

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

January 2, 2024

[REDACTED], ADMINISTRATOR
DOUGLASSVILLE AID II OPCO LLC
[REDACTED]
[REDACTED]

RE: AMITY PLACE
139 OLD SWEDE ROAD
DOUGLASSVILLE, PA, 19518
LICENSE/COC#: 22656

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2023 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *AMITY PLACE* License #: *22656* License Expiration: *10/18/2024*
 Address: *139 OLD SWEDE ROAD, DOUGLASSVILLE, PA 19518*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *DOUGLASSVILLE AID II OPCO LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/19/2009* Issued By: *Amity Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *74* Waking Staff: *56*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/07/2023*

Inspection Dates and Department Representative

11/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *58*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *11*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

11/07/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/07/2023*

12/22/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/28/2023*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *12/29/2023*

Inspections / Reviews (*continued*)

01/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies 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).

Description of Violation

There is no documentation that a Pennsylvania State Police Criminal Background Check was completed for Staff Member A hired [redacted]/23.

Plan of Correction

Accept [redacted] - 12/22/2023)

11/9/23 – Criminal History Check re-requested for Staff Member A and PATCH Report Received (Exhibit A1)

11/14/23 – Executive Director audited existing staff records to ensure presence of PATCH Report (Exhibit A2)

Beginning 12/4/23 – Executive Director or designee will review new hire staff records for 8 weeks to ensure presence of PATCH Report (Exhibit A3)

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented ([redacted] 01/02/2024)

65f - Training Topics

2. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.

Description of Violation

There is no documentation that staff member B hired [redacted]/16 and Staff member C hired [redacted]/18 completed annual training on medication self-administration, meeting the needs of the residents, care for residents with dementia or cognitive impairments, infection control, personal care service needs of the resident, and safe management techniques for the 2022 training year.

Plan of Correction

Accept [redacted] - 12/22/2023)

11/17/23 – 2022 Relias On-line Education Records were obtain from prior operator company [Enlivant Senior Living] including those for Staff Members B and C (Exhibit B1)

12/2/23 – ED reviewed existing staff records to confirm 2023 Annual required education documentation is present. (Exhibit B2)

Beginning 1/1/24 – ED will review existing records of 5 staff monthly for 3 months to confirm 2024 Annual required education documentation is present. (Exhibit B3)

65f - Training Topics (*continued*)

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

Implemented (█) - 01/02/2024)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

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

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

Description of Violation

An operable lamp or other source of lighting was not found at the bedside in room 104.

Repeat Violation 9/27/22

Plan of Correction

Accept (█) - 12/22/2023)

11/14/23 – Pushlight was provided at bedside of Room 104 (Exhibit C1)

12/4/23 – Executive Director audited occupied Resident rooms to ensure bedside light is present (Exhibit C2)

Beginning 12/11/23 – Executive Director or designee will audit 2 occupied Resident rooms for 8 weeks to ensure bedside light is present (Exhibit C3)

Licensee's Proposed Overall Completion Date: 02/03/2024

Implemented (█) - 01/02/2024)

109b - Rabies Vaccination

4. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

The rabies vaccination for pet cat for residents' 1 and 2 expired 9/14/22.

Plan of Correction

Accept (█) - 12/22/2023)

11/13/23 – Executive Director contacted the family of Residents 1 and 2. Cat was seen by veterinarian on 12/6/23 and received Rabies shot. Current Rabies Certificate is in ED records. (Exhibit D1)

11/13/23 – Executive Director audited vaccination records for existing Resident pets to ensure records are present and vaccinations are current. (Exhibit D2)

Beginning 12/4/23 – Executive Director or designee will review 2 pet records weekly for 8 weeks, with emphasis on any newly moved in pets, to ensure records are present and vaccinations are current. (Exhibit D3)

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented (█) - 01/02/2024)

125a - Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A white sock was found lying over the dryer vent of the speed Queen dryer found in the resident's laundry room, posing a possible fire hazard.

Plan of Correction

Accept (█ - 12/22/2023)

11/7/23 – Sock found during Annual Survey was removed and surveyor notified immediately.

11/7/23 – Maintenance Technician inspected the dryers to ensure no socks or other combustible/flammable material were present (Exhibit E1)

Beginning 11/13/23 – Maintenance Technician or designee will inspect dryers weekly for 8 weeks to ensure no socks or other combustible/flammable material are present (Exhibit E2)

Licensee's Proposed Overall Completion Date: 01/13/2024

Implemented (█ - 01/02/2024)

185a - Implement Storage Procedures

6. Requirements

2600.

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

Description of Violation

Resident #6 has a PRN prescription for Bisacodyl suppositories 10mg. The resident's medication was not available in the home at the time of inspection.

Plan of Correction

Accept (█ - 12/22/2023)

11/7/23 – Resident 6 PRN Bisacodyl suppositories 10mg was obtained from pharmacy.

11/8/23 – Resident Wellness Director (RWD) audited existing Resident medications to ensure currently ordered medications are present for administration. (Exhibit F1)

Beginning 12/4/23 – RWD or designee will review MARs weekly for 8 weeks to ensure currently ordered medications are present for administration (Exhibit F2)

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented (█ - 01/02/2024)

224a - Preadmission Screen Form

7. Requirements

2600.

224a - Preadmission Screen Form (continued)

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

The Preadmission Screening forms for Resident #3, Resident #4 and Resident#5 did not indicate if the residents' needs could be met in a Personal Care Home.

Repeat Violation 9/27/22

Plan of Correction

Accept () - 12/22/2023)

11/22/23 – Resident Wellness Director (RWD) reviewed the Prescreen Forms for Residents 3, 4 and 5 to confirm Residents' needs are able to be met by Amity Place. (Exhibit G1)

11/22/23 – RWD audited all existing Resident Prescreen Forms to ensure compliance with Regulation 2600.224.a. (Exhibit G2)

Beginning 12/4/23 – RWD will audit all new move-in Prescreens weekly for 8 weeks to ensure compliance with Regulation 2600.224.a. (Exhibit G3)

Licensee's Proposed Overall Completion Date: 01/27/2024

Implemented () - 01/02/2024)

252 - Record Content

8. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The resident records for Resident #1, Resident #3, Resident #4 and Resident #5 did not contain any information regarding identifying marks.

Repeat Violation 9/27/22

Plan of Correction

Accept () - 12/22/2023)

11/10/23 – Executive Director entered identifying marks information onto facesheets for Residents 1, 3,4 and 5. (Exhibit H1)

12/1/23 – Executive Director reviewed electronic medical records of existing Residents to ensure compliance with Regulation 2600.252 (Exhibit H2)

Beginning 12/11/23 – Executive Director will review the electronic medical records of newly moved-in Residents weekly for 8 weeks to ensure compliance with Regulation 2600.252 (Exhibit H3)

Licensee's Proposed Overall Completion Date: 02/03/2024

Implemented () - 01/02/2024)