



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to **DIVINE LIVING HOME LLC**  
LEGAL ENTITY

To operate **DIVINE LIVING HOME**  
NAME OF FACILITY OR AGENCY

Located at **3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **39**  
(MAXIMUM CAPACITY)  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

**55 Pa.Code Chapter 2600: Personal Care Homes**  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **March 8,** **2024** until **September 8,** **2024**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **338241**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MARCH 8, 2024

[REDACTED]  
Divine Living Home LLC  
[REDACTED]

RE: Divine Living Home  
3828 Columbia Avenue  
Mountville, Pennsylvania 17554  
License #: 33824

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspections on October 17-18, 2023 and February 8, 2024 of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

As a result of violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (338240) dated November 10, 2023 to November 10, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) and 55 Pa. Code §20.71(a)(2);(4) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. Your appeal must indicate the reasons for the appeal, and you must be as specific as possible regarding your areas of disagreement with the Department's decision. If you decide to appeal, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]  
Pennsylvania Department of Human Services  
Bureau of Human Services Licensing

Room 631, Health and Welfare Building  
625 Forster Street  
Harrisburg, Pennsylvania 17120  
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

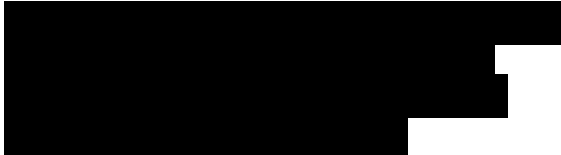
Sincerely,



Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosure  
Licensing Inspection Summaries

cc:



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

**Facility Information**

Name: *DIVINE LIVING HOME* License #: *33824* License Expiration: *11/10/2023*  
Address: *3828 COLUMBIA AVENUE, MOUNTVILLE, PA 17554*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *DIVINE LIVING HOME LLC*  
Address: *3828 COLUMBIA AVENUE, MOUNTVILLE, PA, 17554*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/07/1983* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Complaint* Exit Conference Date: *10/18/2023*

**Inspection Dates and Department Representative**

10/17/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *39* Residents Served: *33*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *25* Are 60 Years of Age or Older: *22*  
Diagnosed with Mental Illness: *25* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**10/17/2023 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/16/2023*

11/29/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/16/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 12/06/2023

01/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/06/2023

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document Submission

02/26/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

52 - Hiring Staff

1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

*Staff Persons A and B had criminal background checks completed and on file, however neither check had a date of completion. It could not be determined if the checks were completed within the provisional hire time-frame of 30 days for the Pennsylvania State Police background check.*

Plan of Correction

Accept [REDACTED] - 11/28/2023)

*In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/23/2023 by the administrator to try and recover original background checks with no success. A note was placed in staff A and staff B file indicating the inability to recover original with date.*

*To enhance the currently compliant operations, on 11/01/2023 the administrator will review all staff files to ensure proper date is specified and place a note to indicate any findings regarding files in the event of it not being in compliance, with a completion date of 11/01/2023.*

*Effective 12/01/2023 the administrator will perform annual audits through 12/31/2023 to maintain ongoing compliance with having hiring, retention and utilization of staff persons that are in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

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

Not Implemented [REDACTED] 01/26/2024)

57b - 1 Hour/Day

2. Requirements

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

*On 10/12/23, there were 33 residents in the home, requiring a minimum of 33 hours of direct care services. Only 20 hours of direct care staffing was provided by the home on this date.*

*On 10/14/23, there were 33 residents in the home, requiring a minimum of 33 hours of direct care services. Only 18 hours of direct care staffing was provided by the home on this date.*

*On 10/18/23, there were 33 residents in the home, requiring a minimum of 33 hours of direct care services. Only 20 hours of direct care staffing was provided by the home on this date.*

57b - 1 Hour/Day (continued)

**Plan of Correction**

Accept [REDACTED] - 11/28/2023)

*In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:*

- 1. on 10/16/2023 current direct care staff picked up additional hours to ensure direct care service hours were reached until hired staff is hired and trained.*
- 2. on 10/23/2023 the Administrator interviewed two candidates for direct care staff positions.*
- 3. on 11/06/2023 the Administrator hired a direct care staff that will begin work on 11/20/2023 pending background check.*

*To enhance the currently compliant operations, on 11/01/2023 the Administrator continues to monitor staff scheduling weekly to ensure direct care hours are met, with a completion date of 11/01/2023.*

*Effective 10/16/2023 the Administrator will perform weekly checks through 12/31/2023 to maintain ongoing compliance with ensuring direct care staff persons are available to provide at least 1 hour per day of personal care services to each mobile resident. 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**

Not Implemented [REDACTED] - 01/26/2024)

