

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

February 14, 2024

[REDACTED], EXECUTIVE DIRECTOR
PASSAVANT RETIREMENT AND HEALTH CENTER
[REDACTED]

RE: LUTHERAN SENIOR LIFE PASSAVANT
COMMUNITY
103 BURGESS DRIVE
ZELIENOPLE, PA, 16063
LICENSE/COC#: 44612

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/13/2023 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: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY License #: 44612 License Expiration: 10/28/2023
 Address: 103 BURGESS DRIVE, ZELIENOPLE, PA 16063
 County: BUTLER Region: WESTERN

Administrator

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

Legal Entity

Name: PASSAVANT RETIREMENT AND HEALTH CENTER
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 10/12/2014 Issued By: Zelenople

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 10/13/2023

Inspection Dates and Department Representative

10/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 68 Residents Served: 35
 Secured Dementia Care Unit
 In Home: Yes Area: Shenandoah Capacity: 32 Residents Served: 16
 Hospice
 Current Residents: 0
 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: 16 Have Physical Disability: 3

Inspections / Reviews

10/13/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/13/2023

11/14/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 02/13/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/21/2023

Inspections / Reviews (*continued*)

11/22/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/08/2024

02/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/14/2024

02/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

64c - Annual Training

1. 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

Staff member A completed only 9 hours of Department-approved training in the calendar training year of 2022.

Plan of Correction

Accept [redacted] - 11/22/2023)

As of November 15, 2023, staff person A has completed 15 hours of training for 2022.

Staff person A will complete 24 hours of training for 2023 by December 31, 2023.

Starting December 2023, Staff person A will document annual training in a log as she completes it to ensure that 24 hours are completed yearly.

Staff person A reviewed Regulation 64c and the importance of having 24 hours of training yearly July 2023.

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

Implemented [redacted] - 02/07/2024)

86a - Ventilation

2. Requirements

2600.

86.a. All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

Description of Violation

At 10:55 a.m., the ventilation fan located in the 3rd floor common bathroom was not operational. There was no window or other means of mechanical of ventilation in the bathroom.

Plan of Correction

Accept [redacted] - 11/14/2023)

A ventilation fan was ordered for the bathroom located on the 3rd floor common bathroom on November 9, 2023 by the maintenance supervisor. It will be installed as soon as it arrives.

Starting November 13, 2023, the household assistant will monitor all bathrooms located on the Personal Care households weekly to ensure that they are operational. Audits will be completed for 3 months and reviewed in QAPI.

All personal care staff will be educated on the importance of having the ventilation fans operational in all bathrooms and to report to the maintenance supervisor if one is not working by November 30, 2023. Training will be completed by the administrator/designee.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 02/07/2024)

103e - Left Overs

3. 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.

103e Left Overs (continued)

Description of Violation

At 11:02 a.m., there were approximately 12 freezer burned cheese sticks in an undated zip lock freezer bag located in the third floor kitchenette's floor freezer.

At 11:03 a.m., there was approximately 10 pieces of banana in an undated zip lock freezer bag located in the third floor kitchenette's floor freezer.

Plan of Correction

Accept [redacted] - 11/22/2023)

The cheese sticks and bananas were immediately disposed of on October 12, 2023 by the personal care supervisor. All freezers were looked at on October 13, 2023 and any undated food was disposed of. This was completed by the Personal Care supervisor.

Beginning November 13, 2023, the freezers will be monitored weekly by the Personal Care supervisor/designee to ensure that there is no undated items. Audits will be kept and presented at QAPI for 3 months.

All household assistants will be educated on the importance of having dates on items that are stored in the freezer by November 30, 2023 by the administrator/designee.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 02/07/2024)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recently conducted fire drill observed by a fire safety expert was completed on 5/26/23. However, the previously conducted fire drill observed by a fire safety expert was completed on 3/11/2022.

Plan of Correction

Accept [redacted] - 11/14/2023)

Starting November 2023, the administrator will now schedule the fire safety inspection. This will be completed by December 31st for the following year.

The administrator put a reminder in Outlook calendar to ensure that the fire safety inspection and supervised fire drill are scheduled for the following year. The reminder was put in the calendar on July 26, 2023.

The administrator will educate the maintenance supervisor on Regulation 132b and the importance of having a fire safety inspection and fire drill conducted by a fire safety expert annually by November 30, 2023.

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

Implemented [redacted] - 02/07/2024)

132d - Evacuation

5. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill conducted on 4/10/23, at 1:03 p.m., the home did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds with an evacuation time of 5 minutes and 40 seconds.

On 5/26/23, a fire safety expert indicated a safe evacuation time of 4 minutes and 30 seconds. However, an evacuation time of 7 minutes and 45 seconds was indicated on the home's fire drill record for the fire drill conducted on 6/10/2023, at 12:35 a.m.

On 5/26/23, a fire safety expert indicated a safe evacuation time of 4 minutes and 30 seconds. However, an evacuation time of 5 minutes and 58 seconds was indicated on the home's fire drill record for the fire drill held on 7/22/23, at 8:13 a.m.

Plan of Correction

Accept ([redacted] - 11/22/2023)

A fire drill was held on October 13, 2023, by the maintenance supervisor. The drill was conducted at 11:04 am. The time of evacuation was 4 minutes.

