

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

January 26, 2024

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

RE: PINE RUN LAKEVIEW
2425 LOWER STATE ROAD
DOYLESTOWN, PA, 18901
LICENSE/COC#: 15036

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/11/2023 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: *PINE RUN LAKEVIEW* License #: *15036* License Expiration: *08/24/2024*
Address: *2425 LOWER STATE 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-2 LP* Date: *12/14/1999* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *113* Waking Staff: *85*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident, New* Exit Conference Date: *12/11/2023*

Inspection Dates and Department Representative

12/11/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *107* Residents Served: *91*

Secured Dementia Care Unit

In Home: *Yes* Area: *The Arbor* Capacity: *13* Residents Served: *13*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *80*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *22* Have Physical Disability: *0*

Inspections / Reviews

12/11/2023 - Partial

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

12/22/2023 - POC Submission

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

Inspections / Reviews *(continued)*

12/26/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/26/2024

01/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2024

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

An alleged abuse incident involving Resident [redacted] and Staff person A occurred on [redacted] at [redacted]. The home did not report this incident to the department until [redacted] at [redacted].

Plan of Correction

Accept [redacted] - 12/26/2023)

- All nurses received re-education from RSM or designee, of our PSL Policy and Procedure on Abuse and signed documentation of this education was recorded and is attached. This was completed on [redacted]
- All Team Members receive annual education on Abuse and Older Adults Protective Services Act and the policies and procedures that apply to these topics.
- Education of PSL's Abuse policy is on Relias (computer program) that all staff are required to complete. The Abuse Policy Education is assigned in the month of June and The Older Adult Protective Services Act is assigned in the month of January.
- Upon hire team members receive education on Abuse policy and Reportable Incident Reporting. (see attached departmental orientation checklist)

Licensee's Proposed Overall Completion Date: 12/29/2023

Implemented [redacted] - 01/26/2024)

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], [redacted] orally twice a day. On [redacted], the actual [redacted] count was [redacted]. However, the [redacted] declining inventory log documented it as [redacted], which was a transcription error. The log entries from [redacted] through [redacted] are correct.

On [redacted] at [redacted], Resident [redacted] was not calibrated to the correct time. The [redacted] was set to [redacted] at [redacted].

On [redacted] at [redacted] Resident [redacted] reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

On [redacted] at [redacted] Resident [redacted] reading was [redacted]. However, it was not documented on the Medication Administration Record.

185a - Implement Storage Procedures (continued)

On [redacted] at [redacted] Resident [redacted] reading was [redacted]. However, it was documented as [redacted] on the Medication Administration Record.

Plan of Correction

Accept [redacted] - 12/26/2023)

Narcotic Count:

- When brought to nurses' attention she corrected the error immediately [redacted]
- An audit of all Residents [redacted] sheets was completed to ensure accuracy by RSM with no issues completed on [redacted].
- Re-education of [redacted] Count policy and procedures will be provided to all nurses by [redacted] (will include the policy and [redacted] count document review) by RSM or designee.
- Resident Services Manager or designee will complete a random audit of [redacted] medications (2 from 1st floor and 2 from the 2nd floor) monthly for the next 3 months to ensure all [redacted] counts are correct. The audit will begin the week of [redacted].
- Results will be added to our quality management meeting for review [redacted].

Glucometer Discrepancies

- Each Resident has their own [redacted], and the nurse is responsible to calibrate the machine prior to its use to ensure information is correct.
- An audit of all Residents [redacted] compared to the EMAR was completed from [redacted] through [redacted] to ensure accuracy by RSM. no issues or concerns.
- Nurses are to obtain [redacted] results as ordered by [redacted].
- Nurses are to document the [redacted] results in the Residents EMR.
- Re-education of this practice will be provided to all nurses by the RSM or designee by [redacted].
- RSM or designee will a complete an audit weekly for the next 4 weeks to ensure accuracy, beginning the week of [redacted].
- Results will be added to our quality management meeting for review [redacted].

Licensee's Proposed Overall Completion Date: 02/29/2024

Implemented [redacted] - 01/26/2024)

187d - Follow Prescriber's Orders

3. Requirements

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

Description of Violation

Resident [redacted] has an order to have [redacted] checked twice daily. On [redacted] at [redacted], Resident [redacted] did not register a reading. However, a [redacted] level of [redacted] was documented on the Medication Administration Record.

Plan of Correction

Accept [redacted] - 12/26/2023)

- Nurses are to obtain [redacted] results as ordered by [redacted].
- Nurses are to document the [redacted] results from the [redacted] in the Residents EMR.
- Re-education was provided to nurse who reported the [redacted] of [redacted] by RSM on [redacted].
- Re-education of this practice will be provided to all nurses by [redacted] by RSM or designee.

187d - Follow Prescriber's Orders (continued)

- RSM or designee will complete an audit to review on going compliance monthly for the next 4 months starting [REDACTED].

Licensee's Proposed Overall Completion Date: 03/30/2024

Implemented [REDACTED] - 01/26/2024)