

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

November 30, 2023

[REDACTED]
MANATAWNY AL OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCES AT MANATAWNY
VILLAGE
30 OLD SCHUYKILL ROAD
POTTSTOWN, PA, 19465
LICENSE/COC#: 14851

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/02/2023 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: *THE RESIDENCES AT MANATAWNY VILLAGE* License #: *14851* License Expiration: *11/05/2023*
 Address: *30 OLD SCHUYKILL ROAD, POTTSTOWN, PA 19465*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *MANATAWNY AL OPERATING COMPANY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *08/15/1989* Issued By: *Commonwealth of PA*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Provisional* Exit Conference Date: *10/02/2023*

Inspection Dates and Department Representative

10/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *124* Residents Served: *49*

Secured Dementia Care Unit

In Home: *Yes* Area: *Horizons* Capacity: *24* Residents Served: *19*

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *49*
 Diagnosed with Mental Illness: [REDACTED] Diagnosed with Intellectual Disability: [REDACTED]
 Have Mobility Need: *20* Have Physical Disability: [REDACTED]

Inspections / Reviews

10/02/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/29/2023*

11/03/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *11/29/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/08/2023*

Inspections / Reviews *(continued)*

11/14/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 12/01/2023

11/30/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 10/02/2023, the ceiling outside of the second-floor dining room had brown stains, and it was missing a panel and exposing a vent.

Plan of Correction

Accept (█ - 11/03/2023)

On 10/2/2023, maintenance staff was in the process of repairing the missing tile and replacing the stained tile, when the power went out in the building and was called away right before the surveyors entered the unit.

On 10/2/2023 maintenance staff did change and replaced the stained tiles.

Effective 10/29/23, the administrator will complete a walk through of the hallways with a staff person from maintenance to ensure all ceiling tiles are present and free of stains.

Maintenance staff will immediately replace the stained tiles if needed.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented (█ - 11/30/2023)

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the medication station does not include a thermometer and face shield.

Plan of Correction

Accept (█ - 11/03/2023)

On 10/2/23 all first aid kits were removed of the floors and restocked including, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing sheil, eye covering and tweezers.

The resident service director will complete a check list of all required items to ensure all items are in the first aid kit and accessible, before and after the first aid kit is used.

Resident care director will keep a list of the date the first aid kit was opened and the date the first aid kit was restocked along with the check off list.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented (█ - 11/30/2023)

96b - First Aid Location

3. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

Staff person A, did not know the location of the first aid kit.

96b - First Aid Location (*continued*)**Plan of Correction**

Accept [REDACTED] - 11/03/2023)

ON 10/3/2023 all DCS were inserved on the locations of the first aid kit.

ON 10/3/2023 all DCS were inserved to immedeatly contact the ckinical service director when a first aid kit has been opened.

Begaining 11/1/2023 all new hires will complete a sign off sheet stating that [REDACTED] or [REDACTED] have been giving location of the first aid kits and directions of who to notify once the first aid kit has been opened.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented [REDACTED] - 11/30/2023)

107b - Emergency Procedures

4. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident's designated person.
2. The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home's written emergency procedures do not include the contact information for each resident's designated person.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

On 10/3/2023 all resident contacts were printed and added to the emergency precedures binder.

Clinical serrvice director , will ensure all resident contacts list will be updated and put into the procedures binder the date of admission and discharge.

Since [REDACTED] we have had two new admissions and both contacts has been added to the emergency contact list.

The administrator will complete monthly checks to ensure the contacts list continues to be updated.

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

Implemented [REDACTED] - 11/30/2023)

107d - Procedure Emergency Management Agency Submission

5. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency.

107d - Procedure Emergency Management Agency Submission (continued)

Plan of Correction

Accept ([redacted] - 11/14/2023)

The municipality does not have a plan ,the emergency procedures was written by the Chester County Emergency Management Agency. The emergency procedures does include the general evacuation procedures which includes the following...

- 1. Emergency Telephone Number
- 2. Staff Contact list (directors)
- 3. Active Shooter
- 4. Dining Distribution during a Community Disaster (emergency menu for 3 days)
- 5. Eletrical Contractor (generator)
- 6. Agreement for emergency shelter
- 7. Discharge Plan
- 8. Transportation Resource Plan
- 9. Evacuation vehicle Estimates
- 10. Manatawny Floor Plan (all floors)
- 11. EMAR back up system (Tech Keys)

The Administrator will update the general evacuation as needed.

Administrator reached out to the East Conventry Munciple Emergency Management Coordinators office, [redacted] and explained to him that Manatwnay Manor Emergency Preparedness Plan for our personal care unit was together with our skilled nursing department which the personal care and the skilled nursing both have seperate licences and state regs.

On 11/6/2023 administrator send all information for the emergency preparedness plan over for review and approval. Administrator will seperate all personal care paperwork from the skilled nursing home to ensure we stay in compliance with state regs for personal care homes.

Administrator will create a yearly tickler to ensure all information is sent and approved by the east conventry municple emergency management coordinators.

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented [redacted] - 11/30/2023)

130h - Inoperable Smoke Detector

6. Requirements

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when a smoke detector or fire alarm is inoperable.

Plan of Correction

Accept ([redacted] - 11/03/2023)

On 10/3/2023, the fire watch policy and procedure was located.

On 10/4/2023 PC staff was inserviced on the policy and procedure in case of the sprinkler system, smoke detecor or fire alarm system malfunction.

All new hires will review and sign by the end of orientaion.

130h - Inoperable Smoke Detector (continued)

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented () - 11/30/2023

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

Resident 1's medical evaluation dated () did not include the mobility assessment.

