

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

November 9, 2023

[REDACTED]
SHENANDOAH OPCO LLC
101 E. WASHINGTON STREET
SHENANDOAH, PA, 17976

RE: SHENANDOAH SENIOR LIVING
COMMUNITY
101 E. WASHINGTON STREET
SHENANDOAH, PA, 17976
LICENSE/COC#: 23140

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/03/2023 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: *SHENANDOAH SENIOR LIVING COMMUNITY* License #: *23140* License Expiration: *07/01/2024*
 Address: *101 E. WASHINGTON STREET, SHENANDOAH, PA 17976*
 County: *SCHUYLKILL* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *SHENANDOAH OPCO LLC*
 Address: *101 E. WASHINGTON STREET, SHENANDOAH, PA, 17976*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *02/06/1995* Issued By: *DLI*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *10/03/2023*

Inspection Dates and Department Representative

10/03/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *23* Residents Served: *6*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *6*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

10/03/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2023*

11/06/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/09/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/13/2023*

Inspections / Reviews *(continued)*

11/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document Submission*

11/09/2023 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/09/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

- 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 Medical Records Room door was unlocked/unsecured with no staff member present, allowing anyone access to confidential information of the residents.

Plan of Correction

Accept (█ - 11/09/2023)

- 1. Door closed, and door stopper removed immediately 10/03/2023 by PCA. Educated DCS that left door open of importance and purpose of the door to be kept closed at all times.
- 2. Education provided to all staff on 10/04/2023 regarding confidential of records and purpose of keeping door closed at all times.
- 3. Audit started 10/09/2023 to be completed by DCS every shift for one month, then biweekly by PCA to ensure the door/ chart cabinet remains closed.
- 4. Resident records placed in metal file cabinet 10/04/2023 and locked inside medication room. This cabinet to be locked at all times.
- 5. See attached audits, education

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. RY

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented (█ - 11/09/2023)

25c2 - Fee Schedule

2. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

Resident #1's contract dated █/23 does not include a fee schedule.

Plan of Correction

Accept (█ - 11/09/2023)

- 1. Audit completed 10/09/2023 on all current residents' records, if no fee schedule, PCA will educate resident about fees and mail fee schedule to POA/responsible party.
- 2. Audit to be completed on/after within 24 hours of new admission to ensure fee schedule is present and resident is educated on fee at time of admission. Audit to be completed by PCA on date of admission to within 24 hours after.
- 3. See attached audits.

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. █

Licensee's Proposed Overall Completion Date: 11/06/2023

25c2 - Fee Schedule (continued)

Implemented (█) - 11/09/2023)

65f - Training Topics

3. Requirements

2600.

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

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct Care Staff member A , hired █/2019 did not complete training on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan in the 2022 training year.

Plan of Correction

Accept (█) - 11/09/2023)

- 1. Inservice held with all staff and educated all about RASP/DME on 10/09/2023.
- 2. On 10/09/2023 Update V.P regarding education on RASP/DME.
- 3. Audit completed to ensure all staff are up to date on all required education per DHS. Audit completed 10/09/2023.
- 3. See attached audit and education

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. █

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented (█) - 11/09/2023)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was a pitcher of unknown liquid in the refrigerator in the laundry room that was unlabeled and undated.

Leftover green beans, carrots and an unidentified food item were in the freezer portion of the refrigerator/freezer located in the home's kitchenette without a label.

Plan of Correction

Accept (█) - 11/09/2023)

- 1. Food discard 10/03/2023 immediately after DHS found.
- 2. Provided education 10/04/2023 to all staff regarding proper storage of food with date, name and contents in container.
- 3. Audits to be completely nightly on 10p-6a shift by DCS that is scheduled that shift, audits started 10/09/2023.

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. █

Licensee's Proposed Overall Completion Date: 11/06/2023

103e - Left Overs (continued)

Implemented () - 11/09/2023)

103f - Refrigerator/Freezer Temps

5. 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

The freezer portion of the refrigerator/freezer located in the home's kitchenette did not have a thermometer in it.

The freezer in the laundry room did not have a thermometer.

Plan of Correction

Accept () - 11/09/2023)

1. Thermometer was immediately place on 10/03/2023 into freezer by PCA, problem resolved immediately.
2. Audit started 10/09/2023, 10p-6a DCS that scheduled for that shift will be required to check and ensure thermometer is in refrigerator/freezer nightly. DCS will record temperate and ensure present and functional working.
3. See audit attached and submitted

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. ()

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented () - 11/09/2023)

162c - Menus Posted

6. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The facility did not have accurate menus posted for two weeks.

Plan of Correction

Accept () - 11/09/2023)

1. Correct menu posted 10/03/2023 by dietary staff and spoke to dietary manager regarding regulation of 162c, () verbalized understanding.
2. Dietary manager will post correct menus weekly and inform staff 2 hours prior to meal if there is a change in meal. Alternate menu will be offered to resident if dislikes food choice of the day.
3. Audit started 10/09/2023 for each meal for DCS assigned for that shift to ensure menu matches meal that is being served. Audit to be completed each meal for 2 months, then weekly by 2p-10p DCS.
4. See attached education and audits submitted.

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. ()

Licensee's Proposed Overall Completion Date: 11/06/2023

162c - Menus Posted (continued)

Implemented [redacted] - 11/09/2023)

191 - Resident Right to Refuse

7. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident # 1 was admitted to the home on [redacted]/23. The resident has not been educated on the right to question or refuse medication if they believe there is an error.

Plan of Correction

Accept [redacted] 11/09/2023)

- 1. Education to all staff on 10/05/2023 regarding resident right to refuse medication or question if they feel or believe there may be a medication error.
- 2. Audit completed 10/09/2023 and new document established of their right. See attached.
- 3. All residents in personal care reviewed, educated and signed document, see attached on 10/09/2023.
- 4. See attached audits and education submitted.
- 5. Audit to be completed on admission or within 24 hours of a new admission/resident by PCA to ensure the resident was educated about their rights.

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. [redacted]

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [redacted] - 11/09/2023)

227d - Support Plan Medical/Dental

8. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's Resident Assessment Support Plan dated [redacted]/23 was not updated regarding the residents fall on [redacted] 23, or how the home is going to meet the residents current care needs.

Plan of Correction

Accept [redacted] - 11/09/2023)

- 1. Audit completed 10/09/2023 of all current resident to ensure the RASP is up to date.
- 2. RASP logbook initiated 10/10/2023 for staff to document in logbook any changes, falls, declined or new medication ordered, PCA will update RASP or ensure RASP was updated properly. PCA will yellow out any documentation in book when the RASP is updated.
- 3. Audit will be completed at time of update by PCA.
- 4. Education provided to all staff 10/09/2023 of purpose, when and what the regulation is to ensure the RASP is up to date.

227d - Support Plan Medical/Dental (continued)

5. See audits and educations attached.

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. [REDACTED]

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented [REDACTED] - 11/09/2023)

253c - Records Log

9. Requirements

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

Description of Violation

The Record Destruction Log does not identify the resident date of birth or date of admission.

Plan of Correction

Accept [REDACTED] 11/09/2023)

1. New form completed for destroyed logs, PCA will complete and audit when records are destroyed.

Proposed Overall Completion Date: 11/06/2023

Administrator will be responsible for ongoing compliance. [REDACTED]

Licensee's Proposed Overall Completion Date: 11/06/2023

Implemented ([REDACTED] - 11/09/2023)