

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

April 1, 2024

[REDACTED], ADMINISTRATOR
LAURELS SENIOR LIVING INC
23 FAITH DRIVE
HAZLETON, PA, 18202

RE: THE LAURELS
23 FAITH DRIVE
HAZLETON, PA, 18202
LICENSE/COC#: 21117

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2024, 01/24/2024, 01/25/2024 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]

Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE LAURELS License #: 21117 License Expiration: 01/13/2025
 Address: 23 FAITH DRIVE, HAZLETON, PA 18202
 County: LUZERNE Region: NORTHEAST

Administrator

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

Legal Entity

Name: LAURELS SENIOR LIVING INC
 Address: 23 FAITH DRIVE, HAZLETON, PA, 18202
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 04/21/2023 Issued By: PA LI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 98 Waking Staff: 74

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 01/25/2024

Inspection Dates and Department Representative

01/23/2024 On Site: [REDACTED]
 01/24/2024 On Site: [REDACTED]
 01/25/2024 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 100 Residents Served: 90

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 6

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 90
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 8 Have Physical Disability: 0

Inspections / Reviews

01/23/2024 - Full
 Lead Inspector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 02/11/2024

Inspections / Reviews *(continued)*

02/14/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/22/2024

04/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A had a criminal background check returned to the home as a request under review for control. The home has no further documentation regarding the criminal background check.

Plan of Correction

Accept (████) 02/12/2024)

Staff member A's original background check was missing from the employee file. A new background check was completed, stating that the employee has no criminal history. The updated criminal history check has been placed in Staff Member A's file.

The HR manager will ensure all background checks are included in all employee personnel files during orientation and annually. The administrator will monitor for compliance.

Updated background check attached.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented (████) - 03/12/2024)

54a - Direct Care Staff

2. Requirements

2600.

- 54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

The home has no verification that direct care staff member A has a high school diploma, GED, or is a certified CNA with the PA registry.

Repeat violation 12/8/2022.

Plan of Correction

Accept (████) - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the Administrator, to contact Staff Member A requesting a copy of her High School diploma (GED). Staff member A is currently on an LOA for health reasons.

To enhance the currently compliant operations, beginning on 01/26/2024, the HR Manager will ensure all direct care staff submit a copy of their high school diploma or GED to the HR department during orientation before training on the floor.

54a Direct Care Staff (continued)

Effective 01/26/2024, the HR Manager will perform personnel file audits. Annual personnel file audits will be completed during annual employee reviews. In addition, to maintain ongoing compliance, the HR manager will ensure direct care staff, have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry. The administrator will monitor for compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

An employee file checklist is attached.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented () - 03/12/2024

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

On 1/7/24 the home had two staff persons on duty between the hours of 11:30pm 11:45pm and three staff on duty between 11:45pm 3:00am. On 1/7/24, the home served 81 residents in house. Five residents required assistance with mobility and four residents required the assistance of two staff for ADLs. An interview with staff member B indicated that based upon the demographics of that day they require five staff members per shift to safely care for the home's population and evacuate in the event of an emergency.

Plan of Correction

Accept () - 02/14/2024

On Sunday, 1/7/24, northeast Pennsylvania experienced a significant snowstorm. Several DCS called off for travel safety reasons.

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW to create an inclement weather volunteer sign up sheet.

To enhance the currently compliant operations, on 01/26/2024, the DOW comprised an inclement weather volunteer sign up sheet. DCS was instructed that volunteers will be contacted to cover staff who call off during pending inclement weather. The list will be available to all charge persons on all shifts. DCS was re educated on inclement weather policies and staff shortages, with a completion date of 02/08/2024.

Effective 01/26/2024 the DOW, or charge nurse, will perform daily checks to maintain ongoing compliance with ensuring staffing is provided to meet the needs of the residents as specified in the resident's assessment and support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. DOW and Administrator will monitor for compliance.

The inclement weather sign up sheet is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/12/2024

63a - First Aid/CPR Training

4. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 1/7/24, the home had a census of 81 residents. Between the hours of 11:30pm – 3am, the home had only one staff person who was CPR and First Aid certified.