85b - Infestation

**3. Requirements**

2600.  
85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

*On 10/17/23, evidence of bedbug feces and previous bedbug activity was found in two different bedrooms. On 10/18/23, evidence of live bedbugs was found on the bed in room 12, and on both beds in room 14. Per resident interviews there have been signs of active bedbugs for the past six months.*

**Plan of Correction**

Accept [REDACTED] - 11/28/2023)

*In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/23/2023 by the Administrator to hire another exterminator to inspect facility and come up with a proposal of services.*

*To enhance the currently compliant operations, on 11/06/2023 the contracted exterminator will begin extermination throughout rooms and common areas until all areas are completed. Exterminator will return the following week to inspect and determine level of intensity of treatment needed in rooms for follow-up treatment. Exterminator will return the week after that to determine if any other level of initial treatment will be needed at that time, with a completion date of 11/25/2023.*

85b - Infestation (continued)

Effective 11/14/2023 the House Manager will perform daily room inspections through 12/29/2023 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/25/2023

Not Implemented [redacted] - 01/26/2024)

103f - Refrigerator/Freezer Temps

4. 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

On 10/17/23 at 10:02 AM, the temperature in the refrigerator in the office area was measured at 46 degrees Fahrenheit and the freezer was measured at 12 degrees Fahrenheit. When it was re-checked at 11:57AM, they both registered the same temperature as the 10:02 AM reading.

Plan of Correction

Accept [redacted] - 11/28/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 10/12/2023 by the direct care staff to eliminate all food in refrigerator and move to appropriate storage areas.
- 2. on 10/13/2023 by the House Manager to put up a temporary sign for staff not to place food in refrigerator until further notice or removal.

To enhance the currently compliant operations:

- 1. on 10/13/2023 the house manager will complete daily temperature checks of all refrigerators to ensure safe temperatures, with a completion date of 11/30/2023.
- 2. on 11/01/2023 the Administrator will enlist the removal and proper disposal of refrigerator, with a completion date of 11/30/2023.

The overall completion date is 11/30/2023.

Effective 10/16/2023 the house manager will perform daily temperature checks through 11/30/2023 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 for continuous improvement purposes.

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

Not Implemented [redacted] - 01/26/2024)

125b - Combustible Restrictions

**5. Requirements**

2600.  
125.b. Combustible materials shall be inaccessible to residents.

**Description of Violation**

*On 10/17/23, in room #7, there were six (6) canisters of oxygen and in room #19, there were at least five (5) canisters of oxygen unlocked, unattended, and accessible to resident(s).*

**Plan of Correction**

**Accept** [REDACTED] /18/2023)

*In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:*

- 1. on 10/12/2023 direct care staff relocated all oxygen canisters in room #19 to basement.*
- 2. on 10/12/2023 direct care staff to relocated all oxygen canisters in room #7 to basement.*
- 3.*

*To enhance the currently compliant operations, on 10/16/2023 the House manager will inspect all rooms and living spaces to ensure all oxygen canisters are not accessible to any other resident with a completion date of 11/30/2023. Administrator will re-educate all staff on the regulation regarding inaccessibility of combustible materials to residents by 12/15/23. Documentation of training will be kept and reviewed at the next quality management meeting.*

*Effective 12/01/2023 the House manager will perform daily room checks through 01/01/2024 to maintain ongoing compliance with ensuring combustible materials are inaccessible to residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

**Licensee's Proposed Overall Completion Date: 12/15/2023**

**Implemented** [REDACTED] 02/26/2024)

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 was admitted on [REDACTED]. The medical evaluation, dated 5/17/23, was not completed within 60 days prior to admission or within 30 days after admission of the resident.*

**Plan of Correction**

**Accept** [REDACTED] - 11/28/2023)

*In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/01/2023 by the Administrator to review resident #1's file and saw noted [REDACTED] was seen by [REDACTED] PCP within the time frame necessary for admission. PCP was contacted for updated form.*

*To enhance the currently compliant operations, on 11/01/2023 the Administrator will replace updated form to reflect properly dated DME form received by physician/s office, with a completion date of 11/15/2023.*

141a - Medical Evaluation (continued)

Effective 11/01/2023 the Administrator will perform immediate evaluation of submitted documentation upon acceptance into facility to maintain ongoing compliance. Administrator will ensure each resident has 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/15/2023

Implemented [redacted] - 02/26/2024)

141a 1-10 Medical Evaluation Information

7. 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 medical evaluation for Resident # 2 dated [redacted]/22 did not include the resident's height, weight or date of birth.

The medical evaluation for Resident # 3 dated [redacted]/23 did not include the resident's medication regimen.

The medical evaluation for Resident # 4 dated [redacted]4/22 states "see attached", but did not include the resident's medication regimen attached.