The administrator/Personal Care supervisor will observe 3 fire drills to ensure that all residents are evacuated in safe evacuation time specified by the fire safety expert by February 28, 2024.

The administrator/designee will train all staff that conduct and participate in fire drills on the proper procedure for evacuation and the time factor to safely evacuate residents by the administrator. Training will be completed by December 8, 2023.

Licensee's Proposed Overall Completion Date: 02/28/2024

Implemented ([redacted] - 02/14/2024)

141a - Medical Evaluation

6. 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.

Description of Violation

Resident #1 date of arrival [redacted], documented medical evaluation completed on [redacted], did not include a Height assessment. The field was blank.

Resident #2 date of arrival [redacted] documented medical evaluation completed on [redacted], did not include a Height assessment. The field was blank.

141a - Medical Evaluation (continued)

Plan of Correction

Accept ([redacted] - 11/22/2023)

Both resident #1 and #2's height was obtained and put on the DME on [redacted].
By November 30, 2023, all current residents DME's will be reviewed by the administrator/designee to ensure that the height assessment is completed.

Starting November 13, 2023, all new and annual DME's will be reviewed by the administrator/designee to ensure that the height assessment is completed. Audits will be reviewed in QAPI for 3 months.

All persons who are involved in obtaining the DME's will be educated on the importance of having the height assessment completed on the DME by November 30, 2023 by the administrator.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 02/14/2024)

184a - Resident's Meds Labeled

7. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #3 is prescribed [redacted] tablet one tab take orally 6 times weekly. However, the medication's label indicates [redacted] take one tablet orally.

Resident #3 prescribed [redacted] tablet take one tablet two times daily. However, the medication's label indicated [redacted] tablet take three times daily. Do not exceed 3 gram daily.

Resident #4 is prescribed [redacted] tab take one tablet by mouth three times daily at [redacted]. [redacted] do not exceed 3 gram/ day from all sources one tablet by mouth [redacted], is needed for pain breakthrough. However, the resident's October 2023, medication administration record indicates [redacted] tablets take one tablet orally as needed one time daily.

Resident #4 is prescribed children's [redacted] liquid two times daily. However, the resident's October 2023, medication administration record indicates children's [redacted] liquid 2 times daily.

Resident #4 is prescribed [redacted] capsule 2 capsules orally every morning. However, the medication's label indicates take one capsule by mouth every day give 2 capsules to equal [redacted]

Plan of Correction

Accept [redacted] - 11/22/2023)

Resident's #3 and #4 medications had a change of directions label put on them on October 12, 2023 by the Personal Care Manager.

By November 30, 2023, all residents medications will be reviewed to ensure that the pharmacy labels match the prescription. Audit will be completed by the Personal Care supervisor/designee.

Beginning December 2023, 10% of the residents medications will be audited by the Personal Care supervisor/designee to ensure the pharmacy labels match the prescriptions. Audits will be completed for 3 months.

184a - Resident's Meds Labeled (continued)

Audits will be reviewed in QAPI for 3 months.

All medications techs and nurses will be educated on the importance of reviewing the MAR and the pharmacy label to ensure that they match by November 30, 2023 by the administrator/designee.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented () - 02/07/2024)

187a - Medication Record**8. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident #3 had the medication of () supplement plus D3 found in resident's medication cabinet. However, no corresponding medication order was indicated on resident's October 2023, medication administration record.

Plan of Correction

Accept () - 11/22/2023)

Resident #3's () was immediately removed from the cabinet on October 12, 2023 by the personal care supervisor.

All resident's medication cabinets will be reviewed to ensure that there is no medication that do not have orders in them by November 30, 2023 by the Personal Care supervisor/designee.

Starting December 2023, 10% of the medication cabinets will be reviewed by the personal care supervisor/designee to ensure that the correct medication is in the cabinets. Audits will be reviewed in QAPI for 3 months.

All medication technicians and nurses will be educated on the importance of removing medication if it is not on the MAR from the medication cupboard by November 30, 2023 by the administrator/designee.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented () - 02/07/2024)

187c - Refusal of Medication**9. Requirements**

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #2 refused the administrations of multiple medications on multiple dates to include;

Resident #2 is prescribed () tablet one tablet one time daily. resident refused medication on (), morning time. However, the home failed to notify the prescribing physician.

Resident #3 is prescribed () one time daily. The resident refused the administration of this

187c - Refusal of Medication (continued)

medication on [REDACTED], morning time. However, the home failed to notify the prescribing physician.

Resident #3 is prescribed [REDACTED] eye drops two drops both eyes two times daily. The resident refused the administration of this medication on multiple dates to include 10/1/2023, and 10/7/2023 morning time. However, the home failed to notify the prescribing physician.

Resident #3 is prescribed [REDACTED] tablet every one day. Resident refused the administration of this medication on [REDACTED] morning time period however the home failed to notify the prescribing physician.

Plan of Correction**Accept ([REDACTED] - 11/14/2023)**

Resident #2 and #3 refusal of medication was reported to their physician's on November 10, 2023 by the Personal Care supervisor.

Beginning November 13, 2023, physicians will be notified via fax or email if a resident refuses a medication by the Personal Care supervisor/designee. A record of the notification shall be kept and reviews will be done at QAPI for 3 months.

All med techs and nurses shall be educated on the process of notifying the physician if a resident refuses their medications by the administrator/designee by November 30, 2023.

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented ([REDACTED] - 02/07/2024)