July 2023.

Plan of Correction

Accept [redacted] - 09/28/2023)

Site Supervisors will be trained on the new fire drill schedule as well as regulation 132.a. The first training occurred on 9/19/23 during the weekly supervisor meeting. The checklist is being used in addition to the DHS fire drill record.

Licensee's Proposed Overall Completion Date: 10/02/2023

Implemented [redacted] - 09/28/2023)

132c - Fire Drill Records

10. 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 record for the drills conducted in February 2023 through July 2023 does not include the number of staff participating, the number of residents evacuated, and whether the fire alarm or smoke detector was operative.

Plan of Correction

Accept [redacted] - 09/28/2023)

The fire drill checklist was updated, to include the required information. The fire drill checklist will be used in addition to the departments approved fire drill record.

Licensee's Proposed Overall Completion Date: 10/02/2023

Implemented [redacted] - 09/28/2023)

132g - Fire Drills Days/Times

11. 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 routinely holds fire drills during the 3-11 pm shifts as evidenced by the following drills:

02/13/23 and 03/31/23 fire drills were conducted at 5:30 pm.

06/23/23 fire drill was conducted at 4:50 pm.

Plan of Correction

Accept [REDACTED] - 09/28/2023)

Site Supervisors will be trained on the new fire drill schedule as well as regulation 132.g. The first training occurred on 9/19/23 during the weekly supervisor meeting.

Licensee's Proposed Overall Completion Date: 10/02/2023

Implemented [REDACTED] - 09/28/2023)

141b1 - Annual Medical Evaluation**12. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 1's most recent medical evaluation was completed [REDACTED] 22. The resident's previous medical evaluation was completed on [REDACTED]/21.

Plan of Correction

Accept [REDACTED] - 09/25/2023)

Resident 1's DME was completed on [REDACTED]-22 and the previous evaluation was done on [REDACTED]-21 and is within regulation. Site supervisor filed the DME documents in Resident 1's residential binder. See attached documents.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented [REDACTED] - 09/28/2023)

187b - Date/Time of Medication Admin.**13. 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 1 is prescribed [REDACTED]. Resident 1's medication administration record (MAR) does not include the initials of the staff person who administered Atorvastatin on [REDACTED]/21 and [REDACTED] 23 at [REDACTED] pm.

Plan of Correction

Accept [REDACTED] - 09/25/2023)

Client health and wellness assistant will complete weekly audit starting the week of 9/18/2023. This audit will review that all medications were administered and documented correctly in carasolva. The PCHA will retrain staff on Acadia policy VII.3.Q and following the regulations, 2600(187b) training will be completed by 10/8/2023. See attached audit form.

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented [REDACTED] - 09/28/2023)

187d - Follow Prescriber's Orders

14. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 2 is prescribed [REDACTED]
[REDACTED]. However, these medications were not administered to Resident 2 on [REDACTED]/23 at [REDACTED] pm.

Plan of Correction Accept [REDACTED] 09/25/2023)

Client health and wellness assistant will complete weekly audit starting the week of 9/18/2023. This audit will review that all medications were administered and documented correctly in carasolva. The PCHA will retrain staff on Acadia policy VII.3.Q and following the regulations, 2600(187b) training will be completed by 10/8/2023. see attached audit form

Licensee's Proposed Overall Completion Date: 10/08/2023

Implemented [REDACTED] - 09/28/2023)

221c - Post Activity Calendar

15. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction Accept [REDACTED] 09/25/2023)

The site supervisor put a reminder of the calendar for the 15th of every month to complete the activity calendar for the following month. Site supervisor will complete them and send them to the residential director. Octobers activity calendar was completed, see attached.

Licensee's Proposed Overall Completion Date: 09/21/2023

Implemented [REDACTED] - 09/28/2023)

225c - Additional Assessment

16. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident 1's current assessment was completed on [REDACTED]/2022. However, the resident's previous assessment was completed on [REDACTED] 2021.

Plan of Correction Accept [REDACTED] - 09/28/2023)

The residential director created a tracking chart for all RASPS, this will be reviewed at the weekly supervisors meeting to ensure they are completed within compliant timeframe. The first review of the charts took place on 9/19/23.

Licensee's Proposed Overall Completion Date: 10/02/2023

Implemented [REDACTED] - 09/28/2023)