

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

March 6, 2024

[REDACTED]  
BENSALEM PCH LLC  
[REDACTED]

RE: ALLEGRIA AT THE OAKS  
6400 HULMEVILLE ROAD  
BENSALEM, PA, 19020  
LICENSE/COC#: 14367

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/08/2024 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: ALLEGRIA AT THE OAKS License #: 14367 License Expiration: 06/19/2024  
 Address: 6400 HULMEVILLE ROAD, BENSALEM, PA 19020  
 County: BUCKS Region: SOUTHEAST

## Administrator

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

## Legal Entity

Name: BENSALEM PCH LLC  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: I-1 Date: 10/18/2018 Issued By: Bensalem Township

## Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 122 Waking Staff: 92

## Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Fine Exit Conference Date: 01/08/2024

## Inspection Dates and Department Representative

01/08/2024 - On-Site [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 95 Residents Served: 70

## Secured Dementia Care Unit

In Home: Yes Area: Memory Care Capacity: 36 Residents Served: 32

## Hospice

Current Residents: 6

## Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 68  
 Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 52 Have Physical Disability: 0

## Inspections / Reviews

## 01/08/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/26/2024

## 01/26/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 02/26/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/31/2024

Inspections / Reviews *(continued)*

02/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/26/2024

03/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 141b1 - Annual Medical Evaluation

**1. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

**Plan of Correction**

Accept [REDACTED] 02/05/2024)

An audit of the spread sheet of all residents' medical evaluations dates was conducted beginning January 9, 2024, and all residents were found to have a current annual medical evaluation. The spread sheet of the annual medical evaluation dates was updated by the ADRS on January 22, 2024. The ADRS will review the spread sheet monthly, beginning February 1, 2024, to ensure timely completion of the DMEs. This will be ongoing.

The Executive Director and/or designee will audit the spread sheet of the annual medical evaluation dates on a monthly basis, beginning February 1, 2024, and ongoing. The results of the audit will be reported quarterly to the Quality Assurance Committee.

It was determined that a root cause of late DME's is the usage of outside PCPs, and that in such cases residents/families need more support completing the task of an annual Medical Evaluation in a timely fashion. All residents/families who have outside PCPs have been educated by the DRS via letter January 23, 2024, that a medical evaluation is required annually, and the necessity of having this completed on or before the due date. This education will be ongoing with new residents as well and conducted by the DRS/designee. Residents/families are being informed of the advantages of switching to PCP and NP who visit the community weekly to promote compliance with timeliness of DME's as well more comprehensive medical care due to the weekly availability of o the PCP and NP on site.

The procedure for medical evaluations was reviewed and updated to include the following procedure which will begin on February 1, 2024, on an ongoing basis:

For those residents/families who choose to remain with an outside PCP, the DRS will monitor their DME due dates on a monthly basis.

DRS will notify the responsible party 2 months prior to the medical evaluation due date that an appointment is required.

DRS will obtain the date of the scheduled medical evaluation from the responsible party. If the medical evaluation has not been scheduled, the DRS will inform the responsible party to contact the DRS once the medical evaluation has been scheduled. In the event the responsible party does not contact the DRS within 7 days of the most recent contact, the DRS will reach out to the responsible party for an update and confirmation of the appointment.

DRS will contact the responsible party the week before the appointment to confirm the appointment is scheduled and ensure that the medical evaluation will take place and the DME will be completed in a timely way.

DRS will ensure that the proper paperwork is sent to the primary care provider for completion prior to the appointment or is given to the responsible party to take to the appointment.

DRS will ensure that the DME form is returned to the home by the annual date, and that it is correctly completed.

The ED reviewed the updated procedure for the monitoring of the DMEs of residents with outside PCPs with the DRS and the ADRS on January 26, 2024.

## 141b1 - Annual Medical Evaluation (continued)

The medical receptionist began monthly chart reviews in June 2023, which are continuing on an ongoing basis. These reviews have been effective in reducing the DME errors.

