

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

April 1, 2024

[REDACTED], PCHA
PLEASANT VIEW RETIREMENT COMMUNITY
544 NORTH PENRYN ROAD
ATTN: [REDACTED]
MANHEIM, PA, 17545

RE: PLEASANT VIEW COMMUNITIES
544 NORTH PENRYN ROAD
MANHEIM, PA, 17545
LICENSE/COC#: 32185

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2024, 03/06/2024 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.

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PLEASANT VIEW COMMUNITIES **License #:** 32185 **License Expiration:** 08/29/2024
Address: 544 NORTH PENRYN ROAD, MANHEIM, PA 17545
County: LANCASTER **Region:** CENTRAL

Administrator

Name: [REDACTED] **Phone:** 717-664-6312 **Email:** lkiralfy@pvcommunities.org

Legal Entity

Name: PLEASANT VIEW RETIREMENT COMMUNITY
Address: 544 NORTH PENRYN ROAD, ATTN: [REDACTED], MANHEIM, PA, 17545
Phone: 7176652445 **Email:** LKIRALFY@PVCOMMUNITIES.ORG

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 02/14/2002 **Issued By:** L & I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 74 **Waking Staff:** 56

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0
Reason: Renewal **Exit Conference Date:** 03/06/2027

Inspection Dates and Department Representative

03/05/2024 - On-Site: [REDACTED]
03/06/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 85		Residents Served: 59	
Secured Dementia Care Unit			
In Home: Yes	Area: Meadows	Capacity: 17	Residents Served: 15
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 59	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 15		Have Physical Disability: 1	

Inspections / Reviews

03/05/2024 Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/21/2024
03/20/2024 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 03/27/2024	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 03/27/2024

Inspections / Reviews *(continued)*

03/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/02/2024

04/01/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/27/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately [redacted], a physical altercation occurred between Resident 1 and Resident 2. The home did not report the incident to the local Area Agency on Aging (AAA).

Plan of Correction

Accept [redacted] - 03/20/2024)

2600.15a The home will report any Abuse to DHS and AAA, when a complaint or witnessed event occurs, The Personal Care Home Administrator / Personal Care Home Social Worker and/or Personal Care Home Supervisor will Complete the reportable event to DHS and AAA within required time lines. This will be reviewed via internal incident report and at least 2 employees will signed off and that all required agencies have been notified. Signature of PCHA, PCH Social Worker, PCH supervisor or designee will complete and attest to being completed. An Abuse Procedure Notebook with instructions will be maintained in Social Workers office. Information will be reviewed in Quarterly Quality Management Meetings. This is an ongoing plan

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [redacted] - 03/29/2024)

18 - Compliance With Laws

2. 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 a gas stove in the kitchen. However, there was no carbon monoxide alarm nearby.

Plan of Correction

Accept [redacted] - 03/25/2024)

2600.18 Carbon Monoxide , It was observed that no Carbon Monoxide detector was installed in the main Kitchen. (fixed on site) Immediately a plug in detector was installed. A hardwire detector has been order and be installed by maintenance and programmed by IT. The hardwired detector will alert Maintenance & Personal Care Staff 24/7 of any signs of CO2. This detector will be monitored by Maintenance department by automatic reports via hardwired system. Maintenance will review monthly and immediately respond to any CO2 alerts from detector. March 11th, a plug in CO2 monitor was installed. March 11th the hardwire device was ordered and scheduled to be delivered 3/25 and will be installed 3/26/2024. All new wiring has been completed.

Licensee's Proposed Overall Completion Date: 03/26/2024

Implemented [redacted] - 03/29/2024)

81b - Resident Personal Equipment

3. Requirements

2600.

81b - Resident Personal Equipment (continued)

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

On 3/6/24 at approximately 10:30am, Resident 3's bed was equipped with an uncovered, enabler bar attached to the right-side of the bed. The opening measured approximately 12 inches wide by 8 inches high, posing an entrapment risk.

