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

April 9, 2024

[redacted]
PINE RUN VILLAGE, INC.
[redacted]

RE: THE GARDEN AT PINE RUN HEALTH CENTER
777 FERRY ROAD
DOYLESTOWN, PA, 18901
LICENSE/COC#: 15037

[redacted] ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2023 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 GARDEN AT PINE RUN HEALTH CENTER* **License #**: *15037* **License Expiration**: *08/24/2024*

**Address**: *777 FERRY ROAD, DOYLESTOWN, PA 18901*

**County**: *BUCKS* **Region**: *SOUTHEAST*

## Administrator

**Name**: [redacted] **Phone**: [redacted] **Email**: [redacted]

## Legal Entity

**Name**: *PINE RUN VILLAGE, INC.*

**Address**: [redacted]

**Phone**: [redacted] **Email**: [redacted]

## Certificate(s) of Occupancy

**Type**: *C-1* **Date**: *01/19/1977* **Issued By**: *COPA L & !*

## Staffing Hours

**Resident Support Staff**: **Total Daily Staff**: *58* **Waking Staff**: *44*

## Inspection Information

**Type**: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

**Reason**: *Monitoring* **Exit Conference Date**: *12/28/2023*

## Inspection Dates and Department Representative

*12/28/2023 - On-Site:* [redacted]

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity**: *40* **Residents Served**: *29*

### Secured Dementia Care Unit

**In Home**: *Yes* **Area**: *Garden* **Capacity**: *40* **Residents Served**: *29*

### Hospice

**Current Residents**: *0*

### Number of Residents Who:

**Receive Supplemental Security Income**: *0* **Are 60 Years of Age or Older**: *29*

**Diagnosed with Mental Illness**: *0* **Diagnosed with Intellectual Disability**: *0*

**Have Mobility Need**: *29* **Have Physical Disability**: *0*

# Inspections / Reviews

### 12/28/2023 - Partial

**Lead Inspector**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/14/2024*

### 01/16/2024 - POC Submission

**Submitted By**: [redacted] **Date Submitted**: *02/03/2024*

**Reviewer**: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/21/2024*

## Inspections / Reviews *(continued)*

**01/18/2024 - POC Submission**

**Submitted By**: [redacted] **Date Submitted**: *02/03/2024*

**Reviewer**: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/15/2024*

**04/09/2024 - Document Submission**

**Submitted By**: [redacted] **Date Submitted**: *02/03/2024*

**Reviewer**: [redacted] **Follow-Up Type**: *Not Required*

## 85a - Sanitary Conditions

**1. Requirements**

2600.
85.a. Sanitary conditions shall be maintained.

**Description of Violation**

*On [redacted], at [redacted], a strong odor of urine was evident in hall by resident [redacted] room and the emergency exit leading to the patio.*

*There was dried feces on the lifted toilet seat in resident's [redacted] bathroom.*

**Plan of Correction** ***Accept[redacted] - 01/18/2024)***

*1. Resident [redacted] toilet was immediately cleaned and sanitized.*
*2. Walk through of current resident bathrooms, and hallways was completed by Personal Care Home Administrator on [redacted]. No strong odors of urine were identified and resident bathrooms were clean and sanitary.*
*3. Licensed staff, non-licensed staff and housekeeping will be re- educated by Personal Care Administrator, Director of Environmental Services or designees on the requirements of 85a and the importance of maintaining sanitary conditions by [redacted]*
*4. Audits will be completed daily X1 week, weekly X4 weeks followed by monthly X2 months by Personal Administrator/designee on 6 random resident rooms and hallways to ensure bathrooms are clean and sanitary and no strong odors of urine are noted. Audits started on [redacted]. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance [redacted]*

*Proposed Overall Completion Date: 02/05/2024*

**Licensee's Proposed Overall Completion Date:** *02/05/2024*

***Implemented[redacted] 04/09/2024)***

## 183d - Prescription Current

**2. 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 [redacted], [redacted] prescribed for resident [redacted], was in the home's medication cart; however, the medication was discontinued on [redacted].*

**Plan of Correction** ***Accept[redacted] 01/18/2024)***

*1. Resident [redacted] was removed from medication cart by the Resident Care Services Manager on [redacted].*
*2. An audit of the medication cart was completed by the Resident Care Services Manager on [redacted] and no additional prescription, OTC's, samples or CAM's were found without current physician orders.*
*3. Licensed staff will be re-educated on the requirements of 183d and Medication Administration policy by Personal Care Administrator and/or Resident Care Services Manager by [redacted].*
*4. The Resident Care Services Manager or designee will conduct weekly audits X4 and then monthly audits X2 to*

## 183d - Prescription Current (continued)

*ensure that all discontinued medications are removed from the med carts when discontinued. Weekly audits will start [redacted] Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance 2/5/2024*

**Licensee's Proposed Overall Completion Date:** *02/05/2024*

***Implemented [redacted] - 04/09/2024)***

## 184b - Labeling OTC/CAM

**3. Requirements**

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

*On [redacted], a package of [redacted] was in the medication cart and was not labeled. The home could not verify who this belonged to.*

