

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

November 2, 2023

[REDACTED], PRESIDENT
ARCADIA AT LIMERICK POINTE LLC
[REDACTED]
[REDACTED]

RE: ARCADIA AT LIMERICK POINTE
51 WEST ARCADIA DRIVE
LIMERICK, PA, 19468
LICENSE/CO# #: 14795

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/06/2023, 09/07/2023 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *ARCADIA AT LIMERICK POINTE* License #: *14795* License Expiration: *05/18/2024*
 Address: *51 WEST ARCADIA DRIVE, LIMERICK, PA 19468*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *ARCADIA AT LIMERICK POINTE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *04/12/2021* Issued By: *Limerick Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *116* Waking Staff: *87*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *09/07/2023*

Inspection Dates and Department Representative

09/06/2023 - On-Site: [REDACTED]
 09/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *110* Residents Served: *81*

Secured Dementia Care Unit
 In Home: *Yes* Area: *MC1 and MC 2* Capacity: *48* Residents Served: *35*

Hospice
 Current Residents: *3*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *81*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *35* Have Physical Disability: *0*

Inspections / Reviews

09/06/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/28/2023*

10/02/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/01/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/07/2023*

Inspections / Reviews (*continued*)

10/03/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2023

11/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/01/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

181f - Record of Medication

1. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

Resident # 1 had [REDACTED] on Resident's current medication list but it is not in the home.

Resident # 1 has [REDACTED] on medication list. Resident has [REDACTED] present in the home.

Resident # 1 has a [REDACTED] gummy in the home that is not present on Resident's medication list.

Plan of Correction

Accept [REDACTED] - 10/03/2023)

- 1.) Resident #1 physician's orders and MAR were updated to include all current medications. [REDACTED] was discontinued, and order received for [REDACTED] order was discontinued and [REDACTED] order was received. Orders received for a [REDACTED]. All changes in orders were completed by 9/8/23 (a copy of the Physician's orders attached)
- 2.) DON reviewed and completed and updated Self-Administration form to review Resident #1 current medications, CAM, OTC. Completed 9/8/23. (Self-evaluation completed on admission 7/25/23 and repeated on 9/8/23)
- 3.) Nurses and med-techs were Inservice on this regulation (181f) and procedure to ensure compliance. Completed 9/12/23. (Inservice Sheet attached)
- 4.) DON instituted additional auditing to completed by nurse/med-techs when completing their routine audits. Monthly self-administration residents will be reviewed by the nurse/med-tech assigned to ensure all prescriptions, CAM, and OTC is current. If changes occur, the medical records will be updated accordingly. New procedure introduced on 9/8/23 with nurses and med-techs. (Inservice sheet attached)
- 5.) The DON/designee will review compliance of internal audits of self-administering residents each quarter and report findings at Quality Assurance Meetings. on-going.

10/03/23: UPDATE

- 1.) Ruth Delancey, LPN, Director of Nursing (DON) took the immediate action of updating the orders.
- 2.) On 9/12/23 the Inservice sheet acknowledges the training source was Ruth Delancey, LPN, DON on regulations 2600.181(f)
- 3.) Starting October 1st, the audit now includes residents who self-medicate verifying that all meds are current and correct. If there is a discrepancy noted, the nurse shift supervisor or DON will speak with physician and update records accordingly.
- 4.) On 9/12/23 the Inservice sheet acknowledges the training source was Ruth Delancey, LPN, DON on the new procedures.

Licensee's Proposed Overall Completion Date: 10/03/2023

Implemented [REDACTED] - 11/02/2023)

187d - Follow Prescriber's Orders

2. Requirements

2600.

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

187d Follow Prescriber's Orders (*continued*)**Description of Violation**

Resident # 2 is prescribed [REDACTED] 3 times a day before meals according to the below listed sliding scale:
 Inject 0 units for blood sugar readings 0-99, Inject 2 units for blood sugar readings 100-150, Inject 4 units for blood sugar readings 151-200, Inject 6 units for blood sugar readings 201-250, Inject 8 units for blood sugar readings 251-300, inject 10 units for blood sugar readings 301-350, inject 12 units for blood sugar readings 351-400, and call medical provider for readings above 400.

On [REDACTED] at [REDACTED] Resident # 2 had a blood sugar reading of [REDACTED] and was not administered any [REDACTED]. At this blood sugar reading, Resident # 2 should have received 6 units of [REDACTED].

Plan of Correction**Accept (CM - 10/03/2023)**

- 1.) DON counseled nurse on following physician's orders and documenting correctly. Counseling form in employee's file
- 2.) DON Inservice all nurses and med tech on regulation (187d) on the importance of identifying the correct resident and following physician's orders as written. Once the medication is given to the resident, documentation will include date and time of medication administration. Name and initials of the staff person administering the medication.
Completed 9/12/23. Inservice sheet attached.
- 3.) DON will audit at least 10% of the physician's order and verify correct medication was administered and documentation was completed. DON will report trends at Quarterly QA mtg. on going.

10/03/23 UPDATE:

- 1.) [REDACTED], LPN, DON met with the nurse on 9/12/23 before the training and council the employee involved.
- 2.) As noted above the Inservice sheet attached noted Ruth Delancey, LPN, DON completed the training on 9/12/23.
- 3.) The DON started these audits 10/01/23, which will occur monthly. This will be recapped in the quarterly QA meeting as noted above. It will continue through 2024.

Licensee's Proposed Overall Completion Date: 10/03/2023

Implemented [REDACTED] - 11/02/2023)