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

April 5, 2024

PASSAVANT RETIREMENT AND HEALTH CENTER

RE: LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY
103 BURGESS DRIVE
ZELIENOPLE, PA, 16063
LICENSE/COC#: 44612

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/08/2024, 01/09/2024, 01/10/2024, 01/11/2024 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,

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *LUTHERAN SENIOR LIFE PASSAVANT COMMUNITY* **License #**: *44612* **License Expiration**: *10/28/2023*

Address: *103 BURGESS DRIVE, ZELIENOPLE, PA 16063*

County: *BUTLER* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *PASSAVANT RETIREMENT AND HEALTH CENTER*
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Type: *I-2* **Date**: *10/12/2014* **Issued By**: *Zelienople*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *48* **Waking Staff**: *36*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date**: *01/11/2024*

Inspection Dates and Department Representative

01/08/2024 - On-Site:
01/09/2024 - Off-Site:
01/10/2024 - Off-Site:
01/11/2024 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *68* **Residents Served**: *33*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *3rd Floor - Shenandoah* **Capacity**: *32* **Residents Served**: *15*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *15*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *15* **Have Physical Disability**: *0*

Inspections / Reviews

01/08/2024 - Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/05/2024*

Inspections / Reviews *(continued)*

02/26/2024 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/27/2024*
Reviewer: [redacted]
Follow-Up Type: *POC Submission*
Follow-Up Date: *02/28/2024*

02/29/2024 - POC Submission

Submitted By: [redacted]
Date Submitted: *03/27/2024*
Reviewer: [redacted]
Follow-Up Type: *Document Submission*
Follow-Up Date: *03/21/2024*

04/05/2024 - Document Submission

Submitted By: [redacted]
Date Submitted: *03/27/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

16c - Written Incident Report

1. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On , at bedtime, staff person A did not administer prescribed medications , , and to resident , resulting in a medication error. The home did not report this incident to the Department.

Plan of Correction ***Accept - 02/26/2024)***

A reportable incident was sent to the department by the administrator on 2/2/24.
Beginning February 2, 2024, all reportable incidents will be reported within 24 hours to the department by the administrator/designee.

All nursing staff will be educated on Regulation 2600.16 relating to what needs to be reported to the department and the importance of relaying information to the administrator/designee so that all incidents are reported in a timely manner. Education will be completed by 2/16/2024 by the administrator.

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented - 04/05/2024)

42b - Abuse

2. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

Resident was admitted to the home on with the following diagnoses: , and .

On at approximately the resident had an unwitnessed fall in the home, resulting in hitting head and complaining of head pain.
On at approximately the resident had an unwitnessed fall in the home, resulting in an abrasion and bump on the right of head, a bruise and pain to the right hand, and a red mark on the right knee. The resident was sent to the emergency room. On a tooth was found in the bathroom where the resident fell.
On at approximately the resident had an unwitnessed fall in the home, resulting in a large (egg-sized) bump on the back of head.
On , at approximately the resident had an unwitnessed fall in the home, resulting in a complaint of back and head pain.
On , at approximately the resident had an unwitnessed fall in the home, resulting in a complaint of head pain.
On , at approximately the resident had an unwitnessed fall in the home, resulting in a complaint of head pain.
On , at approximately the resident had an unwitnessed fall in the home.

42b - Abuse (continued)

In addition, from approximately September 2022 to present, the resident had documented increase in tiredness, lethargy, dizziness, nausea and confusion. The resident often falls asleep on the toilet, or during mealtimes, and is difficult to be woken for care, or stay awake for care.

The home has not addressed these falls, or increase in other behaviors, nor has the assessment and support plan, dated 12/6/22, been updated to indicate how the home will assist the resident with these needs.

Plan of Correction ***Accept - 02/26/2024)***

Resident was ordered on home health PT/OT through VNA.
An appointment with resident physician has been scheduled on to review medications to see if any changes need to be made due to resident being lethargic and increase tiredness.
Beginning , the personal care manager will be educated on the fall documentation process and how and when to do an incident report by the administrator. Beginning , the personal care manager/designee will initiate a line listing daily to document any falls the previous day. The line listing will be sent to the personal care specialist daily and administrator daily so that they may update any RASP as needed. Fall trends will be monitored by the administrator and will be discussed in QAPI meeting for 3 months.
Resident RASP will be updated to reflect changes by by the personal care specialist.
All nursing staff will be educated on regulation 42b to understand the importance of ensuring that all residents needs are being met and report any changes in condition to the supervisor so that appropriate steps of care can be taken. Education will be completed by by the administrator.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented - 04/05/2024)

187b - Date/Time of Medication Admin.

