

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

March 8, 2024

[REDACTED], ADMINISTRATOR
HATFIELD MENNONITE HOME
2343 BETHLEHEM PIKE
HATFIELD, PA, 19440

RE: THE WILLOWS OF LIVING
BRANCHES
2343 BETHLEHEM PIKE
HATFIELD, PA, 19440
LICENSE/COC#: 12678

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE WILLOWS OF LIVING BRANCHES License #: 12678 License Expiration: 08/19/2024
 Address: 2343 BETHLEHEM PIKE, HATFIELD, PA 19440
 County: BUCKS Region: SOUTHEAST

Administrator

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

Legal Entity

Name: HATFIELD MENNONITE HOME
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: Other Date: 03/02/1987 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: - Total Daily Staff: NaN Waking Staff: NaN

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 01/11/2024

Inspection Dates and Department Representative

01/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 80 Residents Served: 52
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52
 Diagnosed with Mental Illness: 32 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

01/11/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/02/2024

02/05/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/07/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/10/2024

Inspections / Reviews (*continued*)

02/08/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/07/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/09/2024

03/08/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/07/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

17 - Record Confidentiality

1. Requirements

2600.

- 17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED], at [REDACTED], the narcotics logbook was unlocked, unattended, and accessible on the medication cart near the dining hall.

Plan of Correction

Accept [REDACTED] - 02/08/2024)

- 1. The narcotics logbook is to be placed in locked medication cart when not in use.
- 2. Care Coordinator placed hot pink labels on the narcotics logbook on 1/14/2024 as a reminder.
- 3. Staff administering medications will be re-educated by Clinical Nurse Educator on HIPPA policy and how to properly store all resident records and information. Re-education of privacy practices for those involved in medication administration will be completed at nursing meeting on 2/6/24. Staff will sign off that they received the education.
- 4. Weekly audits will begin 2/2/24 and be performed by Care Coordinator or designee for three months or until compliance is achieved with results presented at monthly QAPI meetings.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 03/08/2024)

85a - Sanitary Conditions

2. Requirements

2600.

- 85.a. Sanitary conditions shall be maintained.

Description of Violation

On [REDACTED], Staff Person A was observed using their bare, ungloved fingers to administer medication to Resident 1 and Resident 2. Staff Person A administered the medication to Resident 1, entered their initials on the medication administration record, and without sanitizing their hands, administered the medication to Resident 2.

Plan of Correction

Accept [REDACTED] - 02/05/2024)

- 1. Clinical Nurse Educator will provide education at the February Nurse Meeting 2/6/24 on proper hygiene/sanitation when administering medications. All staff who administer medications will sign off on form acknowledging that they have participated in the training.
- 2. Three random hand hygiene audits will be completed by PCHA or designee monthly starting in February for three months or until compliance is achieved.
- 3. Findings will be presented at monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 05/01/2024

Implemented [REDACTED] - 03/08/2024)

182c - Medication Administration

3. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

Resident 2 is prescribed both [REDACTED], give 1 tablet by mouth at bedtime for [REDACTED], and [REDACTED] tab [REDACTED], give 1 tablet by mouth twice daily as needed for [REDACTED]. On [REDACTED], Staff Person B had to administer the [REDACTED] [REDACTED] to Resident 2. However, instead, Staff Person B administered the standing order of [REDACTED] and signed out from the standing order narcotics declining inventory log. Staff Person B failed to follow the proper procedure for medication administration.

Plan of Correction

Accept ([REDACTED] - 02/08/2024)

1. Clinical Nurse Educator will provide education at the February Nurse Meeting 2/6/24 to review the safe and effective medication administration activities. All staff who administer medication, will sign off on form acknowledging that they have participated in the training.
2. Three random medication observations will begin on 2/2/24 by Clinical Educator or designee and will be completed monthly for three months or until compliance is achieved.
3. Medication administration findings will be reviewed in QAPI monthly by PCHA.

Licensee's Proposed Overall Completion Date: 03/08/2024

Implemented [REDACTED] - 03/08/2024)

183d Prescription Current

4. 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 1/11/24, earwax removal drops prescribed for Resident 3 were found in the home's medication cart; however, the medication was discontinued on 9/30/23.

Plan of Correction

Accept ([REDACTED] - 02/08/2024)

1. The Care Coordinator removed and destroyed the discontinued earwax removal drops immediately on the day of inspection.
2. Medication cart audit will be completed by overnight supervisor or med tech by 2/7/2024.
3. Nurses and med techs will be re-educated on removing medications from the med cart when discontinued. Training will be completed by the Clinical Nurse Educator at staff meeting on 2/6/24. All staff who administer medications will sign off on form acknowledging that they have participated in the training.
4. Weekly med cart audits have been assigned to the overnight nursing supervisor or med tech and were started on 1/29/24.
5. PCHA will review results of audits in QAPI meetings for three months or until we have compliance.

Licensee's Proposed Overall Completion Date: 03/08/2024

183d - Prescription Current (*continued*)

Implemented (████) 03/08/2024)

185a - Implement Storage Procedures

5. 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 4 is prescribed ██████████, give one tablet by mouth three times daily for shoulder pain. On ██████████, the actual pill count was 39. However, the narcotics declining inventory log documented it as 40, and the home could not explain the discrepancy.

Plan of Correction

Accept (████) - 02/08/2024)

1. Staff administering medications will be re-educated on facility policy of counting narcotics by the Clinical Nurse Educator at the nurse meeting on 2/6/24. All staff who administer medication will sign off on form acknowledging that they have participated in the training.
2. All controlled substances are logged and counted on each shift by the oncoming and outgoing charge nurse/medication tech. These counts are documented. Care Coordinator will do a random weekly audit of the narcotic count starting 2/7/24 for three months or until we have compliance.
3. If the narcotic count is off, the Care Coordinator will be notified immediately. Care Coordinator will investigate the discrepancy and bring to the attention of the Director. If there is no explanation for the discrepancy, medication error may result in disciplinary action for the employee.

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented (████) - 03/08/2024)

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.

Description of Violation

Resident 5 is prescribed ██████████ one tablet by mouth every 6 hours as needed for severe pain. Resident 5's medication administration record does not include the initials of the staff person who administered medication on ██████████ as indicated on the narcotics declining inventory log.

Plan of Correction

Accept (████) - 02/08/2024)

1. During the February nurse meeting on 2/6/24, Clinical Nurse Educator will provide education on medication management to make sure all medications including narcotics are signed in EMAR. All staff who administer medication will sign off on form acknowledging that they have participated in the training.
2. Starting on 2/7/2024 an accountability log will be signed by nurse or med tech at the end of each shift indicating that the electronic medical record dashboard was checked to verify that all medications were documented during that shift until compliance is achieved.
3. The log will be audited by Care Coordinator or designee weekly for three months beginning 2/14/24.

Licensee's Proposed Overall Completion Date: 03/08/2024

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

Implemented [REDACTED] - 03/08/2024)