The DRS is responsible for ongoing compliance.

Licensee's Proposed Overall Completion Date: 02/01/2024

Implemented [REDACTED] - 03/06/2024)

## 185a - Implement Storage Procedures

## 2. 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 [REDACTED] is prescribed [REDACTED] as needed for anxiety. On [REDACTED] the narcotic inventory count was incorrect. [REDACTED] was verified by the home as 47 left and the correct count available in the med cart was 46.

Resident [REDACTED] is prescribed glucose check every other day. Resident [REDACTED] January 2024 medication administration record has reading as follow:

On [REDACTED] at [REDACTED], [REDACTED] did not have a reading but was recorded as [REDACTED] on the [REDACTED] log.  
 On [REDACTED] at [REDACTED], [REDACTED] did not have a reading but was recorded as [REDACTED] on the [REDACTED] log..  
 On [REDACTED] at [REDACTED], [REDACTED] did not have a reading but was recorded as [REDACTED] on the [REDACTED] log..  
 On [REDACTED] at [REDACTED], [REDACTED] did not have a reading but was recorded as [REDACTED] on the [REDACTED] log..

Resident [REDACTED] is prescribed [REDACTED] as needed for [REDACTED]. On [REDACTED] the narcotic inventory count was incorrect. [REDACTED] was verified by the home as 9 left and the correct count available in the med cart was 10.

Resident [REDACTED] is prescribed [REDACTED] as needed for pain. On [REDACTED] the narcotic inventory count was incorrect.

[REDACTED] was verified by the home as 14 left and the correct count available in the med cart was 13.

Resident [REDACTED] is prescribed [REDACTED] as needed for fever. On [REDACTED] this medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED] as needed for cough. On [REDACTED] this medication was not available in the home.

## Plan of Correction

Accept [REDACTED] - 02/05/2024)

The DRS changed the way that the narcotic count is being done beginning on January 15, 2024. Instead of using the computer system, narcotics are now being counted and recorded using a paper format, as recommended by the inspector. The DRS immediately instructed all nurses/med techs on this procedure, which is on-going. The narcotic counts are reviewed daily by the DRS or designee, which will continue for at least 4 weeks, beginning the week of

**185a - Implement Storage Procedures (continued)**

January 29, 2024. The narcotic counts review will be weekly thereafter and will be ongoing.

The nurse responsible for the narcotic count error was immediately re-educated on January 8, 2024, on the Narcotic Count process and the Medication Administration Policy and Procedure by the DRS.

Education was conducted by the DRS on January 15, 2024, for all nurses/med techs on the updated Narcotic Count process as well as the Medication Administration Policy.

The DRS and/or Designee will audit the medication cart for organization, order and cleanliness and narcotic count binder, both daily for 4 weeks, beginning the week of January 29, 2024, and weekly thereafter. The weekly audits will be ongoing. Results of the audits will be reported to the Executive Director on a weekly basis. The DRS will report the results of the audits to the Quality Assurance Committee by the DRS on a quarterly basis.

The DRS and the ADRS will each do at least one med pass shift per week for 6 weeks, beginning the week of February 5, 2024.

Resident #1 glucometer was recalibrated on January 8, 2024.

All other residents' glucometers were checked to ensure that they were correctly calibrated January 9, 2024.

Printed instructions for each [REDACTED] were placed on the appropriate med cart by the DRS on January 9, 2024.

Beginning January 29, 2024, and continuing on an ongoing basis, glucometers are checked weekly by the evening nursing supervisor to ensure correct labeling, correct calibration, and correct log of blood sugars. The results are reported to the DRS, who will communicate the results to the ED weekly on an ongoing basis. The DRS will report the results of the audit to the Quality Assurance Committee on a quarterly basis. The DRS is overseeing this process and is responsible for ongoing compliance.