**Plan of Correction** ***Accept [redacted] - 01/18/2024)***

*POC:*
*1. The unlabeled package of [redacted] was removed from med cart [redacted] by the Resident Care Services Manager.*
*2. A current audit of the medication cart was completed by the Resident Care Services Manager on [redacted] and no additional un-labeled OTC medications and CAM's were identified.*
*3. Licensed staff will be re-educated by the Personal Care Administrator and/or Resident Care Services Manager on the requirements of 184b and the importance that OTC medications and CAM are labeled as appropriate by [redacted]*
*4. The Resident Care Services Manager or designee will conduct weekly audits X4 and then monthly audits X2 monthly audits to ensure that OTC medications and CAM are labeled as appropriate. These audits were started [redacted] Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance 2/5/2024*

*Proposed Overall Completion Date: 02/05/2024*

**Licensee's Proposed Overall Completion Date:** *02/05/2024*

***Implemented [redacted] - 04/09/2024)***

## 185a - Implement Storage Procedures

**4. 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 [redacted] staff person A, did not complete the controlled substance log for the morning medication pass. Staff*

## 185a - Implement Storage Procedures (continued)

*person A completed the log at [redacted] am when agents of the Department explained a medication audit was to be conducted.*

*At dinnertime on [redacted] resident [redacted] MAR showed a [redacted] of [redacted] however the glucometer showed a reading of [redacted]*

*A [redacted] was not recorded on the MAR for resident [redacted] on the morning [redacted]; the [redacted]*

**Plan of Correction** ***Accept [redacted] - 01/18/2024)***

*1a. Staff A was re-educated on [redacted] on proper documentation of controlled substances by the Resident Care Services Manager. Residents noted above did not experience any ill effects.*
*1b. Resident [redacted] had no ill effects from inaccurate [redacted] documentation.*
*2a. An audit of current resident narcotic logs was completed on [redacted] by the Resident Care Services manager and no additional variances were identified.*
*2b. An audit of current residents receiving blood glucose orders will be conducted by the Resident Care Services Manager or designee to identify discrepancies between glucometer documentation and glucometer readings week of [redacted]. Any variances will be addressed as appropriate.*
*3. Licensed staff will be re-educated by the Personal care Administrator and/or Resident Care Services Manager on the requirements of 185a, the Controlled Substance policy and Glucometer Testing policy. Re-education will focus on the importance of documentation at the time of med administration for controlled substances on the MAR and narcotic log. Re-education to also include [redacted] accuracy and documentation accuracy by [redacted].*
*4a. The Resident Care Services Manager or designee will conduct weekly audits X4 and then monthly audits X2 of residents receiving [redacted] readings to ensure accuracy of [redacted] readings and accurate documentation of [redacted] readings in the resident record. These audits will begin the week of [redacted] Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*4b. The Resident Care Services Manager or designee will conduct an audit beginning the week of [redacted] weekly X4 and then mouthy X2 of the narcotic logs to ensure narcotic logs are being completed by licensed staff as appropriate. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance 2/5/2024*

*Proposed Overall Completion Date: 02/05/2024*

**Licensee's Proposed Overall Completion Date:** *02/05/2024*

***Implemented [redacted] - 04/09/2024)***

## 187a - Medication Record

**5. Requirements**

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:
1. Resident's name.

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

2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

**Description of Violation**

*Resident [redacted] is prescribed [redacted] solution every 4 hours as needed for anxiety and restlessness. However, resident [redacted] medication administration record states medication is for pain and shortness of breath.*

**Plan of Correction** ***Accept [redacted] - 01/18/2024)***

*1. Resident [redacted] prescribed [redacted] solution order was corrected [redacted] to read as needed for anxiety and restlessness by the resident care services manager. No ill effects were noted by resident.*
*2. An audit of current residents will be conducted on residents who currently receive prn medications to identify if diagnosis and purpose of medication is as per physician order by the resident care services manager or designee on [redacted] Variances will be addressed.*
*3. Licensed staff will be re-educated by the Personal Care Administrator and/or Resident Care Services Manager on the requirements of 187a and the importance of the proper transcription of orders with a focus on diagnosis and purpose of prn medication by [redacted].*
*4. The Resident Services manager or designee will complete an audit weekly X4 weeks and then monthly X2 months on new prn orders to ensure the correct transcription of diagnosis and purpose as per physician order. First audit will be completed [redacted] Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance 2/5/2024*

*Proposed Overall Completion Date: 02/05/2024*

**Licensee's Proposed Overall Completion Date:** *02/05/2024*

***Implemented [redacted] 04/09/2024)***

## 187b - Date/Time of Medication Admin.

**6. Requirements**

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

## 187b - Date/Time of Medication Admin. *(continued)*

**Description of Violation**

*Resident [redacted] tablet 3 times a day was not signed out at [redacted] on [redacted]. Resident [redacted] MAR is initialed indicating it was administered. On [redacted] at [redacted] the medication was signed out and administered but the MAR was not initialed.*

*Resident [redacted] at bedtime was not signed out or administered on [redacted] however MAR was initialed.*

