

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

January 5, 2024

[REDACTED], ADMINISTRATOR/OWNER
WHITEHALL MANOR, INC.
1177 SIXTH STREET
WHITEHALL, PA, 18052

RE: WHITEHALL MANOR
1177 SIXTH STREET
WHITEHALL, PA, 18052
LICENSE/COC#: 21665

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/27/2023, 09/28/2023, 10/06/2023 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: *WHITEHALL MANOR* License #: *21665* License Expiration: *10/24/2023*
 Address: *1177 SIXTH STREET, WHITEHALL, PA 18052*
 County: *LEHIGH* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *WHITEHALL MANOR, INC.*
 Address: *1177 SIXTH STREET, WHITEHALL, PA, 18052*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/19/2006* Issued By: *PA L&I*

Staffing Hours

Resident Support Staff: *2* Total Daily Staff: *139* Waking Staff: *104*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *10/06/2023*

Inspection Dates and Department Representative

09/27/2023 - On-Site: [REDACTED]
 09/28/2023 - On-Site: [REDACTED]
 10/06/2023 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *130* Residents Served: *107*

Secured Dementia Care Unit
 In Home: *Yes* Area: *1st Floor B* Capacity: *20* Residents Served: *7*

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

09/27/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/20/2023*

Inspections / Reviews (*continued*)

10/27/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 11/02/2023

12/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

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

01/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/05/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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

Resident #6 is prescribed Vitamin D every other Monday. The resident did not receive the medication on 9/25/23 as ordered by their physician because it was not on hand. The home did not report the medication error to the Department.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation 16c from the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. On 09/28/2023 by Administration to Immediate action taken was that memo was put out to all med aides on 9/28/23 from Administration to remind them that any missed medication must be immediately reported to Nursing Supervisor and/or Administration at the time the medication was missed to ensure that missed medication is reported to the physician as well as the Bureau of Human Services Licensing.

To enhance the currently compliant operations, on 09/28/2023 Administration will report any medication errors immediately to the Department as per the 2600 regulations. Starting on 9/28/23 Nursing supervisor will check with med aides on daily basis to ensure that all medications are on hand during med passes and if there are any medications that are not in the facility the nursing supervisor will notify administration so it can be reported to the department, PCP and designated , with a completion date of 11/20/2023.

Effective 09/28/2023 Administration and Nursing Supervisor will perform daily checks through 11/20/2023 to maintain ongoing compliance with reporting an 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, and to follow the guidelines in § 2600.15 (relating to abuse reporting covered by law). Any deficiencies will be corrected immediately, and findings will be documented and reported to the Administration for further review and continuous improvement.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] - 12/07/2023)

17 - Record Confidentiality

2. Requirements

2600.

17 - Record Confidentiality (continued)

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

The electronic medication administration records (EMAR) were unlocked and accessible at approximately 10:05 am on the computer located on top of the medication cart in A side by Room # 18. The EMAR's contain confidential information of the residents.

A binder labeled A side and a clip board were located on top of the medication cart in A side by room # 12. These items contained confidential information of the residents.

At approximately 10:25 am the upper C wellness office was unlocked and accessible. The room contained confidential information of the residents.

Plan of Correction

Accept [REDACTED] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/28/2023 Immediate Action was taken by administration to notify med-aides to always log out when the computer is unattended. This was corrected at the time of inspection.*
- 2. on 09/28/2023 Immediate action was taken and binder was removed at the time of inspection and moved to a secured and locked location.*
- 3. on 09/28/2023 Immediate action was taken to lock the upper C wellness office, at time of inspection.*

To enhance the currently compliant operations:

- 1. Preventive Action we be that , administration conducted an inservice on 10/4/23 reminding all med aides to always log out of EMAR, with a completion date of 11/20/2023.*
- 2. on 09/25/2023 the Preventive Action will be that The Med Aids with ensure that any resident information will not be left out and will be locked in the med cart. This was reviewed with all Med Aides on 10/4/23.*
- 3. on 10/16/2023 New lock was installed on door that door by maintenance in which the door automatically locks when the door is closed. Sign was placed on the door reminding staff to close door and ensure locked when leaving area unattended. In addition, signs were also placed on other wellnesses and offices within the facility reminding staff that doors are closed and locked when unattended, with a completion date of 10/16/23.*

The overall completion date is 10/16/23

Effective 09/28/2023 Maintenance and Nursing will perform daily checks of all wellness and office doors as well as Medication Administration Computers and binders with resident information to maintain ongoing compliance with keeping resident records confidential. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes this will be monitored through 11/20/23.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

17 - Record Confidentiality (continued)

To ensure continued compliance all annual training will be reviewed by Administration to ensure all employees attended and signed in. If employee did not attend then Administration will schedule another training for them or arrange for them to attend the training at one of the other facilities. This will be the responsibility of Administration to ensure all annual trainings are completed for each employee.