Plan of Correction

Accept (█) - 02/12/2024)

On Sunday, 1/7/24, northeast Pennsylvania experienced a significant snowstorm. Several DCS called off for travel safety reasons.

*Therefore, the CPR/First Aid trained staff members who were originally scheduled, did not report to work. In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW and HR Manager to schedule a CPR/First Aid class for 2/21/24 to ensure **all** DCS have the proper certification needed.*

To enhance the currently compliant operations, beginning on 01/26/2024 the DOW and Administrator will ensure the DCS schedule has the proper amount of staff certified in CPR/First Aid training per shift.

Effective 01/26/2024, the DOW and HR Manager will perform daily reviews to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who are trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. DOW and Administrator will monitor for compliance.

A picture of the scheduled CPR / First Aid class is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█) - 03/14/2024)

65f Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

There is no documentation that Staff Member A, C, D, or E received annual training in 2023 in the following topics, Medication self-administration, instruction on meeting the resident needs as described in the DME, RASP, and pre-admission screening form. There was no documentation that staff member E received training in Care for residents with cognitive impairment/dementia, personal care needs of residents, safe management techniques, or care for residents with MH/ID.

Plan of Correction

Accept (█) - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW to ensure Staff members A, C, & D received the required annual training. Staff member E is not employed as a direct care worker; she is a housekeeper and, therefore, does not need training in care for residents with cognitive impairment/dementia, personal care needs of residents, safe management techniques, or care for residents with MH/ID.

65f - Training Topics (continued)

Beginning on 01/26/2024, the DOW will ensure all DCS complete all required annual training to enhance the currently compliant operations. The administrator will monitor for compliance.

Effective 01/26/2024, the DOW and Administrator will perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons, including Medication self-administration, instruction on meeting the resident needs as described in the DME, RASP, and pre-admission screening form. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

The 2024 Annual Training Program is attached.
A copy of the in-service is attached.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented () - 03/12/2024)

65g - Annual Training Content

6. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

There is no documentation that staff member A or E were trained in the topics of Emergency Preparedness, Fire Safety, or OAPSA during the 2023 training year. There was no verification that staff member C or D were trained in resident rights or OAPSA for the 2023 training year.

Plan of Correction

Accept () - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW and Administrator to complete annual training on Emergency Preparedness, Fire Safety, and OAPSA for staff members A and E, and staff members C and D were trained on resident rights and OAPSA.

To enhance the currently compliant operations, beginning on 01/26/2024, the DOW and Administrator will ensure all DCS, ancillary staff, and regular volunteers are trained annually on the topics required by DHS, with a completion date of 02/07/2024.

Effective 01/26/2024, the DOW and Administrator will perform monthly checks through 12/31/2024 to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel, and regularly scheduled volunteers are trained annually in topics required by DHS. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

Training documents are attached.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented () - 03/12/2024)

81b - Resident Personal Equipment

7. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident 1, 2, & 3 had uncovered bed rails in their rooms with an opening approximately 6x10 inches. The bedrails were held by the weight of the mattress and not securely fastened to the bed frame.

Plan of Correction

Accept (████ - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW to ensure Residents 1, 2, and 3 had covered bed rails. It was noted that Resident #1 does not utilize bedrails (picture attached). Residents 2 and 3's bed rails were covered and securely fastened to the bed frame.

To enhance the currently compliant operations, beginning on 01/26/2024 the DOW and Housekeeping ensured all residents utilizing bed rails have protective coverings and are securely fastened to the bed frame, with a completion date of 02/07/2024. A list of current enablers has been created. On 1/26/2024, the housekeeping staff was notified to inform the DOW if any resident has an enabler not on the original list.

Effective 01/26/2024, the Housekeeping department will perform bi-weekly checks to maintain ongoing compliance, ensuring all enablers are properly covered and secured to the bed frame. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. DOW and Administrator will monitor for compliance.

A housekeeping bi-weekly checklist and a picture of Resident 2 and 3's bed are attached.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented (████ - 03/12/2024)

91 - Telephone Numbers

8. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

Resident's 4 & 5 have a landline phone in their room with no emergency numbers posted near the phone.

