

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

March 7, 2024

[REDACTED], AUTHORIZED REPRESENTATIVE
CAPITOL OPERATOR LLC
[REDACTED]

RE: THE TERRACES AT CAPITOL VILLAGE
4004 LINGLESTOWN ROAD
HARRISBURG, PA, 17112
LICENSE/COC#: 33798

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2024, 02/08/2024 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: THE TERRACES AT CAPITOL VILLAGE License #: 33798 License Expiration: 06/01/2024
 Address: 4004 LINGLESTOWN ROAD, HARRISBURG, PA 17112
 County: DAUPHIN Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: CAPITOL OPERATOR LLC
 Address: [Redacted]

Certificate(s) of Occupancy

Type: 1 2 Date: 12/17/2001 Issued By: Lower Paxton

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 68 Waking Staff: 51

Inspection Information

Type: Full Notice: Unannounced BHA Docket #: 0
 Reason: Renewal, Complaint Exit Conference Date: 02/08/2024

Inspection Dates and Department Representative

02/07/2024 On Site: [Redacted]
 02/08/2024 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 64 Residents Served: 58
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 7
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 10 Have Physical Disability: 1

Inspections / Reviews

02/07/2024 - Full
 Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 02/22/2024

Inspections / Reviews *(continued)*

02/26/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/04/2024

03/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Standards Act requires that an approved carbon monoxide alarm be installed in close proximity of, but not less than 15 feet from, any fossil fuel-burning device or appliance. The home has 2 gas stoves in the main kitchen, however, there were no carbon monoxide alarms nearby.

Plan of Correction

Accept (█) - 02/26/2024)

1. *The Maintenance Supervisor purchased a new carbon monoxide detector on 2/8/24 and it was immediately replaced in the kitchen not closer than 15 ft from the gas sources.*
2. *Maintenance Supervisor immediately audited all other areas of the community that required a carbon monoxide detector to be in place. All other areas carbon monoxide detectors were located and in working order. This was completed on 2/8/24 by Maintenance supervisor.*
3. *Executive Director provided re-education to Maintenance Supervisor and Executive Chef on requirements for carbon monoxide detectors on 2/9/24.*
5. *Maintenance Supervisor will update facility maintenance task management system (TELS) to create a monthly maintenance check to assure carbon monoxide detectors are in place and in working order to be completed by 2/23/24.*
6. *Executive Director will assure random audits are performed 3x each week for 2 month to determine that re-education has been effective in assuring that the carbon monoxide detectors are in place. To be completed by 4/17/24.*
7. *Maintenance Supervisor will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.*

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented (█) - 03/07/2024)

86b - Bathroom

2. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The main bathroom on the 2nd and 3rd floors do not have an operable ventilation fan. There are no windows in the bathrooms.

Plan of Correction

Accept (█) - 02/26/2024)

1. *It was identified that the main bathrooms on the 2nd and 3rd floor didn't have an operable fan at time of inspection. The Maintenance Supervisor was able to immediately repair both of these fans to be in working condition on 2/8/24.*
2. *Maintenance Supervisor audited all other bathroom fans in the facility to determine compliance with this regulation and implement repairs as necessary. Maintenance Supervisor will complete this audit by 2/23/24.*
3. *Executive Director provided re-education to Maintenance Supervisor and Housekeeping staff on requirements*

86b Bathroom (continued)

- for operable bathroom fans and completing work orders to request repairs. This will be completed by 2/23/24.
5. Maintenance Supervisor will update facility maintenance task management system (TELS) to create a monthly maintenance check to assure all bathroom fans are in operable to be completed by 2/23/24.
6. Executive Director will assure random audits are performed 3x each week of 5 bathrooms for 2 months to determine that bathroom fans are operable. To be completed by 4/17/24.
7. Maintenance Supervisor will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented [REDACTED] - 03/07/2024)

185a - Implement Storage Procedures**3. 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 2 is prescribed [REDACTED] and [REDACTED] as needed. On [REDACTED] these medications were not available in the home.

On [REDACTED], the blood glucose reading on Resident 1's glucometer was [REDACTED]. However, it was incorrectly recorded on the resident's medication administration record (MAR) as [REDACTED].

Resident 3's MAR had the following blood glucose readings: [REDACTED] on [REDACTED], [REDACTED] on [REDACTED] and [REDACTED] on [REDACTED]. However, these readings were not in resident's glucometer.

Repeated Violation 4/13/23

Plan of Correction

Accept [REDACTED] - 02/26/2024)

1. On 2/8/24 Wellness Director immediately reordered both the [REDACTED] and the [REDACTED] solution from the pharmacy for Resident #2. On [REDACTED] the physician gave orders to discontinue these medications due to nonuse for Resident #2.

Resident #1 MAR documentation for [REDACTED] for blood glucose reading of [REDACTED] was struck out from the documentation and edited the correct blood glucose reading of [REDACTED].

Resident #3 MAR blood glucose readings of [REDACTED] [REDACTED] at [REDACTED] were not located in the resident's glucometer on the med cart. This cannot be retroactively corrected.

2. On 2/8/24 Wellness Director initiated an audit of all resident PRN medications to assure PRN medications are available as ordered. This audit will be completed by Wellness Director by 2/23/24.

On 2/8/24 Wellness Director audited all residents records that have a glucometer and compared all February MAR blood glucose recordings with the corresponding glucometer to assure there were no other documentation errors of the blood glucose readings.

On 2/8/24 Wellness Director audited all residents who have a glucometer to assure they have only 1 glucometer. It

185a - Implement Storage Procedures (continued)

was determined that this resident came with a glucometer from home and a new glucometer in addition to [redacted] libre device reader. On [redacted] the Wellness Director placed Resident #3's current used glucometer with [redacted] libre reading device in a pouch in the med cart. The additional glucometer was removed from use on [redacted].

3. Wellness director will provide re-education to Med Tech's and LPN's on implementing procedures for safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons to specifically include care and handling of glucometers, recording on the MAR, and processes to assure medications prescribed are available as ordered.

4. Wellness Director will conduct weekly random audits x 6 weeks to verify compliance and implement corrective measures beginning on 2/26/24.

5. Wellness Director will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented [redacted] - 03/07/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident 1 is prescribed [redacted] twice daily. However, Resident 1 was not administered the medication on [redacted]

Repeated Violation-4/13/23

Plan of Correction

Accept ([redacted] - 02/26/2024)

1. On 2/9/24 Wellness Director informed the physicians of Resident #1 that the prescribed [redacted] twice daily medication was not administered for the [redacted] dose on [redacted], and the [redacted] dose on [redacted].

2. Wellness Director will conduct a full audit of the MAR's for February 1 to February 9 to determine if other medications were not received and will notify physicians of those residents as identified complete by 2/23/24.

3. Wellness Director will conduct re-education on following physician orders and documentation expectations of Med Tech's and LPN's in the MAR to include how to address if a medication is not available, the proper steps to obtain the medication. This will be completed by 2/26/24.

4. The Wellness Director will conduct MAR audits 5x per week for 6 weeks beginning 2/26/24 to monitor medications being given as prescribed.

5. Wellness Director will report audit findings at the Quality Management Review Meeting for additional recommendations as needed.

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented [redacted] 03/07/2024)