Plan of Correction

Accept [redacted] - 11/28/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 11/07/2023 by the Administrator to contact the primary care provider for resident #2 and ask them to provide an updated form with completed information.
- 2. on 11/07/2023 by the Administrator to contact the primary care provider for resident #3 and ask them to provide a medication review completed by physician.
- 3. on 11/07/2023 by the Administrator to contact the primary care provider for resident #4 and ask them to provide a medication review completed by physician.

To enhance the currently compliant operations, on 11/13/2023 the administrator followed up with doctor's office to check the status of the completed document to place in residents' charts, with a completion date of 11/30/2023.

141a 1-10 Medical Evaluation Information (continued)

Effective 12/01/2023 the administrator will perform monthly audits through 11/01/2024 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. 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 (█) - 02/26/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 2's most recent medical evaluation was completed on 5/3/22. There has not been a medical evaluation within the past twelve months.

Resident 4's most recent medical evaluation was completed on 4/14/22. There has not been a medical evaluation within the past twelve months.

Plan of Correction

Accept (█) - 11/29/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 11/07/2023 by the Administrator to contact the primary care provider for resident #2 and verified a medical evaluation was conducted and asked for the completed document to be sent over for our own records.
- 2. on 11/07/2023 by the administrator to contact the primary care provider for resident #4 and verified a medical evaluation was conducted and asked for the completed document to be sent over for our own records.

To enhance the currently compliant operations, on 11/13/2023 the administrator followed up with doctor's office to check the status of the completed document to place in residents' charts, with a completion date of 11/30/2023.

Effective 12/01/2023 the administrator will perform monthly audits through 11/01/2024 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. 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 (█) - 02/26/2024)

162c - Menus Posted

9. 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 home's lunch and dinner menu for the week of 10/17/23 - 10/22/23 was posted. However, the following week

162c - Menus Posted (continued)

was not posted. The menus were posted on a small post-it note on the bulletin board in the pantry, and not in a conspicuous and public place in the home.

Plan of Correction

Accept (██████ 11/28/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/17/2023 by the Administrator to post menus for two weeks in the main dining area bulletin board.

To enhance the currently compliant operations, on 10/17/2023 the Administrator will continue to rotate menus biweekly and post in main dining area on bulletin board, with a completion date of 10/17/2023.

Effective 10/17/2023 the Administrator will perform biweekly posts indefinitely to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (██████ - 02/26/2024)

183d - Prescription Current

10. 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

On 10/18/23, 1 tube of Boudeaux's Butt Paste and 1 tube of Calmoseptine cream, prescribed for a discharged resident was in the home's medication cart.

Plan of Correction

Accept (██████ 12/18/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/17/2023 by the house manager to remove cream from medication cart.

To enhance the currently compliant operations, on 10/23/2023 the House manager will inspect the remaining medication in cart to ensure all current medications for current residents remain, with a completion date of 10/23/2023. Administrator will re-educate all staff on the regulation regarding expiration dates on all medications, including insulin, and auditing medication cart for current prescriptions specifically following a discharged resident, by 12/15/23. Documentation of training will be kept and reviewed at the next quality management meeting.

Effective 12/01/2023 the house manager will perform monthly inspections through 12/31/2023 to maintain ongoing compliance with ensuring 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 for continuous improvement purposes.

183d - Prescription Current *(continued)*

Licensee's Proposed Overall Completion Date: 12/15/2023

Not Implemented [REDACTED] - 01/26/2024)

185a - Implement Storage Procedures

11. 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

*On the dates of 10/2/23-10/6/23, 10/9/23-10/13/23 and 10/16/23-10/18/23, Resident #1 did not receive their 9:00 PM treatment of Clotrimazole 1% cream, as the MAR states "held per parameters"; however, there were no parameters documented for holding this treatment. Upon inspection of the medication cart, this cream was not able to be found in the medication cart.*

Plan of Correction

Accept [REDACTED] - 11/28/2023)

*In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/01/2023 by the administrator to review MAR and contact pharmacy regarding physician order status for resident #1 cream. A call was made to the primary care provider to identify if this medication was for a limited time until affected area was resolved or should continue for long-term use.*

*To enhance the currently compliant operations, on 11/13/2023 the administrator will follow up with prescriber to send a discontinue order to the pharmacy so that it can be removed from the MAR immediately, with a completion date of 11/30/2023.*

*Effective 11/01/2023 the house manager will perform weekly audits of MAR through 12/31/2023 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. 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] - 02/26/2024)

187c - Refusal of Medication

12. 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

*On 10/1, 10/2/23, 10/4/23, 10/9/23-10/12/23, and 10/17/23-10/19/23, Resident #1 refused to take a scheduled 7:00*

**187c - Refusal of Medication (continued)**

AM treatment of Clotrimazole 1% cream. There is no record that the home reported these refusals to the prescriber within 24 hours.

**Plan of Correction**

**Accept** [REDACTED] - 11/28/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/16/2023 by the Administrator to review resident file and speak to resident regarding cream.