Plan of Correction

Accept (████ - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the Administrator and Housekeeping Supervisor to ensure Residents 4 and 5 have emergency phone numbers placed by their phones. Resident #5 is an independent resident and had the phone number list in a drawer. The administrator explained the regulations and secured the emergency phone list on the wall.

To enhance the currently compliant operations, beginning on 01/26/2024, the Housekeeping department completed a check of all rooms to ensure emergency numbers are placed by all landline phones, with a completion date of 02/07/2024.

91 Telephone Numbers (continued)

Effective 01/26/2024, the Housekeeping Supervisor will perform bi weekly checks to maintain ongoing compliance with posting telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline on or by each telephone with an outside line. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

The housekeeping checklist is attached.

Photos of Resident 4 and 5's emergency phone number sheet attached to the wall by the landline phone are attached.

Licensee's Proposed Overall Completion Date: 02/07/2024

Implemented () - 03/12/2024)

100b - Removal Snow/Obstructions**9. Requirements**

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

There was ice and snow covering the ground of approximately 1/3 of the resident smoking area.

Plan of Correction

Accept () - 02/12/2024)

The violation occurred during an ice storm. The resident smoking area's main section (sitting area) was cleared. The remaining uncleared section was cleared immediately.

Maintenance staff was re inserviced that the entire resident smoking area is to be cleared of any snow, ice, and/or obstructions at all times and checked hourly during a weather event.

The maintenance staff will complete daily checks to ensure that ice, snow, and obstructions are removed from outside walkways, ramps, steps, recreational areas, and exterior fire escapes. The Administrator will monitor for compliance.

A picture of the cleared resident smoking area is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/12/2024)

101j7 - Lighting/Operable Lamp**10. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

There was no working light source available bed side for Resident 10.

Repeat violation 8/17/2023.

101j7 Lighting/Operable Lamp (continued)

Plan of Correction

Accept (█ - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/24/2024 by the Maintenance Director to ensure the light source next to Resident 10's bed was operable. The resident had the lamp plugged into the upper receptacle, controlled by the light switch. The lamp was plugged into the bottom receptacle so the resident could immediately access a light source at the bedside.

To enhance the currently compliant operations, beginning on 01/26/2024, the Maintenance Director will complete monthly checks on all bedside lamps to ensure they are in working condition and controlled at the bedside.

Effective 01/26/2024, the Maintenance Director will perform monthly checks to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at the bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

The monthly lamp check for January is attached.

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented (█ - 03/12/2024)

103f - Refrigerator/Freezer Temps

11. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer located in the 3rd floor refrigerator.

Plan of Correction

Accept (█ - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/24/2024 by the Maintenance Director by placing a working thermometer in the 3rd floor refrigerator.

The Maintenance Director will ensure all refrigerators have operable thermometers to enhance the currently compliant operations, beginning on 01/24/2024. Maintenance staff will complete bi weekly checks.

Effective 01/26/2024, the Maintenance Director will perform bi weekly checks to maintain ongoing compliance with ensuring food requiring refrigeration is stored at or below 40°F frozen food is kept at or below 0°F, and thermometers are present in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

A picture of the 3rd floor refrigerator is attached.

The thermometer checklist is attached.

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented (█ - 03/12/2024)

103f - Refrigerator/Freezer Temps (continued)

109b - Rabies Vaccination

12. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

Resident 6 has a cat that resides in the home that was overdue for their vaccination shot. Records indicate the shot was due 8/3/2023.

Plan of Correction

Accept (█ - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the Administrator to ensure the feline resident was scheduled for a rabies vaccination. The family member confirmed the appointment was scheduled for 1/28/24.

To enhance the currently compliant operations, the Administrator will ensure all pets in the home have all current required vaccinations.

Effective 01/26/2024, the Administrator will perform quarterly checks to maintain ongoing compliance with ensuring cats and dogs present at the home have current rabies vaccinations and to keep current certificates of rabies vaccinations from licensed veterinarians. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

A picture of the updated vaccination record is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (█ - 03/12/2024)

121a - Unobstructed Egress

13. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit from the home's dining room was blocked with snow at the time of inspection on 1/23/24 at 9:30am.