Plan of Correction

Accept () - 03/25/2024

260081b All residents that request or require use of an enabler bar will be evaluated by therapy department to determine if device improves the quality of life and independence for resident, if yes, therapy will evaluate use of alternative methods, if no alternative methods are viable, therapy department will assess for most suitable device within the regulatory guidelines set forth by the Department of Human Services. Staff will monitor ongoing use and safety of enablers, if resident exhibits change in cognition, mobility or an acute medical change, therapy will be ordered to evaluate resident again for safety and ongoing use of rail within DHS guidelines. Residents RASP will be updated to reflect use of device and that device meets FDA guidelines. Therapy will use their assessment form which meets FDA guidelines (see attached) Resident will be required to sign a negotiated risk for use of device if resident does not meet requirements, education will be provided. Therapy will evaluate all current enablers bars, make appropriate changes, this will be completed by 4/30/2024 (for current enablers) This is an ongoing plan for need with new request. See attached picture of enabler that was covered by PCHA 3/22/2024 therapy to eval resident.

Licensee's Proposed Overall Completion Date: 03/22/2024

Implemented () - 03/29/2024

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On 3/6/24 at approximately 10am, an undated and unlabeled plate of scrambled eggs and hashbrowns was observed in the refrigerator in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Directed () - 03/25/2024

2600.103.e Food was observed in the SDCU refrigerator uncovered and unlabeled. All food is required to be dated and labeled. Food will be dated and labeled when placing open food in refrigerator. A marker and reminder will be posted on all refrigerators reminding staff, to mark food. Audits of refrigerators will occur daily, any unmarked food will be discarded at that time. This is an ongoing measure. Food was immediately removed at the time of inspection, fixed on site. Unlabeled Food and expired food has been added to the daily refrigerator temp log list to be initiated today 3/21/2024

Proposed Overall Completion Date: 03/21/2024

Directed

Unlabeled Food and expired food has been added to the daily refrigerator temp log list to be initiated today 3/21/2024 by kitchen staff

Directed Completion Date: 03/21/2024

103e - Left Overs (continued)

Implemented () - 03/29/2024)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 3/4/24 was posted. However, the menu for the following week (3/10/24) was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept () - 03/20/2024)

2600.162c Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home. The PV facility had the previous week posted along with the current week. Weekly menus will be printed and posted on Thursday of each week. Dietary department will assign a designee to post menu. Per RCG 2600.16C the primary benefit having a menu prepared one week in advance allows resident time to arrange for alternative meal on the day that food item is served. PV facilities offers alternative menus daily (see attached). The Alternative menu is posted in the DR and each resident was previously given the "Always Available Menu". Fixed on site during survey

Licensee's Proposed Overall Completion Date: 03/15/2024

Implemented () - 03/29/2024)

184a - Resident's Meds Labeled

6. Requirements

2600.

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

- 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy labels on the individualized medication packets for multiple residents of the home, including Resident 4, does not include the prescribed dosage and instructions for administration.

Resident 3's medication administration record (MAR) indicates a change in the dosage of the prescribed medication magnesium (64mg) from 1 tablet daily to 1 tablet 3x a day. However, the pharmacy label for this medication does not reflect the change.

Resident 5's MAR indicates a change in the dosage of the prescribed medication Jantoven (1mg) from 1 tablet 4x a week to 1 tablet 3x a week. However, the pharmacy label for this medication does not reflect the change.

184a Resident's Meds Labeled (continued)

Plan of Correction

Accept (████ - 03/20/2024)

2600.184at The resident prescription medication shall be labeled with pharmacy label that includes the prescribed dosage and instructions for administration. Pleasant View's contracted pharmacy (Masonic Pharmacy) will be placing instruction on prepackaged medication (see attached). The pharmacy will reprogram their software to include dosage and instructions to match the MAR. . Pharmacy will have new package completed by 4/15/2024. Pharmacy will complete ongoing review of packaging practice and quarterly review of medications and cart audits.

Licensee's Proposed Overall Completion Date: 04/15/2024

Implemented (████ - 03/29/2024)

185a - Implement Storage Procedures

7. 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

On █████, the following discrepancies between Resident 6's glucometer and medication administration record (MAR) were observed:

On █████ there is a morning blood sugar reading of █████ recorded on the MAR. However, this reading was not found on the resident's glucometer.

On █████, there is a noon blood sugar reading of █████ recorded on the MAR. However, this reading was not found on the resident's glucometer.