To enhance the currently compliant operations, on 10/23/2023 the house manager will review regulations with staff regarding reporting refusals to prescriber within 24 hours. In the event it is during weekend hours a note will be left for house manager to contact prescriber as soon as possible, with a completion date of 11/30/2023.

Effective 11/01/2023 the house manager will perform daily reviews through 12/31/2024 to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. 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

**Not Implemented** [REDACTED] - 01/26/2024)

**187d - Follow Prescriber's Orders**

**13. Requirements**

2600.

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

**Description of Violation**

Resident #1 is prescribed Mounjaro 5mg/0.5 ml pen, once weekly for Diabetes Mellitus. However, there is no documentation that the resident received this injection on 10/13/23 as directed.

Resident #3 is prescribed 12 units of Levemir Flexpen subcutaneously at bedtime for diabetes mellitus. The medication administration record (MAR) shows zero units received on 10/2/23-10/6/23, 10/9/23-10/13/23 and 10/16/23 and 10/17/23. The Medication Administration Record also shows 100 units were given on 10/8/23.

**Plan of Correction**

**Accept** [REDACTED] - 11/28/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 10/23/2023 by the administrator to check the process of the electronic health record program to determine a better way of documenting the self-administered insulin medications.
2. on 10/17/2023 by the administrator staff trained on how to properly document within the electronic system.

To enhance the currently compliant operations, on 10/23/2023 the direct care staff will document "passed by self" with the indication of site and amount they witnessed resident administer in MAR at prescribed pass time, with a completion date of 12/31/2023.

187d - Follow Prescriber's Orders (continued)

Effective 10/23/2023 the house manager will perform weekly audits through 12/31/2023 to maintain ongoing compliance with ensuring the home must follow the procedure for documentation of prescriptions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented (████ - 01/26/2024)

190a - Completion Medication Course

14. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C, who had passed the medication training as a Medication Technician, has not had an observation since the initial medication training on 6/15/2022. This staff person has been continually passing medications to residents since █████ date of hire on █████/22.

Plan of Correction

Accept (████ 11/28/2023)

In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2023 by the administrator to complete medication administration observation.

To enhance the currently compliant operations, on 11/01/2023 the administrator will designate specific dates for future observations, with a completion date of 11/30/2023.

Effective 11/01/2023 the administrator will perform quarterly observations through 12/31/2023 to maintain ongoing compliance with ensuring that A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. 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 (████ - 02/26/2024)

224a - Preadmission Screen Form

15. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1 was admitted to the home on █████/23; however, the resident's preadmission screening form was

**224a - Preadmission Screen Form (continued)**

completed on 6/26/23, more than 30 days prior to the resident's admission to the home.

**Plan of Correction****Accept** [REDACTED] - 11/28/2023)

*In response to the violation on 10/17/2023 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 11/01/2023 by the administrator to review file and place a note in chart explaining the delay in admission which caused documentation to be out of compliance.*

*To enhance the currently compliant operations, on 11/01/2023 the administrator will document any delay in addition to conducting a new prescreening assessment to ensure home's ability in the future to support resident with a completion date of 11/30/2023.*

*Effective 11/01/2023 the administrator will perform annually audits through 12/31/2023 to maintain ongoing compliance with ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. 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] - 02/26/2024)

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

**Facility Information**

Name: *DIVINE LIVING HOME* License #: *33824* License Expiration: *11/10/2024*  
Address: *3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554*  
County: *LANCASTER* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *DIVINE LIVING HOME LLC*  
Address: *3828 COLUMBIA AVENUE, MOUNTVILLE, PA, 17554*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *07/07/1983* Issued By: *Labor & Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *32* Waking Staff: *24*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
Reason: *Interim* Exit Conference Date: *02/08/2024*

**Inspection Dates and Department Representative**

*02/08/2024 - On-Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *39* Residents Served: *32*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

Receive Supplemental Security Income: *25* Are 60 Years of Age or Older: *21*  
Diagnosed with Mental Illness: *30* Diagnosed with Intellectual Disability: *4*  
Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

**02/08/2024 - Partial**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/22/2024*

Inspections / Reviews (*continued*)

02/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

## 52 - Hiring Staff

## 1. Requirements

2600.

52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

## Description of Violation

Direct Care Staff Member A, who was hired on [REDACTED]/2022, does not have a Pennsylvania State Police Criminal Background Check in [REDACTED] file.

## Plan of Correction

Directed ([REDACTED] 02/26/2024)

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 02/09/2024 by the Administrator to complete audit of staff file to allocate initial background check.
2. on 02/16/2024 by the Administrator requested another background check for staff through EPATCH online to place in file.

To enhance the currently compliant operations, on 02/12/2024 the Administrator will complete audit for remaining staff to ensure all criminal background checks are in files. Administrator will note any discrepancies found and request an additional copy of any missing background check to place in file, with a completion date of 02/29/2024.

