

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

April 4, 2024

[REDACTED], CEO  
ZERBE SISTERS NURSING CENTER INC  
[REDACTED]

RE: ZERBE SISTERS NURSING CENTER  
2499 ZERBE ROAD  
NARVON, PA, 17555  
LICENSE/COC#: 32237

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/05/2024 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:** ZERBE SISTERS NURSING CENTER      **License #:** 32237      **License Expiration:** 06/17/2024  
**Address:** 2499 ZERBE ROAD, NARVON, PA 17555  
**County:** LANCASTER      **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** ZERBE SISTERS NURSING CENTER INC  
**Address:** 2499 ZERBE ROAD, NARVON, PA, 17555  
**Phone:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 10/19/1996      **Issued By:** Labor & Industry

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 29      **Waking Staff:** 22

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/05/2024

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 28      **Residents Served:** 25

**Secured Dementia Care Unit**

**In Home:** No      **Area:**      **Capacity:**      **Residents Served:**

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 25  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 4      **Have Physical Disability:** 1

**Inspections / Reviews**

03/05/2024 Full

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/18/2024

03/19/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 03/27/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 03/26/2024

Inspections / Reviews (*continued*)

03/19/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2024

[REDACTED] [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/26/2024

03/21/2024 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/29/2024

04/04/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/27/2024

Reviewer: [REDACTED] Follow Up Type: Not Required

103e - Left Overs

1. 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

There were two white paper plates covered with aluminum foil in the dining room refrigerator. The contents of these plates was not labeled as to what was contained therein, nor the date that it was prepared.

The refrigerator in the kitchenette of the activity room contained, a cooked cheeseburger with no label to indicate when it was prepared.

Plan of Correction

Accepted [redacted] - 03/21/2024)

Full Inspection 3/5/23

Citation 1.) 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.

Unlabeled food noted in both activity kitchen and dining room fridge.

Immediate Action: Any unlabeled food was thrown out on 3/5/24 by housekeeping staff. Education given to staff on 3/6/24 by admin about labeling food, even personal food for lunches, unless in personal lunchbox that is transported to work daily; policies and DHS regulation reviewed. Labels requested from kitchen, 2600.103(i) printed and hung on refrigerators for reference.

Continued Action: Admin immediately added Fridge clean-outs to nightshift med tech and housekeeping weekly checklists and Note was added to bottom of refrigerator temperature log as reminder to check for labels. Audits will be done by administrator or designee weekly x4 weeks, then bi-weekly x4 weeks. Education will be given to staff if unlabeled food is found. Continued issues will result in disciplinary action. Audits began 3/6/24 and will be kept in POC book.

Proposed Overall Completion Date: 03/19/2024

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented [redacted] - 04/04/2024)

132d - Evacuation

2. 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

The home has a maximum safe evacuation time specified in writing within the past year by a fire safety expert of 6 minutes. The home exceeded an evacuation time of 6 minutes during the drill held on 10/20/23 at 05:30 which took 6 minutes and 38 seconds.

132d - Evacuation (continued)

Plan of Correction

Accept [redacted] - 03/21/2024)

Full Inspection 3/5/24

Citation 2.) 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.

Failed fire drill on 10/20/2023 due to failure to evacuate within the time period specified by fire safety expert.

Evacuation allotment is 6mins residents were evacuated in 6mins 38secs. This was out overnight drill, and multiple residents were resistive to participate due to time of day.

Immediate Action: Admin spoke with residents at breakfast on 10/20/23 and provided education on cause of drill and need to evacuate in timely manner. Reviewed policies, DHS regulation and letter from fire safety expert. Fire drill completed a second time on 10/26/23 and successful, evacuation on 2nd drill 4mins 58 secs.

