

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

November 22, 2023

[REDACTED]
ROPER & MARCIA HOUSTON
[REDACTED]
[REDACTED]

RE: DAYSPRING PERSONAL CARE HOME
93 DAYSPRING LANE
MORRISDALE, PA, 16858
LICENSE/COC#: 44865

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/12/2023 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: *DAYSPRING PERSONAL CARE HOME* License #: *44865* License Expiration: *02/22/2024*
 Address: *93 DAYSPRING LANE, MORRISDALE, PA 16858*
 County: *CLEARFIELD* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *ROPER & MARCIA HOUSTON*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/24/2004* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *10/12/2023*

Inspection Dates and Department Representative

10/12/2023 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *13* Residents Served: *9*

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

Hospice
 Current Residents: *0*

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

Inspections / Reviews

10/12/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/28/2023*

11/01/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *11/08/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/03/2023*

Inspections / Reviews *(continued)*

11/06/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/27/2023

11/22/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/08/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Cash disbursements were made to resident #1. However, the home did not obtain the resident's signature for multiple cash disbursements, including the following receipt of disbursements:

* [Redacted]
* [Redacted]

Plan of Correction

Accept [Redacted] - 11/06/2023)

The home kept record of cash disbursements that were made for resident.

Effective 10/14/23 a cash distribution record was printed and filled out appropriately by [Redacted], Administrator.

The home will continue to monitor all transactions.

Resident will sign for all cash disbursements and records will be kept. Administrator or designee will check transactions every month and sign off.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [Redacted] - 11/22/2023)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #2's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights.

Plan of Correction

Accept [Redacted] - 10/31/2023)

Resident's rights were copied and gone over with resident by [Redacted], Administrator on 10/12/23.

Appropriate signature obtained with date on 10/12/23.

All Residents records checked; they all contain written copy of resident's rights with signature and date.

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

Implemented [Redacted] - 11/22/2023)

65d - Initial Direct Care Training

3. Requirements

2600.

65d - Initial Direct Care Training (continued)

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED], provided unsupervised ADL services on [REDACTED]. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

Direct care staff completed and passed the Department-approved direct care training course and passed the competency test on 10/13/23.

Certificate obtained and put in staffs training record.

Administrator added the department-approved training course to the new hire check list on 10/23/23 to be sure it is completed with each new hire.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

65f - Training Topics

5. Requirements

2600.

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

- 6. Safe management techniques.

Description of Violation

Direct care staff persons B and C did not receive training in safe management techniques during training year 2022.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

Safe management technique training is covered for 2023 under Collins Learning as Behavior Management, The person-centered way.

It was completed by Staff C on [REDACTED]. Training was completed by staff B on [REDACTED]. Annual staff training plan was implemented on [REDACTED], Administrator and designee will work together to ensure compliance of trainings.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

65g - Annual Training Content

6. Requirements

2600.

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

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.

65g - Annual Training Content (continued)

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff persons A and B did not receive training in following during training year 2022:

- * Emergency Preparedness Procedures
- * Resident Rights
- * Alder Adult Protective Service Act

Plan of Correction

Accept [REDACTED] - 10/31/2023)

Emergency Preparedness Procedures, Residents right and Alder Adult Protective Service Act trainings provided to staff persons A and B on [REDACTED]

Holly Royer, Administrator, went through trainings for the 2023 year to ensure that Emergency Preparedness Procedures, Residents Rights and Older Adult Protective Service Act were included.

Administrator will obtain certificates of completed trainings for 2023 year and will be sure that trainings meet under the 2600.65 criteria annually.

Staff training plan implemented.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [REDACTED] - 11/22/2023)

89b - Hot Water Temperature

7. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [REDACTED], at [REDACTED] the hot water temperature at the sink in the shared bathroom used by resident's #4 and #5, measured 122.3 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

The hot water tank was turned down by Maintenance on [REDACTED]

Water temperatures will be checked two times daily, morning and evening for a week to ensure water temperature does not exceed 120 degrees F.

Water temperatures were stable and under 120 degrees F for a week, documentation kept.

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

Implemented [REDACTED] - 11/22/2023)

103e - Left Overs

8. Requirements

2600.

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

Description of Violation

There was an unlabeled and undated opened 14-ounce bag of shredded coconut in the pantry closet.

103e - Left Overs (continued)

Plan of Correction

Accept [REDACTED] - 11/06/2023)

Unlabeled and undated coconut was discarded on [REDACTED] by [REDACTED], Administrator.

All food will be labeled and dated when opened by staff.

The home shall check all food for expiration dates monthly with a audit by administrator or designee.