Effective 02/12/2024 the Administrator will perform background checks upon hiring of DCS and immediately place in EHS staff file through to maintain ongoing compliance with having hiring, retention and utilization of staff persons that are in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 02/29/2024

(Directed)

- On 02/09/2024 by the Administrator to complete audit of staff file to allocate initial background check. On 02/16/2024 by the Administrator requested another background check for staff through EPATCH online to place in file.
- On 02/12/2024 the Administrator will complete audit for remaining staff to ensure all criminal background checks are in files. Administrator will note any discrepancies found and request an additional copy of any missing background check to place in file, with a completion date of 02/29/2024
- Effective 02/12/2024 the Administrator will perform background checks upon hiring of DCS and immediately place in EHS staff file.
- Effective 4/1/2024, the administrator or designee will complete quarterly audits of all staff records in the home to ensure the records contain appropriate background checks.
- Documentation will be kept by the home and available for review by the Department.

Directed Completion Date: 04/01/2024

57b - 1 Hour/Day

**2. Requirements**

2600.

57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

**Description of Violation**

*On 1/26/2024, there were thirty-two (32) residents in the home requiring a minimum of thirty-two (32) hours of direct care services. On this day, only twenty-four (24) hours of direct care staffing were provided.*

**Plan of Correction**

**Directed** [REDACTED] **02/26/2024)**

*In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/21/2024 by the Administrator to contacted current staff regarding temporary coverage of direct care service hours.*

*To enhance the currently compliant operations, on 02/12/2024 the Administrator will hire sufficient staff to maintain direct care service hours, with a completion date of 04/30/2024.*

*Effective 03/01/2024 the Administrator will perform monthly checks through 04/30/2024 to maintain ongoing compliance with ensuring direct care staff persons are available to provide at least 1 hour per day of personal care services to each mobile resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.*

*Proposed Overall Completion Date: 04/30/2024*

*(Directed)*

- On 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/21/2024 by the Administrator to contacted current staff regarding temporary coverage of direct care service hours.*
- To enhance the currently compliant operations, on 02/12/2024 the Administrator will hire sufficient staff to maintain direct care service hours, with a completion date of 04/1/2024.*
- Beginning no later than 4/1/2024, the Administrator and/or designee will perform a review of the staff schedule at least one week in advance to ensure the home has the appropriate staff coverage based on the amount of residents residing in the home. If the home has a call off from a scheduled staff member, the Administrator or designee will ensure the staffing hours remains compliant by finding or providing alternate staff coverage for the shift.*

**Directed Completion Date: 04/01/2024**

57d - Waking Hours

**3. Requirements**

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

**Description of Violation**

*On 1/26/2024, a total of thirty-two (32) hours of direct care was required. However, only eleven and a half (11.5) of the required thirty-two (32) hours, or thirty-six percent (36%), were provided during waking hours.*

57d - Waking Hours (continued)

On 1/29/2024, a total of thirty-two (32) hours of direct care was required. However, only nineteen and a half (19.5) of the required thirty-two (32) hours, or sixty-one percent (61%), were provided during waking hours.

**Plan of Correction**

**Directed [REDACTED] - 02/26/2024)**

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/21/2024 by the Administrator to contacted current staff regarding temporary coverage of direct care service hours.

To enhance the currently compliant operations, on 02/12/2024 the Administrator will hire sufficient staff to maintain direct care service hours, with a completion date of 04/30/2024.

Effective 03/01/2024 the Administrator will perform monthly checks through 04/30/2024 to maintain ongoing compliance with ensuring direct care staff persons are available to provide at least 1 hour per day of personal care services to each mobile resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 04/30/2024

(Directed)

- On 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/21/2024 by the Administrator to contacted current staff regarding temporary coverage of direct care service hours.
- To enhance the currently compliant operations, on 02/12/2024 the Administrator will hire sufficient staff to maintain direct care service hours, with a completion date of 04/1/2024.
- Beginning no later than 4/1/2024, the Administrator and/or designee will perform a review of the staff schedule at least one week in advance to ensure the home has the appropriate staff coverage based on the amount of residents residing in the home. If the home has a call off from a scheduled staff member, the Administrator or designee will ensure the staffing hours remains compliant by finding or providing alternate staff coverage for the shift.

Directed Completion Date: 04/01/2024

60a - Staff/Support Plan

**4. Requirements**

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident’s assessment and support plan.