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [REDACTED] - 12/07/2023)

64c - Annual Training

3. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Administrator "F" completed only 20 of the 24 hours of annual training related to their job duties in 2022.

Plan of Correction

Accept [REDACTED] - 10/27/2023)

In response to the violation 64c by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 10/6/2023, BHSL Supervisor and Administrator acknowledged through email that though 24 hours of annual training were completed in 2022, only 20 hours would count as two courses were repeated.

To enhance the currently compliant operations, starting 1/15/2023, the administrator will ensure that 24 hours of annual training will be completed, in compliance with regulation 64c, with a completion date of 12/31/2023.

To ensure continued compliance, starting 01/15/2023 through 12/31/2023, the Administrator will complete at least 24 hours of annual training relating to the job duties, with the understanding that the Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the year. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 12/07/2023)

65e - 12 Hours Annual Training

4. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff member A hired [redacted]/17 completed 3.75 hours of the mandatory 12 hours of annual training for the 2022 training year.

Direct care staff member B hired [redacted]/17 completed 6 hours of the mandatory 12 hours of annual training for the 2022 training year.

Plan of Correction

Accept ([redacted] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action will be taken on 01/01/2023 by Administration to ensure that all employees are attending mandatory annual trainings as well as signing in for the trainings. If an employee cannot make one of the scheduled trainings, Administration will schedule an alternative date for the employee's training.

To enhance the currently compliant operations, as of 01/01/2023 Administration will review sign in sheets from each training after training has been completed and any employee who did not attend will be notified and training will be rescheduled with them. Any employee who fails to complete the training after the rescheduled date will be pulled from their assignment until the training is completed with Administration and/or the trainer scheduled for that training, with a completion date of 12/31/2023.

It is the responsibility of Administration for ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes this will be monitored through December 31, 2023 by Administration.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

To ensure continued compliance all annual training will be reviewed by Administration to ensure all employees attended and signed in. If employee did not attend then Administration will schedule another training for them or arrange for them to attend the training at one of the other facilities. This will be the responsibility of Administration to ensure all annual trainings are completed for each employee.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented ([redacted] - 01/05/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff member A hired [redacted]/17 did not receive training in medication self-administration, infection control and personal care needs of the residents for the 2022 training year.

Direct care staff member B hired [redacted]/17 did not complete any of the required topics under this regulation for the 2022 training year.

Plan of Correction

Accepted [redacted] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action will be taken on 01/01/2023 by Administration to ensure that all employees are attending mandatory annual trainings as well as signing in for the trainings. If an employee cannot make one of the scheduled trainings, Administration will schedule an alternative date for the employee's training.

To enhance the currently compliant operations, as of 01/01/2023 Administration will review sign in sheets from each training after training has been completed and any employee who did not attend will be notified and training will be rescheduled with them. Any employee who fails to complete the training after the rescheduled date will be pulled from their assignment until the training is completed with Administration and/or the trainer scheduled for that training, with a completion date of 12/31/2023.

It is the responsibility of Administration for ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes this will be monitored through December 31, 2023 by Administration.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 01/05/2024)

65g - Annual Training Content

6. Requirements

2600.

65g - Annual Training Content (continued)

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff member A hired [redacted]/17 did not receive training in resident rights, The Older Adult Protective Services Act and falls and accident prevention for the 2022 training year.

Direct care staff member B hired [redacted]/17 did not complete any of the mandatory topics under this regulation for the 2022 training year.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action will be taken on 01/01/2023 by Administration to ensure that all employees are attending mandatory annual trainings as well as signing in for the trainings. If an employee cannot make one of the scheduled trainings, Administration will schedule an alternative date for the employee's training.

To enhance the currently compliant operations, as of 01/01/2023 Administration will review sign in sheets from each training after training has been completed and any employee who did not attend will be notified and training will be rescheduled with them. Any employee who fails to complete the training after the rescheduled date will be pulled from their assignment until the training is completed with Administration and/or the trainer scheduled for that training, with a completion date of 12/31/2023.