3. 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

On , at bedtime, staff person A documented that administered , , and to resident in the resident's December 2023 MAR. However, this medication was not administered to the resident.

Plan of Correction ***Accept - 02/26/2024)***

Staff person A was educated by the administrator on about the correct way to administer and document medication administration.
Beginning , the personal care manager/designee will monitor medication cabinets weekly to ensure that there are no extra dose packages from the pharmacy that were missed being given. Audits will be reviewed in QAPI for 3 months. Documentation will be kept.

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

All nursing staff will be re-educated on the correct way to administer and then document medication by the administrator. Education to be completed by 2/16/24.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented - 04/05/2024)

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident is prescribed , and . However, on at bedtime, resident was not administered these medications.

Plan of Correction ***Accept - 02/29/2024)***

The prescriber was notified that the medication was not administered on by the personal care manager.
Beginning , if a medication is not administered to a resident, the personal care manager/designee will immediately notify the prescriber.
Beginning , audits of 10% of the MAR will be compared to the med cabinets to ensure that all medications are administered and the direction of the prescriber has been followed. Audit will be completed by the personal care manager/designee. Audits will be reviewed in QAPI for 3 months.
All nursing staff will be re-educated on the correct way to administer and then document medication by the administrator. Education to be completed by by the administrator.

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented 04/05/2024)

188b - Medication Error Reporting

5. Requirements

2600.
188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident is prescribed , and . However, on at bedtime, resident was not administered these medications. The medication error was not reported to the resident, the resident's designated person and the prescriber.

Plan of Correction ***Accept - 02/26/2024)***

The resident, the designated person and the prescriber was notified of the medication error by the administrator on
Beginning if a medication error occurs, the resident, designated person and prescriber will be notified by the administrator/designee immediately.
All nursing staff will be educated by the administrator on the importance of immediately notifying the administrator/designee of a medication error and of the notifications that need to be completed when an error occurs by .

188b - Medication Error Reporting *(continued)*

Licensee's Proposed Overall Completion Date: *02/16/2024*

Implemented - 04/05/2024)

234d - Support Plan Revision

6. Requirements

2600.
234.d. The support plan shall be revised at least annually and as the resident's condition changes.

Description of Violation

Resident most recent support plan was completed on

Resident most recent support plan was completed on .

Resident has known and documented behaviors of being overly protective of/concerned with residents, to include: resident will become anxious when the other residents are not in the home, leading (a resident in the hallway without using walker, putting clothes on (a) resident, following staff into (a resident's room during care, sitting outside (a) resident's room during care, kissing (a) resident on the mouth and forehead, and often complaining to staff about the staff not caring for/attending to (a) resident. The resident's support plan, dated was not updated to include these behaviors.

Plan of Correction ***Accept - 02/26/2024)***

Resident and support plans were revised by the personal care specialist on
Resident support plan was updated to include his behaviors by the personal care specialist on
All RASP's will be reviewed to ensure they have been updated in a timely manner by by the administrator/designee.
All RASP's will be reviewed to ensure that behaviors have been documented by the administrator/designee by .
The personal care specialist will review the 24 hour report 5 days a week and if any new behaviors are noted, they will update the RASP to reflect the changes.
The personal care specialist will create a spreadsheet of when RASPs are due and will check monthly to ensure RASPs are completed in a timely manner.
Beginning , the administrator will monitor 10% of RASP's monthly to ensure that they are completed in a timely manner and any changes have been updated. Audits will be reviewed in QAPI for 3 month.
All nursing staff will be educated on when RASPs are due and when changes need to be completed and that if they notice any significant changes in residents behaviors to notify the administrator/designee so that the changes can be properly documented by

Licensee's Proposed Overall Completion Date: *05/31/2024*

Implemented - 04/05/2024)