**Description of Violation**

Direct Care Staff Member B is not trained in Medication Administration and therefore not able to administer medications. Direct Care staff member B worked overnight shifts from 10 PM to 6 AM without any additional staff members in the home on 2/1/2024, 2/2/2024, 2/3/2024 and 2/4/2024. As a result, the home was unable to provide medication administration services during these times. There are no scheduled medications at the home during this time. However; the following residents have these medications scheduled pro re nata (PRN):

**60a - Staff/Support Plan (continued)**

Resident #1: Nitroglycerin 0.4 MG as needed for chest pain, Albuterol HFA 90 MCG as needed for shortness of breath/wheezing

Resident #2: Nitroglycerin Lingual 0.4M as needed for chest pain.

**Plan of Correction**

**Directed [REDACTED] - 02/26/2024)**

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/15/2024 by the Administrator to contact provider regarding life-saving medication; requested doctor provide documentation that states residents are able to administer and carry medication on self to use PRN.

To enhance the currently compliant operations, on 02/21/2024 the Administrator will provide residents with life-saving medication, a lock box to have in their rooms to be used upon direction of MD in the event they need the medication emergently, with a completion date of 03/29/2024. House Manager located on property will continue to be called for non-life threatening medication needing administered PRN.

Effective 03/04/2024 the Administrator will perform monthly audits through 05/30/2024 to maintain ongoing compliance with ensuring residents have immediate access to life-saving medications as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/29/2024

(Directed)

- Beginning no later than 4/1/2024, the Administrator or designee will ensure at least one staff member trained in medication administration is present each shift and available to administer scheduled and all PRN medications/treatments.
- Beginning 4/1/2024, the Administrator and/or designee will perform a review of the staff schedule at least one week in advance to ensure the home has at least one med tech per shift. If a med tech calls off for their scheduled shift, the Administrator or designee will find or provide coverage to ensure a med tech is available at all times.

Directed Completion Date: 04/01/2024

**85b - Infestation**

**5. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

On 2/8/2024, at approximately 9:10 AM, a small live bed bug was found on one of the beds in resident room #10. This bed was covered with a protective plastic sheet/mattress cover which is where the bug was actively crawling.

On 2/8/2024 at approximately 9:20 AM, a large, live bed bug was observed on one of the residents' mattress in room

85b - Infestation (continued)

#11. Additionally, the lampshade in this room was covered in what appeared to be blood spots/feces from bed bugs.

**Plan of Correction**

**Accept** [REDACTED] /26/2024)

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/08/2024 by the Adminsitrator to continue with indicated planning with exterminators for contract in place.

To enhance the currently compliant operations, on 02/12/2024 the Administrator will follow through with all recommendations made by professional exterminators to completely eliminate all signs of infestation, with a completion date of 04/30/2024.

Effective 05/01/2024 the House Manager will perform weekly inspections through 12/31/2024 to maintain ongoing compliance with ensuring there is no evidence of infestation of insects or rodents in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 04/30/2024

Licensee's Proposed Overall Completion Date: 04/30/2024

103f - Refrigerator/Freezer Temps

**6. 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**

On 2/8/2024 at approximately 9:09 AM, the temperature in the dining room's freezer was 8 degrees Fahrenheit. The temperature was later re-checked and at approximately 9:29 AM, it was 10 degrees Fahrenheit.

**Plan of Correction**

**Directed** [REDACTED] - 02/26/2024)

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/09/2024 by the Administrator to removed items from freezer, lowered temperature, and placed a temperature monitoring log on the door for staff to monitor.

To enhance the currently compliant operations:

1. on 02/09/2024 the Direct Care Staff will begin to log freezer and fridge temperatures daily, with a completion date of 02/29/2024.
2. on 02/09/2024 the direct care staff will regulate storage of food according to findings in temperature, with a completion date of 02/29/2024.

The overall completion date is 02/29/2024.

103f - Refrigerator/Freezer Temps (continued)

Effective 03/01/2024 the direct care staff will perform daily checks through 03/31/2024 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 for continuous improvement purposes.

Proposed Overall Completion Date: 02/29/2024

(Directed)

- On 02/09/2024 by the Administrator to removed items from freezer, lowered temperature, and placed a temperature monitoring log on the door for staff to monitor.
- Education on regulation 2600.103(f) will be provided to all staff in the home by 4/1/2024.
- Beginning no later than 4/1/2024, staff will check and log freezer temps daily for all freezers located in the home to ensure the temp remains at or below 0 degrees Fahrenheit.
- Documentation of training and completed audits will be kept by the home and available for review by the Department.

Directed Completion Date: 04/01/2024

183d - Prescription Current

7. 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

On 2/8/2024, Ondansetron 4mg tablets, prescribed for Resident #1, were found in the home's medication cart. However, orders show that this medication was discontinued on 6/6/2023.

Plan of Correction

Directed (████) - 02/26/2024)

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/12/2024 by the Adminisitrator to contact pharmacy to conduct a nurse audit of the med cart to verify current medications are matched with the MAR.