Plan of Correction

Accept (█ - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/23/2024 by the Maintenance department. The violation occurred during an ice storm. The secondary exit of the dining room was cleared immediately.

To enhance the currently compliant operations, beginning on 01/23/2024, the Maintenance Director will ensure all exits are cleared of snow, ice, or debris at all times.

121a - Unobstructed Egress (continued)

Effective 01/23/2024, the Maintenance Director will perform daily inspections to maintain ongoing compliance with ensuring stairways, hallways, doorways, passageways, and egress routes from rooms and the building are unlocked and unobstructed with 30-minute intervals during weather events. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

A photo of the cleared dining room exit is attached.

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented () - 03/12/2024)

132d - Evacuation**14. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 1/1/23 the home's fire drill log indicated that it took 13 minutes and 58 seconds for all residents to evacuate during the fire drill. On 2/25/23 the homes fire drill long indicated that it took 13 minutes and 20 seconds for all residents to evacuate during the fire drill. For the drills conducted on 1/1/23 and 2/25/23, a fire safety expert indicated the home had a maximum of 10 minutes and 30 seconds to safely evacuate.

On 10/17/23 the home's fire drill log indicated that it took 11 minutes and 20 seconds for all residents to evacuate during the fire drill. For the drill conducted on 10/17/23, a fire safety expert indicated the home has a maximum of 10 minutes and 25 seconds to safely evacuate.

Interviews with staff and residents indicate that residents do not evacuate to the designated fire safe areas or from the building. Residents are evacuated to the hallways outside of the fire safe stairwell towers during fire drills.

Repeat violation 12/8/2022.

Plan of Correction

Accept () - 02/14/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the maintenance director to set up a fire safety and evacuation protocol in-service for all employees.

To enhance the currently compliant operations, the Maintenance Director will re-educate all staff members on fire safety and evacuation procedures during three in-services from 2/20/24-2/22/24.

Effective 01/26/2024, the Maintenance Director will perform an in-service and proceed with annual reviews to maintain ongoing compliance with ensuring residents can evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

132d - Evacuation (*continued*)

Licensee's Proposed Overall Completion Date: 02/20/2024

Implemented (████) - 04/01/2024)

181d - Storing Medication

15. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 3 is assessed to self-administer OTC medications and vitamins. The resident shares the room with Resident 2, who is not assessed to SA medications. OTC vitamins and ibuprofen were found in the shared room unlocked on the counter and in the cabinet.

Plan of Correction

Accept (████) - 02/12/2024)

Resident 3 is an independent resident who can self-administer medications. Resident 3 was re-educated and instructed immediately (1/25/24) to keep all medications, including OTC meds, in a secured, locked area at all times. Resident 3 owns the key to the locked drawer. All med techs will monitor daily for compliance and safety. DOW will monitor for compliance and re-educate Resident 3 monthly that medications stored in the resident's room shall be locked in a safe and secure location to protect against contamination, spillage, and theft.

A picture of Resident 3 medications in the locked drawer is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented (████) - 03/12/2024)

183a - Original Containers and Injections

16. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident 3 had a clear bowl of red pills in their cabinet. Resident 3 indicated that the pills were ██████████.

Plan of Correction

Accept (████) - 02/12/2024)

Resident 3 can self-administer medications. The medication was immediately (1/25/24) removed and discarded with permission and explanation to Resident 3. Resident 3 has been educated and instructed that all self-administered medications must be maintained in the original packaging. All med techs and LPNs will monitor per shift to maintain compliance. DOW will educate Resident 3 monthly that prescription medications, OTC medications, and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours before the scheduled administration. DOW will monitor for compliance weekly.

A picture of Resident 3's locked drawer with meds in the original container is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

183a - Original Containers and Injections (continued)

Implemented () - 03/12/2024)

183d - Prescription Current

17. 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

The following medications were found on the medication cart expired. Resident 7 [redacted] expired on [redacted] [redacted] expired on [redacted] [redacted] expired on [redacted]

Resident 8 had the following expired medications located on the medication cart: [redacted] expired [redacted] [redacted] expired [redacted]

Repeat violation 12/8/2022.