Additionally, an extra glucometer is kept in the medication room as a back-up, should any of the residents' individual glucometers not function properly. Should the back-up glucometer need to be used for any resident, it will be labeled with that resident's name and only used for that resident. Then a new back-up glucometer will be purchased.

All nurses/med techs were educated on the glucose monitoring and glucometer calibration procedures by the DRS and/or designee on January 9, 2024. The education included, calibration of glucometers, verification of date on glucometer prior to obtaining glucose level and accurate documentation in the MAR.

All nurses/med techs were given instructions by the DRS and the ADRS on proper maintenance of the medication carts on January 5, 2024. Weekly checks by the nurses/med techs are to be conducted, effective immediately and on an ongoing basis. The ADRS will oversee the carts and examine each cart on a monthly basis. Additionally, the nurse liaison from the pharmacy (IPPC) is doing an ongoing monthly cart check beginning January 2024. A pharmacist from IPPC is doing ongoing quarterly reviews of medication compliance and medication orders beginning January 2024. The DRS is responsible for on-going compliance.

On January 9, 2024, the DRS instructed the nursing staff to keep a notebook to record all ordered medications on an on-going basis, with the intent of tracking any late and/or missed deliveries in a timely manner. The DRS will review this notebook weekly and follow-up on any issues beginning the week of January 29, 2024, and will report the

## 185a - Implement Storage Procedures (continued)

findings to the ED weekly on an ongoing basis.

The DRS assigned each nurse/med tech a group of residents on January 5, 2024. The nurses/med techs are to check their group of residents during every two-week period to ensure that all PRN's, straight medications are present, medications that are expired are discontinued or re-ordered, if needed, etc. Instructions were given to the nurses/med techs by the DRS. The ADRS will oversee the monitoring being done by the nurses/med techs on an ongoing basis, beginning the week of January 29, 2024; the DRS will randomly check 2 residents from each cart weekly for 4 weeks, beginning the week of February 5, 2024, and will document this audit. After 4 weeks, the documented audit will occur monthly and will be ongoing. The DRS is responsible for compliance.

The Pharmacy Director met on January 25, 2024, with ED, DRS, ADRS and Admissions Director to review medication issues. Topics included: Procedures for interfacing with the pharmacy for ordering and receipt of medications; narcotic count forms to be sent from pharmacy, scheduling of visits with pharmacy nurse liaison, handling of medications brought with residents upon admission.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 03/06/2024)

## 187d - Follow Prescriber's Orders

## 3. Requirements

2600.

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

## Description of Violation

Resident [REDACTED] is prescribed [REDACTED] give [REDACTED] every 6 hours. However, resident [REDACTED] was not administered [REDACTED] on [REDACTED] at [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] day patch, apply one patch weekly to upper body scheduled to be done on Sundays. However, resident [REDACTED] was not administered [REDACTED] on [REDACTED] and [REDACTED] at 8am.

Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth once daily. However, this medication was not administered to resident [REDACTED] on [REDACTED] because the medication was not available in the home.

Resident [REDACTED] is prescribed [REDACTED], take one tablet by mouth at bedtime. However, resident [REDACTED] was not administered [REDACTED] from [REDACTED] through [REDACTED] at 8pm.

Resident [REDACTED] is prescribed [REDACTED], take one tablet by mouth daily. However, resident [REDACTED] was not administered [REDACTED] from [REDACTED] through [REDACTED] at 8pm.

Resident [REDACTED] is prescribed [REDACTED], apply to [REDACTED] after incontinence care. However, medication has not been administered at any time for the month of January 2024.

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

**Plan of Correction**

Accept [REDACTED] - 02/05/2024)

January 9, 2024, the DRS instructed the nursing staff to keep a notebook to record all ordered medications on an ongoing basis, with the intent of tracking any late and/or missed deliveries in a timely manner. The DRS will review this notebook weekly and follow-up on any issues beginning the week of January 29, 2024. The DRS will report findings to the ED weekly on an ongoing basis.

(Lack of follow up of medications ordered, but not received was determined to be a root cause of the problem)

The nurses associated with the medication errors were re-educated immediately.