It is the responsibility of Administration for ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes this will be monitored through December 31, 2023 by Administration.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 01/05/2024)

65i - Training Record

7. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The 2022 staff training record for Direct care staff members "C" hired [redacted]/15 and "E" hired [redacted] 15 do not accurately indicate the length of each course.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/01/2023 by Administration to ensure all trainings will indicate the total length of each topic as per the annual staff training plan.

65i - Training Record (continued)

To enhance the currently compliant operations, on 01/01/2023 the Administration will ensure all training record for individual trainings will be reviewed by Administration before distribution to staff to sign to ensure that the correct length of each course is included on the training record, with a completion date of 12/31/2023.

Effective 01/01/2023 the Administration will perform monthly [] through 12/31/2023 to maintain ongoing compliance Administration will ensure that completion of all training records including the staff person trained, date, source, content, length of each course and copies of any certificates received, are kept and are accurate with the length of the course based on the annual staff training plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by Administration for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [redacted] - 01/05/2024)

85a - Sanitary Conditions

8. Requirements

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

Description of Violation

Residents #1 and #2 's glucometers had dried blood on the machines.

Plan of Correction

Accepted [redacted] - 10/27/2023)

In response to the violation 85a by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 09/28/2023, the med aide immediately cleaned and sanitized the glucometers of Resident 1 and 2.

To enhance the currently compliant operations, on 09/28/2023 Nursing supervisors verbally explained to the med aides the importance of maintaining sanitary conditions of all glucometers after every use, with a completion date of 11/30/2023.

After every use, the med aides will be ensuring sanitary conditions are maintained. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The

85a - Sanitary Conditions (continued)

personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 01/05/2024)

100a - Exterior - Free of Hazards

9. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The fence in the secured dementia care unit courtyard had two 4 feet tall by 10-inch-wide openings. The openings in the fence are large enough someone can get through the fence to the other side. The gate on the other side of the fence is not locked and leads to 6th street.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation 100a by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 09/27/2023 maintenance fixed and corrected the fence at the time of inspection.

To enhance the currently compliant operations, Maintenance will be checking daily to ensure the exterior of the building is in good repair and free of hazards, with a completion date of 11/30/2023.

To maintain ongoing compliance, on a daily basis, maintenance will ensure the exterior of the building and the building grounds or yard are in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date:

Implemented [redacted] - 12/07/2023)

101j7 - Lighting/Operable Lamp

10. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident rooms B7 and C34 do not have a bedside lamp or functioning source of light near the beds.

101j7 - Lighting/Operable Lamp (continued)

Plan of Correction

Accept (█ - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/28/2023 Lights were immediatly changed by Maintenace at the time of inspection.

To enhance the currently compliant operations, on 10/16/2023 Maintenance and Nursing will do weekly walk throughs of resident rooms to ensure that residents have a functioning bedside light near the resident's bed. In addition, nursing will add any lightbulbs which need to be changed into the maintenance book and book will be signed off by maintenance once completed to ensure compliance, with a completion date of 01/01/2024.

Effective 10/16/2023 through 01/01/2024 to maintain ongoing compliance with 2600.101.j, Administration will ensure that maintenance book is being followed up on, light bulbs are being changed and operable lights are in place in each resident's room near the residents bed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by Administration for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 01/01/2024

Implemented (█ - 01/05/2024)

102i - Soap Dispenser

11. 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

On 9/28/23, Department Rep. noted the soap dispenser in the common Ladies room near the main lobby was empty.

Plan of Correction

Accept (█ - 10/27/2023)

In response to the violation 102i by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 09/28/2023, maintenance corrected and refilled the dispenser with soap at the time of inspection.

To enhance the currently compliant operations, Maintenance and housekeeping will be checking weekly to ensure that the dispensers are filled with soap, with a completion date of 11/30/2023.

Effective 09/28/2023, to ensure continued compliance with 102i, a dispenser with soap will be provided within reach of each bathroom sink. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

102i - Soap Dispenser (continued)

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented (redacted) - 12/07/2023)

103f - Refrigerator/Freezer Temps

12. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

A thermometer was not located in the ice cream freezer in the kitchen of the home.

Plan of Correction

Accept (redacted) - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/28/2023 by Dietary in which a thermometer was placed in ice crem freezer at the time of inspection.