Plan of Correction

Accept () - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/24/2024 by the DOW to reach out to the physician to have all non-current and expired PRNs discontinued or re-ordered.

To enhance the current compliant operations, on 01/26/2024, the DOW instructed all med techs on the purpose of the med cart audit and ensured all expired medications must be removed from the cart, with a completion date of 02/04/2024.

Effective 01/26/2024, the DOW and LPNs will perform bi-weekly audits to maintain ongoing compliance, ensuring only current prescription, OTC, sample, and CAM for individuals living in the home will be kept. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

Resident 7's new orders from the physician are attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/12/2024)

184a - Resident's Meds Labeled

18. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident 8 has a prescriber's order that indicates take [redacted] tablet daily every morning. The MAR order indicated take [redacted] tablets daily every morning. Resident 7 had a prescriber's order for [redacted] 1 drop each eye 4 times daily. The medication was not labeled with the prescriber's name, instructions, or date the prescription was issued. Resident 11 has a physician order noted on the MAR for [redacted], 1 tab orally twice daily for [redacted]. The resident's corresponding pharmacy label on the medication read, [redacted] 2 tabs orally twice daily for [redacted].

184a - Resident's Meds Labeled (continued)

Repeat violation 12/8/2022.

Plan of Correction

Accept () - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the DOW to change Resident 8's MAR to read the correct dosage as prescribed. A label was placed on Resident 7's artificial tears as per regulations. A direction change label was added to Resident 11's Valsartan to ensure proper dosing.

To enhance the currently compliant operations, beginning on 01/25/2024, the DOW and med techs will complete cart audits every 2 weeks to ensure compliance. All med techs and LPNs will monitor medications and labeling. Any discrepancies will be reported to the DOW.

Effective 01/25/2024, the DOW will perform bi-weekly checks to maintain ongoing compliance with ensuring the original container for prescription medications will be labeled with a pharmacy label that includes: (1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

Attached are documents and pictures:

Med cart audit

Resident 7 () label

Resident 8 updated MAR

Resident 11 () label change

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented () - 03/12/2024)

184b - Labeling OTC/CAM**19. 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

Resident 3 had an OTC () and () that did not have the resident's name on the bottle.

Repeat violation 12/8/2022.

Plan of Correction

Accept () - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the DOW by writing Resident 3's name and room number on all OTC medications.

To enhance the currently compliant operations, the DOW will ensure all Resident 3 OTC medications have their name and room number on the bottle.

184b - Labeling OTC/CAM (continued)

Effective 02/08/2024, the med techs will perform weekly checks to maintain ongoing compliance, ensuring the OTC medications and CAM belong to the resident and are identified with the resident's name. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. DOW will monitor for compliance.

A picture of Resident 3's OTC medications with name and room number is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/12/2024)

185a - Implement Storage Procedures**20. 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 9's MAR indicated a BG reading of [REDACTED] on [REDACTED] at [REDACTED] but the glucometer had no corresponding BG reading for this date or time. There was also no BG reading on the glucometer to match the MAR reading of [REDACTED] on [REDACTED], [REDACTED] on [REDACTED], and [REDACTED] on [REDACTED]. Resident 8's MAR shows documentation of a blood glucose reading of [REDACTED]. The resident's glucometer does not contain this corresponding reading. Neither the measurement, date, nor time were present.

On [REDACTED] Resident 8's glucose reading, ordered for [REDACTED], was recorded at [REDACTED]. On [REDACTED], Resident 8's glucose reading, ordered for [REDACTED], was recorded at [REDACTED].

Repeat violation 12/8/2022.

Plan of Correction

Accept () - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW to review all diabetic resident MARs to ensure all glucometer readings matched the MAR.

On 01/26/2024, the DOW ensured all glucometers were clearly marked with the resident's name and room number to enhance the currently compliant operations. Staff will be re-educated on the use of glucometers and proper documentation. All diabetic-trained staff will monitor glucometers each shift to ensure proper use and documentation specific to each resident.

Effective 01/26/2024, all diabetic-trained med techs will perform daily checks to maintain ongoing compliance, ensuring the home will develop and implement procedures for safe storage, access, security, distribution, and use of medications and medical equipment by trained staff. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

The glucometer checklist is attached.