Staff education will be provided by Administrator on 11/2/23.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented [REDACTED] - 11/22/2023)

123b - Emergency Procedures Posted

9. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The home's emergency procedures are not posted in a conspicuous and public place in the home. The home's emergency procedures are posted in a binder by the printer in the dining room area that does not indicate that the procedures are kept there.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

The binder for the home's emergency procedures/plan was labeled by [REDACTED], designee on [REDACTED].

A copy of the emergency procedures is posted in a conspicuous place of the home and a copy is kept in the labeled binder.

DIRECTED STEP:

By 11/15/23 and at least monthly thereafter: The administrator or designated person shall check the home to ensure the home's emergency procedures are posted in a conspicuous and public place.

Proposed Overall Completion Date: 11/02/2023

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

132e - Fire Drill Sleeping Hours

10. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 5/16/23 at 6:45 am. The previous sleeping hours fire drill

132e - Fire Drill Sleeping Hours (continued)

was conducted on 10/31/22, at 6:00 am.

Plan of Correction

Accept [redacted] - 11/06/2023)

Fire drills will be conducted in the home between the sleeping hours of 4 am and 5 am to ensure that all residents are sleeping.

Logs of all monthly fire drills will be kept and done in a timely manner by [redacted], Administrator or [redacted], designee.

Staff training on sleep drill done on 11/2/23, will include in annual training. Administrator will check drill records monthly.

Proposed Overall Completion Date: 11/02/2023

DIRECTED PLAN:

The Administrator's monthly review of the fire drill records shall ensure that a sleeping hour drill is conducted at least once every 6 months.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [redacted] - 11/22/2023)

132g - Fire Drills Days/Times

11. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely holds the sleeping hour drill with 2 staff persons. However, the home's staffing schedule indicates the home routinely schedules only 1 staff on the 8:00 pm.-7:00 am. shift.

Plan of Correction

Accept [redacted] - 11/06/2023)

The home will ensure that there is only one staff member scheduled for the sleeping hour drills per protocol.

The home routinely schedules only 1 staff member on the 8 pm-7am shift.

Documentation will be checked by [redacted], administrator, or [redacted], designee to make sure documentation is correct for staffing.

Staff training provided on 11/2/23 by Administrator.

Sleeping hour drill held on 11/2/23.

Licensee's Proposed Overall Completion Date: 11/03/2023

Implemented [redacted] - 11/22/2023)

141a 1-10 Medical Evaluation Information

12. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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

Resident #1's medical evaluation, dated [REDACTED], indicates "see attached note" for medications and diagnoses. However, the attachments are not dated to the date the resident was evaluated.

Resident #2's medical evaluation, dated [REDACTED], indicates "attached" for medications and diagnoses. However, the attachments are not dated to the date the resident was evaluated and does not indicate the resident's ability to self-administer medications and if any special health/dietary needs. These areas are blank.

Plan of Correction

Accept [REDACTED] - 10/31/2023)

Administrator contacted Physician's office on [REDACTED] and will obtain dated/signed medication and diagnosis lists for resident #1 for the date the resident was evaluated [REDACTED].

Administrator contacted Physician's office on [REDACTED] to obtain dated/signed medication and diagnosis lists for resident #2 for the date the resident was evaluated [REDACTED]. Administrator contacted physician on [REDACTED] to fill out blank areas on DME for resident #2's ability to self-administer medications and any special health/dietary needs that was left blank on [REDACTED].

Administrator and designee will review each DME when they are received to ensure each area is filled out correctly and dated.

Letter was written on [REDACTED] that will be sent with resident to physician's office that medications and diagnosis lists need to be dated and signed for the date the DME is completed.

Licensee's Proposed Overall Completion Date: 10/27/2023

Implemented [REDACTED] - 11/22/2023)

181d -Storing Medication

13. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident’s room for self-administration. Medications stored in the resident’s room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #3 self-administers the medication, [REDACTED] and stores the medication in [REDACTED] room. Interviews indicate the resident does not secure the medication when [REDACTED] leaves the room.

181d - Storing Medication (continued)

Plan of Correction

Accept [REDACTED] - 11/06/2023)

[REDACTED] was removed from residents room by [REDACTED] Designee on [REDACTED] and placed in the locked medication cart.

Any resident who self-administers medications will have a locked box for medications or the choice for medication to be left in the locked medication cart and made available to resident when scheduled.

Staff training provided on [REDACTED] by [REDACTED], Administrator and med cart audits completed monthly by Administrator or designee.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

183d - Prescription Current

14. 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 10/12/23, the medication, [REDACTED], for resident #3 was opened and not dated to the open date. However, the home indicates the medication was opened on [REDACTED]. According to manufacturer's instructions, the medication is to be discarded 3 months after opening.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

[REDACTED] for resident #3 was discarded on [REDACTED] by [REDACTED], Administrator.