A root cause analysis was conducted, and it was determined that medications were given and not documented properly, and some refusals of medications were not documented.

All Nurse/Med Techs were educated by ED, DRS and ADRS on January 16, 2024. The training included the Medication Administration Policy and Procedure, a review of required documentation of medications given, as well as how to document refusals of medications.

The DRS assigned each nurse/med tech a group of residents on January 5, 2024. The nurses/med techs are to check their group of residents during every two-week period to ensure that all PRN's, straight medications are present, medications that are expired are discontinued or re-ordered, if needed, etc. Instructions were given to the nurses/med techs by the DRS. The ADRS will oversee the monitoring being done by the nurses/med techs on an ongoing basis, beginning the week of January 29, 2024; the DRS will randomly check 2 residents from each cart weekly for 4 weeks, beginning the week of January 29, 2024, and will document this audit. After 4 weeks, the documented audit will occur monthly and will be ongoing. The DRS is responsible for compliance.

Weekly cart reviews will be done for each cart by the DRS and the ADRS for 4 weeks beginning the week of February 5, 2024, and monthly thereafter on an ongoing basis. This review is to check that each med is present, labeled correctly, expired meds are removed or re-ordered, glucometers are labeled correctly, all PRNs are in the cart, all meds not from IPPC are labeled correctly and match the MAR, date of when medication was opened is present on all products such as eye drops, inhalers, creams.

The DRS and ADRS will each do at least one med pass shift per week beginning the week of February 5, 2024, for six weeks.

Beginning January 17, 2024, the DRS is conducting individualized competency evaluations regarding medication administration for each nurse/med tech to ascertain issues specific to each person. As these are determined, the DRS will provide training to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 03/06/2024)

## 188b - Medication Error Reporting

**4. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.



188b - Medication Error Reporting (continued)

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] and [REDACTED]. However, resident [REDACTED] was not administered these medications from January 1, 2024, through January 6, 2024. The medication error was not reported to the resident, resident's designated person, and prescriber.

**Plan of Correction**

Accept [REDACTED] 02/05/2024)

At the time of this occurrence, it was not considered a medication error, but a medication refusal. The nurse involved was immediately educated by the DRS as to how to document residents' refusals.

The DRS immediately (January 9, 2024) reported the medication error to the State, PCP and POA of Resident 5, as instructed by the inspector. The PCP changed the medication delivery time from 8:00 am to 12:00 pm to coincide with the time that the resident is more cooperative with care.

On January 16, 2024, training was given by ED, DRS and ADRS to the nurses and med techs. Included in this training was the explanation of regulation 2600.188, what constitutes a med error, how to report it, etc.

On February 5, 2024, all nurses/med techs were instructed by the DRS/ADRS to review the MAR prior to the end of their shift. This review is to be documented in the shift-to-shift report, with any findings noted.

The DRS/ADRS/Designee will review the MAR daily beginning the week of February 5, 2024, for 4 weeks, and weekly thereafter on an ongoing basis. This review is for ensuring medication compliance and that the directions of the prescriber are being followed. The results of this audit will be given to the ED weekly.

The DRS, ADRS and/or Designee will audit the medication cart for organization, order and cleanliness and the narcotic count binder both daily for 4 weeks, beginning the week of January 29, 2024, and weekly thereafter. The weekly audits will be ongoing.

Weekly cart reviews will be done for each cart by the DRS and the ADRS for 4 weeks beginning the week of February 5, 2024, and monthly thereafter on an ongoing basis. This review is to check that each med is present, labeled correctly, expired meds are removed or re-ordered, glucometers are labeled correctly, all PRNs are in the cart, all meds not from IPPC are labeled correctly and match the MAR, date of when medication was opened is present on all products such as eye drops, inhalers, creams.

Licensee's Proposed Overall Completion Date: 03/11/2024

Implemented [REDACTED] 03/06/2024)