**Plan of Correction** ***Accept [redacted] - 01/18/2024)***

*1. Resident[redacted] and Resident[redacted] did not experience any ill effects from medication documentation inaccuracy.*
*2. An audit of current resident MAR's and narcotic logs will be completed in order to identify any discrepancies of medication administration and documentation. This audit was completed by the Resident Care Services Manager on [redacted]. Variances will be addressed.*
*3. Licensed staff will be re-educated by the Personal Care Home Administrator and/or Resident Care Services Manager on the requirements of 187b and Medication administration policy with emphasis that the medication is not only immediately signed out in the MAR, but that the controlled substance log documentation must also be completed immediately at time of administering the medication by [redacted].*
*4. The Resident Care Services Manager or designee will conduct a random audit of [redacted] resident medication administrations records weekly X4 weeks and then monthly X2 months to ensure medications are being recorded by licensed staff at the time the medication is administered. These audits started [redacted]. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance 2/5/2024*

*Proposed Overall Completion Date: 02/05/2024*

**Licensee's Proposed Overall Completion Date:** *02/05/2024*

***Implemented[redacted] - 04/09/2024)***

## 187d - Follow Prescriber's Orders

**7. Requirements**

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

**Description of Violation**

*Resident [redacted] is prescribed [redacted] 3 times a day. However resident was not administered this medication at [redacted] on [redacted] or [redacted].*

*Resident [redacted] is prescribed [redacted] if [redacted] level is above [redacted] and [redacted] units if the [redacted] level is above [redacted]. No [redacted] units were recorded on the MAR for [redacted] when resident [redacted] [redacted] level was [redacted] at [redacted]*

*Resident [redacted] is prescribed [redacted] monitoring three times daily before meals. The resident's [redacted] check was not completed for the early morning meal on [redacted] and [redacted].*

*Resident [redacted] is prescribed [redacted] tablet daily at bedtime. This medication was not administered at bedtime*

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

*on [redacted] or [redacted].*

*Resident [redacted] is prescribed [redacted] three times daily. The resident was not administered this medication on [redacted] at [redacted] and on [redacted] at [redacted].*
*Also On [redacted], at [redacted], resident [redacted] was not administered the below prescribed medication:*

- [redacted]
- [redacted]
- [redacted]

*And at [redacted] on [redacted], resident [redacted] was not administered the below prescribed medication:*

- [redacted]
- [redacted]
- [redacted]
- [redacted]
- [redacted]

*On [redacted], [redacted], resident [redacted] was not administered [redacted] or [redacted].*

**Plan of Correction** ***Accept [redacted] - 01/18/2024)***

*1. Resident [redacted] did not experience any ill effects from medication not being administered. M.D. and families were notified by Resident Care Services Manager or designee. No new orders.*
*2. An audit of current resident MAR'S for the past 7 days will be reviewed to identify any medication errors by the Resident Care Services Manager or Designee. Variances will be addressed as appropriate. This audit was completed by the Resident Care Services Manager on [redacted].*
*3. Licensed staff will be re-educated by the Personal Care Home Administrator and/or Resident Care Services Manager on the requirements of 187d, Medication Administration policy and [redacted] Policy by [redacted].*
*4. The Resident Care Services Manager or designee will conduct weekly audits X4 and then monthly audits X2 on 5 random residents to ensure all medications are administered per physician orders. These audits begin [redacted]. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance 2/5/2024*

*Proposed Overall Completion Date: 02/05/2024*

**Licensee's Proposed Overall Completion Date:** *02/05/2024*

***Implemented [redacted] - 04/09/2024)***

## 227h - Support Plan Refuse Sign

**8. Requirements**

2600.
227.h. If a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign shall be documented.

**Description of Violation**

*Resident [redacted] participated in the development of [redacted] support plan on [redacted]. The resident did not sign the*

## 227h - Support Plan Refuse Sign (continued)

*support plan. The home did not make a notation regarding the resident's reason not to sign.*

**Plan of Correction** ***Accept [redacted] - 01/18/2024)***

*1. Resident [redacted] RASP documentation was updated to reflect that the resident is unable to sign the support plan by the Resident Care Services Manager on [redacted]*
*2. A current audit on resident RASP's will be conducted by the Personal Care Home Administrator or designee to identify if a resident or designated person is unable or chooses not to sign the support plan, a notation of inability or refusal to sign is documented as appropriate. This audit will be completed by [redacted] Variances will be addressed.*
*3. Resident Care Services Manager and Community Life Coordinator will be re-educated by the Personal care Home Administrator on the requirements of 227h by [redacted].*
*4. Personal home Care Administrator will conduct audits monthly X3 of all resident RASP's newly completed to ensure if a notation of inability or refusal to sign the support plan is documented as appropriate. This audits will begin the week of [redacted] reviewing RASP's completed in January. Audits will be brought to the Quality Management meetings for review and recommendations as appropriate.*
*Date of Compliance 2/5/2024*

*Proposed Overall Completion Date: 02/09/2024*

**Licensee's Proposed Overall Completion Date:** *02/09/2024*

***Implemented ([redacted] - 04/09/2024)***