Plan of Correction

Accept () - 11/03/2023

On 10/4/2423, clinical service director and nurses pulled all residents DME's to ensure all mobility assessments were completed.

Clinical service director will make create a check sheet for all new DME's to verify that all assessments are completed.

As of 10/26/23, we have had two new admissions and both DME's mobility assessments were completed.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented () - 11/30/2023

171b5 - First Aid Kit

8. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the van used to transport residents does not include disposable gloves, adhesive bandages, gauze pads, a thermometer, adhesive tape, scissors, a breathing shield, eye coverings, or tweezers.

Plan of Correction

Accept () - 11/03/2023

On 10/2/23 all first aid kits were removed of the floors and restocked including, nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing sheil, eye covering and tweezers.

The resident service director will complete a check list of all required items to ensure all items are in the first aid kit

171b5 - First Aid Kit (continued)

and accessible, before and after the first aid kit is used.

Resident care director will keep a list of the date the first aid kit was opened and the date the first aid kit was restocked along with the check off list.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented [redacted] - 11/30/2023)

187b - Date/Time of Medication Admin.

10. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 2 is prescribed [redacted] solution via [redacted]. However, the resident's [redacted] medication administration record does not indicate the name and initials of the staff person administering the medication on [redacted]

Resident 2 is prescribed [redacted] Tablet. However, the resident's [redacted] administration record does not indicate the name and initials of the staff person administering the medication on [redacted]

Plan of Correction

Accept [redacted] - 11/03/2023)

On 10/4/2023 the med tech [redacted], was giving an education on the spot on the importance of ensuring every resident medications is administered at the prescribed time, or sign out if medication was given or refused.

On 10/9/2023 All medications tech were inserviced on the the following...

- 1. Leaving blanks in MARS
- 2. Omission reports

As of 10/10/2023, all med techs will print out an omission report at the end of thier shift for the clinical service director to review and ensure no blanks were left in the MAR without proper documentation.

As of 10/26/2023 all omission reports shows that no blanks has been left on the MARS.

This will be ongoing for the next 90 days.

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

Implemented [redacted] - 11/30/2023)

227d - Support Plan Medical/Dental

11. Requirements

2600.

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

227d - Support Plan Medical/Dental (continued)

Description of Violation

The DME for resident 1, dated [REDACTED], indicates the resident has a need for a no-added sodium and no-concentrated sweets diet. The resident's support plan, dated [REDACTED] does not document how this need will be met.

The DME for resident 2, dated [REDACTED] 3, indicates the resident has a need for a mechanical soft diet. The resident's support plan, dated [REDACTED] does not document how this need will be met.

Plan of Correction

Accept [REDACTED] - 11/14/2023)

On 10/4/2023, the clinical service director and nursing staff pulled all residents DME's to ensure all support plan diets are documented on how needs will be met.

Clinical service manager will complete a review of residents DME and RASP to be signed by both clinical care director and dietary staff personnel.

In addition to the above plan of correction: The administrator or designee will develop and implement a system to ensure all resident support plans are immediately updated as resident care needs change. All staff persons completing or reviewing support plans will be educated regarding the new system and completion and accuracy of support plans including the care and services the home will provide. The administrator or designee will conduct monthly audits of DME's and RASP's to ensure accuracy. Documentation of education and audits shall be kept. MJ

Licensee's Proposed Overall Completion Date: 12/06/2023

Implemented [REDACTED] - 11/30/2023)

233a - Lock Approval

12. Requirements

2600.

233.a. Doors equipped with key-locking devices, electronic card operated systems or other devices that prevent immediate egress are permitted only if there is written approval from the Department of Labor and Industry, Department of Health or appropriate local building authority permitting the use of the specific locking system.

Description of Violation

The home does not have written approval from the Department of Labor and Industry, the Department of Health, or the local building authority for the locking devices used on the exit doors from the SDCU.

Plan of Correction

Accept [REDACTED] - 11/03/2023)

The Administrator is in the process of locating the written approval letter from the Department of Health or the local building authority for the locking devices used on the exit doors from the SDCU.

On [REDACTED], a call was placed to [REDACTED], the previous owners of the building to see if a copy of the letter is accessible.

The Administrator will proceed with getting another letter of approval if the original letter is not available.

Licensee's Proposed Overall Completion Date: 12/01/2023

233a - Lock Approval (*continued*)*Implemented* [REDACTED] - 11/30/2023)

233b - Lock Manufacturer Statement

13. Requirements

2600.

233.b. A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:

1. Upon a signal from an activated fire alarm system, heat or smoke detector.
2. Power failure to the home.
3. Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

Description of Violation

The home does not have a statement from the manufacturer verifying that the locks will release when the fire alarm system is activated, the home's power fails, or when the lock-releasing device is operated.

Plan of Correction*Accept* [REDACTED] - 11/03/2023)

The Administrator has located the original statement from manufacturer verifying that the locks will release when the fire alarm system is activated, the home's power fails, or when the lock-releasing device is operated.

The Administrator now will keep a copy of the statement, the state will also be available through our maintenance department.

Licensee's Proposed Overall Completion Date: 12/01/2023

Implemented [REDACTED] - 11/30/2023)

252 - Record Content

14. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.

252 - Record Content (*continued*)

13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident 1 and 3's records do not include race, eye color, or hair color.

Resident 2, 4, and 5 records do not include eye color or hair color.

Plan of Correction

Accepted (█) - 11/03/2023)

On 10/4/2023, clinical service director and nurses pulled all residents charts to ensure all facesheets included race, eye color and hair color.

Clinical service director will complete a tickler of all new admissions and yearly facesheets include race, eye color and hair color.

As of 10/26/23, we have had two new admissions and both facesheets included race, eye and hair color.

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

Implemented (█) - 11/30/2023)