

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

October 13, 2023

[REDACTED], VICE PRESIDENT OF RESIDENTIAL SERVICES
HOLY REDEEMER HEALTH SYSTEM
1616 HUNTINGDON PIKE
[REDACTED]

RE: HOLY REDEEMER ST. JOSEPH
MANOR
1616 HUNTINGDON PIKE
MEADOWBROOK, PA, 19046
LICENSE/COC#: 12794

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/25/2023 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: HOLY REDEEMER ST. JOSEPH MANOR License #: 12794 License Expiration: 07/09/2024
 Address: 1616 HUNTINGDON PIKE, MEADOWBROOK, PA 19046
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HOLY REDEEMER HEALTH SYSTEM
 Address: 1616 HUNTINGDON PIKE, [REDACTED], MEADOWBROOK, PA, 19046
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 12/23/1998 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/25/2023

Inspection Dates and Department Representative

09/25/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 69 Residents Served: 34
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

09/25/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/12/2023

10/05/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/12/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/10/2023

Inspections / Reviews *(continued)*

10/10/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/03/2023

10/13/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/12/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 09/25/2023 at 10:30 AM, the inside of the toilet bowl in the men's shower room located in the east wing of the 4th floor was soiled with feces.

Plan of Correction

Accept (████) - 10/05/2023)

Administrator notified Environmental Services immediately on 9/25/23 during inspection when issue was noticed and toilet was cleaned by Environmental Services worker. It was learned that toilet was actually cleaned at 9am but we have a resident in that hallway with ongoing bowel issues that are being addressed by his Primary Care Physician. As an ongoing measure, the Administrator has created a sign off sheet for each of the hallway bathrooms so that Environmental Services staff can document when the bathrooms have been checked for sanitary conditions at 9am, 1pm, 5pm and 9pm daily. Sign off sheet will also include the phone number to Environmental Services so if there is an issue between those times the appropriate staff will be notified. The Administrator completed staff education on this new process during the week of 9/25/2023. This new process with sign off sheets was implemented October 2, 2023.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented (████) - 10/13/2023)

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

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in the hallway on the 2nd floor and 4th floor.

Plan of Correction

Accept (████) - 10/10/2023)

Historically the hallway telephones did not have the capability to call out and the Personal Care staff was not made aware of this change. On 9/25/2023 immediately after it was discovered that these phones now do have an outside line, the emergency telephone numbers were posted at each phone by the Unit Secretary. As an ongoing measure, beginning on 10/6/2023, the Unit Secretary will perform an annual audit of all phones in the Personal Care community with an outside line to ensure that the required emergency phone numbers are posted by each phone.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented (████) - 10/13/2023)

107a - Emergency Preparedness

3. Requirements

2600.
107.a. The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

107a Emergency Preparedness (continued)

Description of Violation

Staff person A, the administrator, does not have a copy of the emergency preparedness plan for the local municipality.

Plan of Correction

Accept [redacted] 10/05/2023)

On 9/25/2023 the Emergency Management, Safety & Security department was re educated by the Administrator on this requirement. The Administrator was provided the local municipality emergency preparedness plan by the Associate Vice President of Emergency Management, Safety & Security on 9/26/2023. The Administrator placed copies in the community Emergency Preparedness binders on 9/26/2023. As an ongoing measure, annually when the Emergency Preparedness Plan is submitted to the local municipality via email, the Associate Vice President of Emergency Management, Safety & Security will copy the Administrator on the communication to ensure that the Administrator will have the most up to date copy of the plan.

Licensee's Proposed Overall Completion Date: 10/05/2023

Implemented [redacted] - 10/13/2023)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's medical evaluation dated [redacted] did not include (9) Health status/Cognitive functioning.
Resident #2' medical evaluation dated [redacted] did not include (9) Health status/Cognitive functioning.
Resident #3's medical evaluation dated [redacted] did not include medical professional name and license number and the one dated [redacted] did not include medical professional name.

Plan of Correction

Accept [redacted] - 10/10/2023)

Nurse Supervisor was re educated on 9/25/23 by the Administrator on DME requirements. Beginning 9/25/23 as an ongoing measure, the Administrator and Nurse Manager will both review each new resident DME as well as current resident DME's for annual and significant change requirements, within 24 hours of receipt by resident's PCP to ensure they are correctly and fully completed. On 9/26/23 an audit of current resident DME's was completed by the Nurse Manager and the Administrator.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [redacted] - 10/13/2023)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED], an opened bottle of [REDACTED] eye drop prescribed for resident #4 was in the medication cart without an open/discard after date. According to the manufacturer's instructions, this eye drop should be discarded 6 weeks after opening.

Plan of Correction

Accept [REDACTED] - 10/10/2023)

Nurse Manager conducted education of med-tech certified direct care staff and licensed practical nurses on 9/26/23 and 9/27/23 on procedures for appropriate labeling related to eye drops, eye ointments, nasal sprays, inhalers and nebulizer solutions and their expiration. As an ongoing measure, an order has been created by the Nurse Manager on 10/5/2023 in the treatment administration record for any residents with eye drops, eye ointments, nasal sprays, inhalers and nebulizer solutions for our overnight shift staff to do an audit of these medications weekly to ensure they are properly labeled and not expired. This new process will start on 10/6/2023 and will become a permanent part of the overnight shift duties.

Licensee's Proposed Overall Completion Date: 10/06/2023

Implemented [REDACTED] - 10/13/2023)