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented () - 04/01/2024)

187a Medication Record

21. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 11 has an order for [REDACTED], instill 1 drop into both eyes at bedtime. Interview with staff indicated that the medication was not available on 1/24/24, but the resident's MAR showed that staff had initialed that it was administered on that day.

Staff Member C is certified to administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections, however, is not certified in to administer insulin injections to residents. Interview with Staff Member C indicated that they do not give insulin injections to residents. On 1/19/24 at 7am and 12pm and on 1/4/24 at 7am Staff Member C had initialed on the MAR of Resident 12 that they had administered insulin injections.

Repeat violation 12/8/2022.

Plan of Correction

Accept [REDACTED] - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the DOW to contact Resident 11's family member to supply the facility with artificial tears (the family provides meds from the outside pharmacy). Staff member C was instructed to document only the medication she administers on the MAR. Staff member C has since completed diabetic and insulin training on 2/8/24.

To enhance the currently compliant operations, beginning on 01/26/2024, the DOW and LPNs will monitor proper MAR documentation during every shift to ensure regulatory compliance.

Effective 01/26/2024, the DOW will perform daily reviews through 02/11/2024 to maintain ongoing compliance that medication records shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. The administrator will monitor for compliance.

Staff C training certificate is attached.

Resident 11 verbal order for [REDACTED] is attached.

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented [REDACTED] - 03/12/2024)

187d Follow Prescriber's Orders

22. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident 11 has an order for [REDACTED], instill 1 drop into both eyes at bedtime. Upon inspection, the Artificial Tear Drops were not available for use. Interview with staff indicated that the medication was not available on 1/24/24 and therefore the staff failed to administer the medication. Repeat violation 12/8/2022.

Plan of Correction

Accept [REDACTED] - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/25/2024 by the DOW to contact Resident 11's family member immediately to bring the medication to the facility to ensure no lapse of administration.

To enhance the currently compliant operations, on 1/26/2024, the Med techs were re-educated on maintaining an adequate supply of meds for all residents. Med cart audits will be completed bi-weekly by med techs and LPNs to ensure an adequate supply of medications.

Effective 01/26/2024, the DOW will perform bi-weekly audits to maintain ongoing compliance with ensuring the home follows the prescriber's directions. DOW will review the cart audits. The administrator will monitor for compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement.

The med cart audit example is attached.
Resident 11 verbal order for [REDACTED] is attached.

Licensee's Proposed Overall Completion Date: 02/11/2024

Implemented [REDACTED] 03/12/2024)

227d - Support Plan Medical/Dental

23. 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.

Description of Violation

The Resident Assessment and Support Plan for Resident 13 did not indicate the resident's ability to self-administer medications.
Repeat violation 12/8/2022& 8/17/2023.

Plan of Correction

Accept [REDACTED] - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW that the RASP was updated to depict Resident 12's inability to self-administer medications.

To enhance the currently compliant operations, the DOW will continue to check all support plans monthly utilizing a two-check system, ensuring all information is properly documented.

227d Support Plan Medical/Dental (continued)

Effective 01/26/2024, the DOW and Administrator will perform monthly checks to maintain ongoing compliance with documenting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. DOW and Administrator will monitor for compliance.

A picture of Resident 12's completed RASP is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/12/2024)

227g -Support Plan Signatures

24. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The Resident Support Plan for Resident 14 did not include a date next to the resident's signature.

Plan of Correction

Accept () - 02/12/2024)

In response to the violation on 01/23/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 01/26/2024 by the DOW to update the RASP for Resident 13 to include the completion date.

To enhance the currently compliant operations, beginning on 01/26/2024, the DOW will continue to monitor all resident RASPs using a two check system to ensure all information is properly documented.

Effective 01/26/2024, the DOW and Administrator will perform monthly reviews to maintain ongoing compliance with ensuring individuals who participate in the development of the support plan sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement. DOW and Administrator will monitor for compliance.

A picture of Resident 13's dated support plan is attached.

Licensee's Proposed Overall Completion Date: 02/08/2024

Implemented () - 03/12/2024)