To enhance the currently compliant operations, as of 09/28/2023 refrigerators and freezers will be checked on daily basis to ensure all have thermometers and temperatures will be recorded daily on temerpature log, with a completion date of 01/01/2024. This will be the responsibility of dietary to check and document temperatures.

Effective 09/28/2023 dietary will perform daily checks to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by Administration for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 01/01/2024

Implemented (redacted) - 12/07/2023)

103g - Storing Food

13. Requirements

103g - Storing Food (continued)

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A pitcher of cranberry juice was in the upper C dining room without a lid.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation 103g by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 09/28/2023, dietary did correct at the time of inspection. Dietary threw away all contents in the pitcher.

To enhance the currently compliant operations, dietary will ensure that all items are stored in closed or sealed containers in all refrigerators at meal times to ensure that regulation 103g is followed, with a completion date of 11/30/2023.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [redacted] - 12/07/2023)

121a - Unobstructed Egress

14. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

Resident room #B6, in the Secured MIP, has a locked door leading to the exterior of the home which is not intended to be used as an exit. The door does not have a sign posted above it which states, "THIS IS NOT AN EXIT". The door that leads to the exit door at the bottom of the C dining room stairwell is labeled this is not an exit, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/27/2023 by Administration in which a this is not an exit sign was placed above room B6 door and shown to inspector at the time of inspection. For door that leads to exit door at the bottom of the C dining room, sign was removed from the door by Maintenance .

121a - Unobstructed Egress (continued)

To enhance the currently compliant operations, on 10/20/2023 nursing will notify maintenance if any exit or this is not an exit signs are missing above the resident's doors. Maintenance will then assure that sign is immediately put into place. Maintenance will notify Administration once the sign has been placed above the door to ensure compliance. In addition extra signs were placed in the medication carts for nursing in the event that a sign were to fall so it could be replaced immediately with a completion date of 10/20/23.

Effective 10/20/2023 Maintenance will do weekly walk arounds to ensure stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by Administration for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [redacted] - 12/07/2023)

132c - Fire Drill Records

15. 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 logs for the fire drills conducted on 8/31/23 at 1:49 pm and 7/24/23 at 1:12pm did not include the number of residents in the building when the fire alarm was activated, the number of residents evacuated, exit routes used, and whether the alarm was activated and operative.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation 132c, for immediate action:

1. On 9/29/2023, maintenance conducted a fire drill and included the number of residents in the building, when the fire alarm was activated, the number of residents evacuated, exit routes used, and whether the alarm was activated and operative in the fire log.
2. On 9/29/2023, the administrator reviewed the process with maintenance and retrained [redacted] on the required information needed for the fire log.

To enhance the currently compliant operations (as a preventive action):

1. On a monthly basis, the maintenance coordinator will conduct fire drill and ensure the log includes the number of residents in the building, when the fire alarm was activated, the number of residents evacuated, exit routes used, and whether the alarm was activated and operative. Administration and maintenance will

132c - Fire Drill Records (continued)

ensure to continue to do fire drills per the regulation 132c. The completion date is 11/30/2024.

Effective 09/29/2023 to maintain ongoing compliance, the administrator will re-check and review each written fire drill record includes 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 12/07/2023)

133.1 - Exit Signs**16. Requirements**

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

The door near the couches in secured MIP which exits to the stairwell in upper C is not labeled with an exit sign.

The main doors that exit the secured dementia care unit MIP do not have an exit sign.

Plan of Correction

Accept [REDACTED] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/28/2023 by Administration in which exit sign was placed above the door near the couches in the secured MIP as well as the main doors that exit the secured dementia care unit. This was corrected at the time of inspection and shown to the inspectors at the time of the inspection.

To enhance the currently compliant operations, as of 10/20/2023 Maintenance will assure that that all exit signs are at each exit of the building as indicated in our evacuation plans submitted and approved by the fire company. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by Administration for continuous improvement purposes. This will be monitored through 11-20-23.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

133.1 - Exit Signs (continued)

Licensee's Proposed Overall Completion Date: 11/20/2023

Implemented [redacted] - 12/07/2023)

141a 1-10 Medical Evaluation Information

17. 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

The DME for resident # 7, dated [redacted]/23, does not indicate if the resident requires body positioning if any.

Plan of Correction

Accept [redacted] - 10/27/2023)

In response to the violation 141a by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 09/28/2023, Administration showed BHSL that Resident #7's body positioning was indicated on the RASP.