Continued Action: Unannounced drills will continue to be held both overnight and during waking hours as per regulation. Resident/Resident POA sign fire drill policy upon admission and policy will be reviewed and education given as needed. Administrator or designee to complete audit of drill log monthly after each drill to ensure timely evacuation. Discussion and review of drill will occur with residents after each drill and will begin in 3/2024 after drill; PC Admin will lead discussion. Notes will be added to drill log by PCHA should there be any concerns, and residents will be individually addressed first by PC Admin then by fire safety expert if there are continued concerns. Audits to begin 3/20/24 to be kept in POC book.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented [redacted] - 03/29/2024)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home conducted conducted a fire drill during sleeping hours on 10/20/23. The previous sleeping hours fire drill was conducted on 3/27/23.

Plan of Correction

Accept [redacted] - 03/21/2024)

Full Inspection 3/5/24

Citation 3.) 2600.132(e) A fire drill shall be held during sleeping hours once every 6 months.

Overnight drill completed 2x per year but not every 6 months. 7 months passed between overnight drills in 2023.

Immediate Action: On 3/5/24 PC Admin reviewed regulation and fire drill log with DHS inspector to clarify timeline of overnight drills. Policy also reviewed at time of citation. PC Admin reviewed and educated Personal Care Coordinator on 3.6.24 regarding reg and policy.

Continued Action: Overnight drills will be done specific months (Feb/Aug) to ensure 6-month time span. Drills will remain unannounced as per regulation and date will change as to not develop an "expectation of drill".

Administrator or designee will complete audit after each drill to ensure timeliness, beginning 3/20/24.

Licensee's Proposed Overall Completion Date: 03/19/2024

132e - Fire Drill Sleeping Hours (*continued*)*Implemented* ( ) - 04/04/2024)

## 185a - Implement Storage Procedures

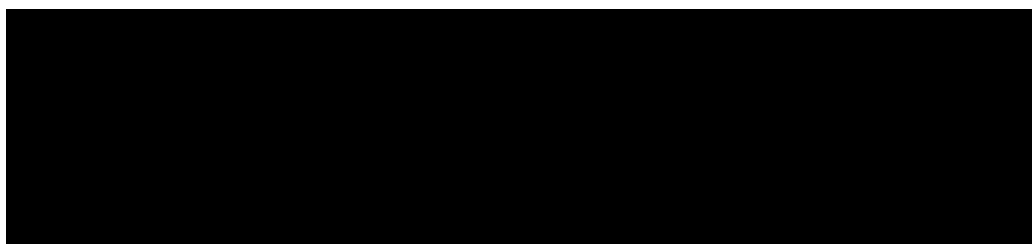
**4. Requirements**

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 is prescribed Blood Sugar Checks three times daily. The blood glucose checks on the glucometer did not match the numbers transcribed on the Medication Administration Record (MAR) as follows:*

**Plan of Correction***Accept* ( ) - 03/21/2024)

*Full Inspection 3/5/24*

*Citation 4.) 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.*

*Resident is diabetic and is monitored through the use of Free Style Libre, is on a sliding scale for fast-acting insulin and has standing orders for long-acting insulin. Upon glucometer check noted multiple readings that did not match the MAR.*

*Immediate Action: Glucometer reviewed, and MAR corrected by PC Admin on 3.7.24. Staff members ( ) and ( ) were given education on 3.6.24 (CR) and 3.8.24 (DB) and were recertified in diabetic training; polices and DHS regulations reviewed. Starting 3/19/23, 2nd check of glucometer to be completed by 2nd staff member prior to numbers being saved in MAR.*

*Continued Action: Administrator or designee to check glucometers weekly x4 weeks, beginning 3/18/24 then monthly beginning 5/8/24 going forward. MAR will be corrected if numbers are not matched, and education will be given to staff. If staff are repeat offenders retraining in medication administration or further disciplinary action will occur. Audits will be kept in resident's electronic file.*

*Proposed Overall Completion Date: 03/19/2024*

**Licensee's Proposed Overall Completion Date: 03/19/2024**

*Implemented* ( ) - 03/29/2024)