Pharmacy contacted on the evening of [REDACTED] by [REDACTED], Administrator and new [REDACTED] was sent to the home on [REDACTED]. It was dated for the day it was opened by Administrator and will be discarded after 3 months.

The administrator, [REDACTED] or [REDACTED], designee will conduct monthly medication cart audits.

Staff education provided on opening and discarding dates on [REDACTED]. Reminder signs placed above medication cart on [REDACTED]

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

183e - Storing Medications

15. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 10/12/23, the medication, [REDACTED], for resident #1 and [REDACTED] for resident #6 were opened and not dated to the open date. According to the manufacturer's instructions, these medications are to be discarded 90 days after opening.

183e - Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 11/06/2023)

[REDACTED] for resident # 1 was ordered and opened on [REDACTED]. Bottle was dated with correct date and to be discarded with 90 days of date and reordered from pharmacy by [REDACTED], designee
 [REDACTED] for resident #6 were opened on [REDACTED]. They were dated for correct open date and will be discarded within 90 days and reordered from pharmacy by [REDACTED], Administrator.
 Staff education provided on 10/13/23 by administrator. Monthly medication cart audits will be performed by [REDACTED], administrator or [REDACTED], Designee.
 Reminder signs placed above medication cart to discard these medications after 90 days of opening and reorder from pharmacy.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

184a - Resident's Meds Labeled

16. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #6 is prescribed, [REDACTED] every 4 hours as needed. The pharmacy label does not include the prescription instruction of every "4" hours as needed.

Repeat violation: 8/25/23

Plan of Correction

Accept [REDACTED] - 11/06/2023)

Pharmacy contacted on [REDACTED] by [REDACTED], Administrator. New label received on [REDACTED] and was placed on [REDACTED] every 4 hours as needed bottle by [REDACTED] Administrator.
 Monthly medication cart audits will be done by Administrator and recorded to ensure labels are intact.
 Staff education provided on 11-2-23.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

191 - Resident Right to Refuse

17. Requirements

2600.

191 - Resident Right to Refuse (continued)

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

Description of Violation

Resident #2, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

Residents right to refuse medication if the resident believes that there may be a medication error form printed and gone over with resident on [REDACTED] by [REDACTED] administrator.

Signed and dated by resident on [REDACTED] and placed in resident's file by administrator.

All resident's records checked and contained appropriate form on [REDACTED] by administrator.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

225a - Assessment 15 Days

18. Requirements

2600.

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 #1's assessment, dated [REDACTED], does not include diagnosis of [REDACTED] and [REDACTED] due to [REDACTED].

Plan of Correction

Accept [REDACTED] - 11/06/2023)

Diagnosis of [REDACTED] and [REDACTED] due to [REDACTED] will be added to assessment dated [REDACTED] by the administrator, [REDACTED].

Administrator added diagnosis to the assessment/RASP [REDACTED].

Administrator and designee will both review diagnosis lists for residents to ensure all diagnosis's are included in assessment.

Record review audits will be done by administrator/designee monthly.

Proposed Overall Completion Date: 11/02/2023

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] - 11/22/2023)

227c - Support Plan Revision

19. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

227c - Support Plan Revision (continued)

Description of Violation

Resident #3's current assessment was completed on [REDACTED]. However, resident #3's current support plan is undated. Therefore, it is impossible to determine if it was completed within 30 days of completion of the annual assessment.

Plan of Correction

Accept [REDACTED] - 11/06/2023)

Resident # 3's current support plan was completed by [REDACTED], Administrator on [REDACTED]. I have dated it for when it was completed.

Administrator will be sure to double check all forms to ensure that they are dated when completed. Designee will also check to ensure that all forms are dated when completed.

Administrator will include assessments and support plans in annual training.

Resident record audits will be performed monthly by administrator/designee to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 11/02/2023

Implemented [REDACTED] 11/22/2023)

254b - Policy and Procedures

20. Requirements

2600.

254.b. Each home shall develop and implement policy and procedures addressing record accessibility, security, storage, authorized use and release and who is responsible for the records.

Description of Violation

The home does not have a policy for record accessibility, security, storage, authorized use and release and who is responsible for the records.

Plan of Correction

Accept [REDACTED] - 11/01/2023)

The home implemented a Policy for record accessibility, security, storage, authorized use and release and who is responsible for the records on [REDACTED].

The Policy is hung in a conspicuous place within the home.

Licensee's Proposed Overall Completion Date: 10/24/2023

Implemented [REDACTED] - 11/22/2023)