To enhance the currently compliant operations, when Resident #7's new DME is received (annually or significant change), nursing, wellness, and administration will ensure all items required in 141a are completed and documented. All residents DMEs will be checked to ensure all items in 141a are completed and documented. This will be checked by wellness, administration, and nursing as new medical evaluations are received and on a weekly basis.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 01/01/2024

Implemented [redacted] - 01/05/2024)

144c1 - Smoking Area Guidelines

18. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

An extinguished cigarette butt was located under the bench in the homes designated smoking area.

Plan of Correction

Accept ([REDACTED] - 10/27/2023)

In response to the violation 144c by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 09/27/2023 , maintenance disposed of the extinguished cigarette butt in the cigarette butler container, at time of inspection.

To enhance the currently compliant operations, on 9/28/2023, all residents who smoke cigarettes were reminded by the front desk and administration to use the cigarette butler for disposal of their cigarette butts when smoking cigarettes, with a completion date of 11/30/2023.

To maintain ongoing compliance, maintenance will be checking on a daily basis to ensure no cigarette butts are anywhere but in the cigarette butler. In addition, front desk and administration, will also be checking to ensure ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented ([REDACTED] - 12/07/2023)

183b - Meds and Syringes Locked

19. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #3 's Iprat-albut .5-3mg/3ml vials were unlocked and accessible on the floor between two small white refrigerators located near the C dining room.

Resident # 6's NovoLog and Lantus Solostar flex pens were unlocked and accessible in the refrigerator in the upper C wellness office.

183b - Meds and Syringes Locked (*continued*)**Plan of Correction**

Accept [REDACTED] - 10/27/2023)

In response to the violation 183b by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/28/2023 by the Nursing to Immediate action for resident #3 Iprat-albut .5-mg/3ml were immediately disposed as per manufacturing instructions. Facility labeled and order new medication. Resident #6 Immediate action is that we will ensure it is locked after each use.

To enhance the currently compliant operations, on 09/28/2023 the Med Aids will Resident #3 & Resident # 6- we will check daily at every shift that all items are locked and not accessible. This will be checked at every shift, with a completion date of 11/30/2023.

Effective 09/28/2023 the Med Aids will perform ongoing compliance with all prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary.

This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] 12/07/2023)

183d - Prescription Current

20. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident # 4's anti diarrheal tablets expired 2/21.

Plan of Correction

Accept [REDACTED] - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/28/2023 by Nursing to Resident #4's diarrheal tablets in which they were immediately discarded as per our medication policy and PCP was notified to see if they wanted to DC medication since it was not being used on a regular basis.

To enhance the currently compliant operations, as of 10/16/2023 Nur do weekly cart audits to ensure that no medications are expired or are coming up to be expired. If any medication is close to expiration date pharmacy will be notified as well as PCP anf it is a patient supply medication, family will be notified to bring in new medication, with a completion date of 12/01/2023.

Effective 10/16/23 the nursing will ensure that only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by Administration for continuous improvement purposes.

183d - Prescription Current (continued)

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented [REDACTED] - 12/07/2023)

185a - Implement Storage Procedures**21. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident # 5 has an order for oxycodone HCL 5 mg once daily at bedtime and three times daily as needed. The homes system narcotic count sheet noted 92 pills, however while completing the count only 91 pills were accounted for. An interview with Direct care staff member "D" and "E" indicated the staff members did not complete a narcotic count with a 11p-7a staff member for the C cart. Repeated violation from 9/27/22.

Resident #6 is prescribed Ted stockings to be worn as needed to prevent embolisms. The stockings were not available.

Plan of Correction

Accept [REDACTED] - 10/27/2023)

In response to the violation 185a by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

On 09/29/2023, Administration reviewed with direct care staff member "D" and "E" the home's procedures for the safe storage, access, security, distribution, and use of medications and medical equipment by trained staff persons.

To enhance the currently compliant operations, all med aides on all three shifts were reminded to complete a narcotic count with the previous shift. This revisited monthly at our annual training by med trainer and administration, with a completion date of 11/30/2023.

Effective 9/29/2023, to maintain ongoing compliance, nursing supervisors and administration will ensure that the narcotic policies and counts are being followed and reviewed on a daily basis. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 01/05/2024)

187d - Follow Prescriber's Orders

22. Requirements

2600.

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

Description of Violation

Resident #6 is prescribed Vitamin D every other Monday. The resident did not receive the medication on 9/25/23 as ordered by their physician because it was not on hand.