To enhance the currently compliant operations, on 03/01/2024 the Administrator will coordinate with pharmacy provider a quarterly audit with provided pharmacy staff member to verify continued compliance with physician orders and medications actively in cart, with a completion date of 12/31/2024.

Effective 03/04/2024 the House Manager will perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring 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 for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2024

(Directed)

183d - Prescription Current (continued)

- Immediate action was taken on 02/12/2024 by the Administrator to contact pharmacy to conduct a nurse audit of the med cart to verify current medications are matched with the MAR.
- On 03/01/2024, the Administrator will coordinate with pharmacy provider a quarterly audit with provided pharmacy staff member to verify continued compliance with physician orders and medications actively in cart, with a completion date of 12/31/2024.
- Effective 03/04/2024 the House Manager will perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring 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 for continuous improvement purposes.
- Education will be provided to all med tech's by the Administrator or designee no later than 4/1/2024 on the policy and procedure for removing medications from the med cart if the order has been discontinued.
- Documentation of education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 04/01/2024

187a - Medication Record

9. 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

On 2/8/2024, the Medication Administration Record for Resident #1 documents the administration of Potassium CL ER 20 MEQ Tablets at 7:00 AM. However, this medication was not available in the home for administration as the pre-packaged packets do not include the Potassium tablet.

On 2/8/2024, the Medication Administration Record for Resident #1 documents the resident's refusal of Fluticasone 50 MCG Nasal Spray at 7:00 AM. However, this medication was not available in the home for administration.

On 2/2/2024, 2/3/2024 and 2/4/2024, the Medication Administration Record for Resident #1 documents the administration of Methylprednisolone 4MG at 7:00 AM. However, this medication has not been available in the home since July 2023.

Plan of Correction

Directed [REDACTED] - 02/26/2024)

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/08/2024 by the Administrator to contacted pharmacy provider to verify active medication orders and request MAR to be updated to reflect current medications only.

To enhance the currently compliant operations:

1. on 02/09/2024 the Administrator will followed up with pharmacy regarding physician orders for indicated resident, with a completion date of 02/09/2024.
2. on 02/09/2024 the Administrator will conduct updated observations with all staff for medication administration procedures utilizing the electronic health record system, with a completion date of 03/15/2024.

**187a - Medication Record (continued)**

The overall completion date is 03/15/2024.

Effective [ ] the [ ] will perform [ ] [ ] through [ ] to maintain ongoing compliance with [ ] Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/15/2024

(Directed)

- Immediate action was taken on 02/08/2024 by the Administrator to contacted pharmacy provider to verify active medication orders and request MAR to be updated to reflect current medications only.
- To enhance the currently compliant operations: on 02/09/2024 the Administrator will followed up with pharmacy regarding physician orders for indicated resident, with a completion date of 02/09/2024.
- On 02/09/2024 the Administrator will conduct updated observations with all staff for medication administration procedures utilizing the electronic health record system, with a completion date of 03/15/2024
- Education will be provided to all med tech's by 4/1/2024 on the home's policies and procedures for ordering medications prior to the medication not being available and checking medications with the orders prior to administering medications. This will ensure residents are receiving the medications per the physician's orders and documentation will appropriately reflect if the medication was administered or omitted.
- Documentation of audits and education will be kept by the home and available for review by the department.

Directed Completion Date: 04/01/2024

**187c - Refusal of Medication****10. 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 #4 refused the following medications on 1/22/2024, 1/23/2024, 1/24/2024 and the physician has not been notified by the home as of 2/8/2024:

6:00 AM - Acetaminophen 500 MG-take 2 tablets by mouth every 8 hours for pain.

7:00 AM - Aripiprazole 15 MG-take 1 tablet by mouth daily.

7:00 AM - Diclofenac Pot 50 MG tablets—take 1 tablet by mouth twice daily for pain.

7:00 AM- Famotidine 20 MG tablet-take 1 tablet by mouth daily for [REDACTED]

7:00 AM - Farxiga 10 MG tablet- take 1 tablet by mouth daily for [REDACTED]

7:00 AM - Fenofibrate 134 MG capsule-take 1 capsule by mouth daily for [REDACTED]

7:00 AM - Haloperidol 5 MG tablet-take 1 tablet by mouth twice daily for [REDACTED]

7:00 AM - Humalog Mix 75-25 Kwikpen-inject 17 units subcutaneously every morning for Diabetes Mellitus,.

7:00 AM - Januvia 100 MG tablet-take 1 tablet by mouth daily for Diabetes.

7:00 AM - Lisinopril 5 MG Tablet- take 1 tablet by mouth in the morning for high blood pressure.