On █████, there is a morning blood sugar reading of █████ in the resident's glucometer. However, this reading was not documented in the MAR.

On █████ there is an evening blood sugar reading of █████ in the resident's glucometer. However, this reading was documented as █████ in the MAR.

Plan of Correction

Accept (████ - 03/25/2024)

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. If a Residents has a Continuous Glucose Monitoring systems comfort for residents with less finger sticks, decreasing risk for exposure and management of infection control along with providing independence. New Policy has been developed (see attached) CGM system device readings are monitored by staff daily and a weekly audit is done via device against MAR. Audits are only completed when a resident residing in the facility has a device and ongoing when device is being used. A nurse measure has been added on each resident's MAR (See attached) Staff to notify supervisor if readings are inaccurate

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (████ - 04/01/2024)

225c - Additional Assessment

9. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

225c - Additional Assessment (continued)

1. Annually.

Description of Violation

Resident 4's current assessment was completed on [REDACTED]. However, the resident's previous assessment was completed on [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/25/2024)

2600.225.c The resident shall have assessments completed Annually and within allotted timeframe. Clinical Supervisor will keep a record of due dates for all upcoming RASP and complete as per regulations. Monthly audits will be completed to assure all pending and upcoming assessments are scheduled accordingly and within the guidelines of 2600.225c. New software that will be used at Pleasant view , effective 6/4/2024 will assist with tracking and scheduling of RASP. Software will alert staff when assessments are required. Clinical supervisor will manage dates of Assessments to assure all assessment and paperwork is completed timely, PCHA and Clinical Supervisor will review Tracking monthly to review dates of completion (see attached form being used for First floor Personal Care)

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented [REDACTED] - 03/29/2024)

227d - Support Plan Medical/Dental

10. 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

Residents 3 and 5 have a bedside mobility device. However, the assessment/support plan for Resident 3, dated [REDACTED], and Resident 5, dated [REDACTED], does not include the identification of the specific device to be used, need for the device, the intended use and any risks associated with the use and he resident's ability to use the device safely for the purpose it was intended.

Plan of Correction

Accept [REDACTED] - 03/25/2024)

2600.227.d All residents that request or require use of an enabler bar will be evaluated by therapy department to determine if device improves the quality of life and independence for resident, if yes, therapy will evaluate use of alternative methods, if no alternative methods are viable, therapy department will assess for most suitable device within the regulatory guidelines set forth by the Department of Human Services. Staff will monitor ongoing use and safety of assist rails, if resident with exhibits change in cognition, mobility or an acute medical change, therapy will be ordered to evaluate resident again for safety and ongoing use of rail within DHS guidelines. Residents RASP will be updated to reflect us of device An audit of bedside mobility devices will be completed and added to resident RASP. Attached is the resident care needs list indicating who has an enabler, orders were obtained for all resident marked to have an enabler device and be evaluated by therapy, once therapy has determine there is a need for enabler, an addendum care plan will be added to to residents RASP, therapy will have all residents evaluated and completed by 4/30/2023 and Audit based upon the resident care needs list will be reviewed to assure all

227d - Support Plan Medical/Dental (continued)

addendum care plans have been added to those residents utilizing an enabler device.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented (█) - 03/29/2024)

233c - Key-Locking Devices

11. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the exit door in the courtyard and by the exit near Room 110 in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept (█) - 03/25/2024)

2600.233.c If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device. Posting of locking mechanism was posted at year courtyard and exit door by room 110 (see attached) Fixed on site. Monitoring of compliance that all codes are posted by interior and exterior doors has been added the the Physical Enviornment monthly audit. (see attached)

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (█) - 03/29/2024)

254a - Records Discharge/Active

12. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 3/5/24, an unlocked, unattended, and accessible laptop was observed on a medication cart in Terrace Garden 1 hallway.

Plan of Correction

Accept (█) - 03/20/2024)

2600.254a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access. Staff have been re-educated on the importance of closing computer screen when in the hallway and in visual site when computer is unattended. PV will be installing new software by 6/3/2024 which has an automatic lock screen that staff will utilize. prior to new software, staff will close computer screen completely when unattended. Fixed on site

Licensee's Proposed Overall Completion Date: 03/21/2024

Implemented (█) - 03/29/2024)