Plan of Correction

Accepted [REDACTED] - 10/27/2023)

On 09/28/2023 by Administration to Immediate action taken was that memo was put out to all med aides on 9/28/23 from Administration to remind them that any missed medication must be immediately reported to Nursing Supervisor and/or Administration at the time the medication was missed to ensure that missed medication is reported to the physician as well as the Bureau of Human Services Licensing.

Effective 10/30/2023, the Compliance Monitoring will be performed 10/30/2023 through 11/30/2023, to maintain ongoing compliance, Administration and nursing will ensure weekly cart audits to confirm all medications supplied by family members are readily available and that all physician ordered medications are being followed. Nursing will notify family members in advance to ensure medication is available in a timely manner. If there are any patient supply medications that are not in the facility, Zephyr Pharmacy will be contacted to deliver the medication same day and designated person will also be notified that Zephyr was contacted and that medication will be delivered until the family is available to bring the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by Administration for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 01/05/2024)

188b - Medication Error Reporting

23. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #6 is prescribed Vitamin D every other Monday. The resident did not receive the medication on 9/25/23 as ordered because it was not on hand. The home did not report the medication error to the resident's physician.

Plan of Correction

Accepted [REDACTED] - 10/27/2023)

188b - Medication Error Reporting (continued)

1. On 09/28/2023 the Immediate Action to Resident #6's is that the family supplies their Vitamin D. The facility contacted the family to bring the medication and it was delivered the same day.
2. On 09/28/2023 by the Immediate Action to Resident #6 was checked by the nursing team to ensure there were no adverse effects.

To enhance the currently compliant operations, on 09/28/2023 the Preventive Action will be that the nursing supervisor will monitor when medications are running low and notify any residents' designated person to bring in the medication. Additionally, if a medication error occurs the facility will immediately report to the resident, the resident's designated person, and the prescriber.

Effective 10/30/2023, the Compliance Monitoring will be performed 10/30/2023 through 11/30/2023, to maintain ongoing compliance. Administration and nursing will ensure weekly cart audits to confirm all medications supplied by family members are readily available. Nursing will notify family members in advance to ensure medication is available in a timely manner. If there are any patient supply medications that are not in the facility, Zephyr Pharmacy will be contacted to deliver the medication same day and will also be notified that Zephyr was contacted and that medication will be delivered until the family is available to bring the medication. A medication error must be immediately reported to the resident, the resident's designated person and the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented (█) - 12/07/2023)

190b - Insulin Injections

24. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff persons A, D, and E completed Diabetic and Insulin Training on 4/17/23. Their last training was completed on 3/29/22. The training was not completed within the required time frame and all 3 staff persons provided diabetic care during the month of April 2023.

Plan of Correction

Accept (█) - 10/27/2023)

In response to the violation on 10/20/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action will be taken on by Administration to ensure that all med aides are attending mandatory annual diabetic training within a year of their previous annual training. If the med aide cannot make one of the scheduled

190b - Insulin Injections (continued)

trainings, Administration will schedule an alternative date for the employee's diabetic training. If the training cannot be re-scheduled within a year of their last annual diabetic training, the med aide will be removed from administering diabetic medications until they are able to schedule another class.

To enhance the currently compliant operations, as of 10/20/2023 Med trainer will review med aide trainer books on a monthly basis to ensure all med aide training is up to date and completed. Any med aide who fails to complete the training after the rescheduled date will be pulled from their assignment until the training is completed with a completion date of 12/31/2023.

It is the responsibility of Administration and the Med trainer for ensuring all med aides have the state required trainings within the timeframes as per the 2600 regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes this will be monitored through December 31, 2023 by Administration.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

Preparation and submission of this Plan of Correction does not constitute an admission or agreement by the personal care home of the truth of the facts alleged or of the correctness of the conclusion set forth on the License Inspection Summary. This Plan of Correction is prepared and submitted to meet requirements under state law. The personal care home reserves any and all applicable rights to appeal pursuant to 55 Pa. Code §55 Pa. Code 20 et seq. and 2600.263.

To ensure continued compliance all annual training will be reviewed by Administration to ensure all employees attended and signed in. If employee did not attend then Administration will schedule another training for them or arrange for them to attend the training at one of the other facilities. This will be the responsibility of Administration to ensure all annual trainings are completed for each employee.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█) - 01/05/2024)