187c - Refusal of Medication (continued)

- 7:00 AM - Metoprolol Tartrate 50 MG0 take ½ tablet by mouth daily for [REDACTED].
- 7:00 AM – Nystatin PDR 100,000 U/ FM-apply topically to affected areas for [REDACTED].
- 7:00 AM – Polyethylene Glycol 3350 Powder-Mix 17 grams with 8 ounces of water and drink once daily for [REDACTED].
- 7:00 AM - Thera-M Tablet-take 1 tablet by mouth daily for supplement.
- 7:00 AM - Vitamin D3 50 MCG tablet-take 1 tablet by mouth daily for supplement.
- 7:00 AM – Hydroxyzine Pam 25 MG Capsule-take 1 capsule by mouth twice daily for anxiety.

Plan of Correction

Accept [REDACTED] - 02/26/2024)

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/09/2024 by the Administrator to reviewed all MAR refusals in the current month and reviewed any notes pertaining to entry.

To enhance the currently compliant operations:

1. on 02/12/2024 the Administrator will review "exception" options within the electronic health record system and coordinate with provider to identify most appropriate options when choosing why a medication is not being given to resident at time of administration, with a completion date of 02/29/2024.
2. on 03/01/2024 the Administrator will provide instruction to direct care staff regarding proper utilization of electronic health system to reflect most accurate exception reason while administering medications. In addition offering further instruction on how to handle communicating with prescriber and documentation of steps taken thereafter, with a completion date of 03/31/2024.

The overall completion date is 03/31/2024.

Effective 02/21/2024 the Direct Care Staff will perform daily reviews through [ ] to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the refusal must be documented in the resident’s record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 03/31/2024

Licensee's Proposed Overall Completion Date: 03/31/2024

187d - Follow Prescriber's Orders

11. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed Potassium CL ER 20 MEQ tablets-take 1 tablet by mouth daily for [REDACTED]

**187d - Follow Prescriber's Orders (continued)**

without Ang PCTRS. On 2/8/2024 at 7:00 AM, this medication was not administered per the physician's orders as it was not available in the home.

Resident #1 is prescribed Fluticasone 50 MCG Nasal Spray-instill 2 sprays into each nostril once daily. On 2/8/2024 at 7:00 AM, this medication was not administered per the physician's orders as it was not available in the home.

Resident # 5 is prescribed Levemir Flexpen 100 unit/ML - inject 12 units subcutaneously daily at bedtime for Diabetes Mellitus. On 1/7/2024, Resident #5 received only 7 units as there was not enough insulin for the full dose available in the home.

**Plan of Correction****Directed (CR - 02/26/2024)**

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/08/2024 by the Administrator to follow up with pharmacy regarding missing medication and verified there was still an active physician order on file. After confirmed pharmacy indicated medication would be sent out immediately as it was an error in dispensing.

To enhance the currently compliant operations, on 02/12/2024 the Administrator will further educate staff on documentation and selection of exception within the system to reflect situation at hand during administration, with a completion date of 02/29/2024.

Effective 03/01/2024 the House Manager will perform monthly audits through 05/31/2024 to maintain ongoing compliance with ensure medication and documentation match all orders prescribed by doctors as well as ensure medications are ordered and in stock ready for administration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 02/29/2024

(Directed)

- A medication cart audit will be completed by the Administrator or designee by 4/1/2024 to ensure all medications are available in the home per the physician's orders.
- Beginning 4/1/2024, med cart audits will be completed weekly by the Administrator or designee to ensure all medications are available per the physician's orders.
- Education will be provided to all med tech's by 4/1/2024 on the home's policies and procedures for ordering medications prior to the medication not being available.
- The Administrator will further educate staff on documentation and selection of exception within the system to reflect situation at hand during administration, with a completion date of 02/29/2024.
- Documentation of audits and education will be kept by the home and available for review by the department.

Directed Completion Date: 04/01/2024

**225a - Assessment 15 Days****12. Requirements**

2600.

**225a - Assessment 15 Days (continued)**

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

**Description of Violation**

Resident #6, who was admitted to the home on [REDACTED] 2024, has not had an assessment completed as of 2/8/2024.

**Plan of Correction**

**Directed [REDACTED] - 02/26/2024)**

In response to the violation on 02/08/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 02/12/2024 by the Administrator to complete assessment and support plan for resident.

To enhance the currently compliant operations, on 02/12/2024 the Administrator will complete assessment portion within 15 days of admission of any newly established resident within the home, with a completion date of 12/31/2024.

Effective 02/12/2024 the Administrator will perform a chart review of any new resident after 14 days to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/31/2024

(Directed)

- Immediate action was taken on 02/12/2024 by the Administrator to complete assessment and support plan for resident.
- The Administrator or designee will complete an audit on all resident records to ensure all initial assessments have been completed following admission to the home by 4/1/2024.
- Beginning 4/1/2024, the administrator or designee will complete resident record reviews within 14 days following admission to the home to ensure the initial assessment is completed per the timeline in 2600.225(a).

Directed Completion Date: 04/01/2024