

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

April 10, 2024

[REDACTED], ADMINISTRATOR
LAKEWOOD SENIOR LIVING-DRUMS LLC
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA, 18222

RE: FRITZINGERTOWN SENIOR LIVING
COMMUNITY
159 SOUTH OLD TURNPIKE ROAD
DRUMS, PA, 18222
LICENSE/COC#: 20166

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/21/2024 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: FRITZINGERTOWN SENIOR LIVING COMMUNITY **License #:** 20166 **License Expiration:** 12/19/2024

Address: 159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222

County: LUZERNE **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: LAKEWOOD SENIOR LIVING-DRUMS LLC

Address: 159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA, 18222

Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/22/2006 **Issued By:** L&I

Staffing Hours

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

Inspection Information

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

Reason: Renewal, Incident **Exit Conference Date:** 02/26/2024

Inspection Dates and Department Representative

02/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 164 **Residents Served:** 84

Secured Dementia Care Unit

In Home: Yes **Area:** SDCU **Capacity:** 64 **Residents Served:** 24

Hospice

Current Residents: 7

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 84

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 29 **Have Physical Disability:** 0

Inspections / Reviews

02/21/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/28/2024

04/01/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/09/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/08/2024

Inspections / Reviews *(continued)*

04/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2024

04/10/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/09/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 2/22/24 the activities room door in the foyer of secure dementia unit was left with the door open. Inside the room was a 20 oz. bottle of Purell hand sanitizer. The manufactures label states that it is dangerous to consume or get into the eyes and to contact poison control if ingested. There was also a bottle of 12 oz. TOTAL "hospital disinfectant" aerosol spray bottle that stated danger to human and animal on the label.

Plan of Correction

Accept [redacted] - 04/05/2024)

Door to activity room was immediately closed and locked on 02/21/2024.

Activity personnel were re-in serviced in the requirements of this regulation as well as the potential harm to resident Completed on 02/21/2024

Hand sanitizer and disinfectant were moved to cabinet within the activity office as door has coded lock (02/21/2024)

Sign stating "keep door closed and locked at all times was placed on activity office door on 02/21/2024.

Activity Director will monitor compliance to this regulation daily x 30 days (completed 03/21/2024).

Resident Care Director of Secured dementia Unit will monitor weekly x 4 (completed 03/13/24) then monthly x 4.

Licensee's Proposed Overall Completion Date: 07/13/2024

Implemented ([redacted] - 04/10/2024)

101j7 - Lighting/Operable Lamp

3. 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

On 2/22/24 at approximately 11:00am resident rooms 17 and 20 did not have a bedside light within reach from bedside.

Plan of Correction

Accept [redacted] - 04/05/2024)

On 02/22/24 residents of rooms 17 and 20 were provided with push button lamp on wall at head of bed by [redacted] Housekeeping Supervisor.

Housekeeping staff was re-oriented in the requirements of this regulation on 02/21/2024.

Housekeeping Director will monitor compliance to this regulation daily x 30 days (completed 03/21/2024).

Resident Care Coordinator will monitor weekly x4 (completed 03/20/2024) then monthly x4.

Licensee's Proposed Overall Completion Date: 07/20/2024

Implemented ([redacted] - 04/10/2024)

132b - Safety Inspection/Fire Drill

4. Requirements

132b - Safety Inspection/Fire Drill (continued)

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's most recent fire safety inspection was conducted on 9/20/23. The previous inspection was completed 7/8/22, more than one year previous.

Plan of Correction

Accept () - 04/01/2024)

Facility has a contract with Fire Safety expert to be completed each July.

In July of 2023 facility had a resident and staff member who tested positive for Covid -19. This was disclosed to representative of Fire and Life Safety Solution who declined to visit at that time to protect the residents and staff from congregating in close environment.

The next available date for expert to return to building for annual inspection was 09/20/2023.

Annual inspections will continue each July going forward.

Licensee's Proposed Overall Completion Date: 03/18/2024

Implemented () - 04/10/2024)

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 #1's [redacted] was not available in the medication cart at time of inspection.

Plan of Correction

Accept () - 04/05/2024)

On 02/22/2024 Resident Care Coordinator notified resident PCP that resident was no longer being administered Robafen and medication was discontinued by PCP on 02/22/2024.

Medication administration trained staff were re-inserviced in the requirements of this regulation on 02/22/2024.

Resident Care Coordinator, [redacted] will audit MAR 's and medication carts daily x4 (completed 02/25/2024) then weekly x4 (completed 03/24/2024), and then monthly x4 (07/24/2024) to ensure compliance to this requirement.

Director of Nursing will monitor for compliance monthly x 6 months.

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented () - 04/10/2024)

227d - Support Plan Medical/Dental

6. 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.

227d - Support Plan Medical/Dental (continued)

Description of Violation

Resident #3's support plan was not updated after a fall requiring a hospitalization for two fractured legs and hospice being put in place on [REDACTED]. The resident returned to the home on [REDACTED]. The resident's support plan was not updated within 5 days to include the fall, injuries or being placed on hospice.

Repeat Violation - 1/24/23, et al.

Plan of Correction

Accept [REDACTED] - 04/01/2024)

Resident experienced a fall and was hospitalized for evaluation. Shortly after, the resident was returned to the facility at family request due to prior and continuing immobility and diagnosis of end stage dementia. Resident had previously received hospice services. Family and PCP consulted and desired re-admit to hospice services for pain management. Resident returned from hospital on hospice services. I, the Executive Director, did not update the RASP as I was unsure at the time as to what the resident's needs would be until hospice care plan received.

Although facility assignment sheets documented care needed by resident and all care was provided to this resident, the RASP document was not updated within 5 days .

Going forward I will update RASP based on care being provided to residents within 5-day time frame.

Monthly RASP review meetings are held and attended by all nursing staff providing care to assigned residents.

Nursing staff will review monthly to ensure compliance to this regulation.

Licensee's Proposed Overall Completion Date: 03/20/2024

Implemented [REDACTED] - 04/10/2024)

234d - Support Plan Revision

7. Requirements

2600.

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

Description of Violation

Resident #2 has a pureed diet but there was no documentation of this located in the resident's support plan dated [REDACTED]

Plan of Correction

Accept [REDACTED] - 04/05/2024)

The RASP for resident #2 was updated on [REDACTED] to reflect diet change.

The diet list utilized by dietary staff at mealtimes had reflected the correct diet and resident had been receiving the correct diet.

Food Service Supervisor was re-oriented in the requirements of this regulation on 02/22/2024.

Resident Care Coordinators will complete diet change order sheet with each diet change. This change will be documented on RASP addendum on date of order change. Resident Care coordinators will provide Administrator with diet change for RASP to be updated monthly and as needed on indefinite basis.

Director of Nursing will monitor for compliance weekly x4 (completed 03/24/2024) then monthly x4 (07/24/2024)

Administrator will monitor with each Quality Assurance meeting monthly x 6

234d - Support Plan Revision (*continued*)

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented [REDACTED] - 04/10/2024)