

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

April 9, 2024

[REDACTED], EXECUTIVE DIRECTOR
MERCY HOUSE OF CHAMBERSBURG
730 NORLAND AVENUE
CHAMBERSBURG, PA, 17201

RE: MERCY HOUSE OF CHAMBERSBURG
730 NORLAND AVENUE
CHAMBERSBURG, PA, 17201
LICENSE/COC#: 33930

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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.

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: MERCY HOUSE OF CHAMBERSBURG License #: 33930 License Expiration: 12/26/2024
Address: 730 NORLAND AVENUE, CHAMBERSBURG, PA 17201
County: FRANKLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: MERCY HOUSE OF CHAMBERSBURG
Address: 730 NORLAND AVENUE, CHAMBERSBURG, PA, 17201
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: R-4 Date: 06/26/2023 Issued By: Chambersburg Borough, Franklin County

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 10 Waking Staff: 8

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 03/06/2024

Inspection Dates and Department Representative

03/06/2024 - On-Site [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 11 Residents Served: 5
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 5
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 5
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 5 Have Physical Disability: 0

Inspections / Reviews

03/06/2024 Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/21/2024
03/15/2024 - POC Submission
Submitted By: [Redacted] Date Submitted: 03/28/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 03/25/2024

Inspections / Reviews *(continued)*

03/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/29/2024

04/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/28/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65a - FS Orientation 1st Day

2. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Member A, whose first day of work was [redacted] did not receive orientation on the following topics:

- 1. Evacuation procedures
- 2. Staff duties & responsibilities - fire drills
- 3. Designated meeting place outside/interior fire safe area
- 4. Smoking safety procedures/policy
- 5. Location & use of fire extinguishers
- 6. Smoke detectors & fire alarms
- 7. Telephone use and notification of emergency services.

Plan of Correction

Accept ([redacted] - 03/22/2024)

This violation was immediately corrected by the Support Services Coordinator and Clinical Care Director re-orienting Staff Member A to 1st Day Orientation Training topics on 3/12/24. Support Services Coordinator developed and completed a New Employee Orientation checklist to include all necessary trainings and orientation topics under 2600.65a on 3/12/24. Beginning 3/12/24, all future new employees hired will receive orientation and check list that will be completed to be compliant with regulation 2600.65a. This will be completed by the Support Services Coordinator and Clinical Care Director.

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

Implemented ([redacted] - 03/29/2024)

65b - Rights/Abuse 40 Hours

3. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Member A did not complete his/her Rights/Abuse 40 scheduled working hours training on the following topics:

- 1. Resident rights
- 2. Emergency medical plan
- 3. Mandatory reporting of abuse - OAPSA
- 4. Reporting reportable incidents and conditions

Plan of Correction

Accept ([redacted] - 03/22/2024)

This violation was immediately corrected by the Support Services Coordinator and Clinical Care Director re-orienting Staff Member A to Rights/Abuse on 3/12/24. Support Services Coordinator developed and completed a New Employee Orientation checklist to include all necessary trainings and orientation topics under 2600.65b on 3/12/24. Beginning 3/12/24, all future new employees hired will receive orientation and check list that will be completed to be compliant with regulation 2600.65b. This will be completed by the Support Services Coordinator and Clinical Care Director.

65b - Rights/Abuse 40 Hours (continued)

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

Implemented (████) - 03/29/2024

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

On 03/06/24 the home's record of direct care staff trainings was reviewed for the 1st Day Orientation (Fire Safety) and Rights/Abuse 40 scheduled hours, and the trainings did not include the following:

- 1st Day Orientation training did not include the date.
- Rights/Abuse 40 scheduled hours training does not include the title of the course, and the content.

Plan of Correction

Accept (████) - 03/22/2024

This violation was immediately corrected by Support Service Coordinator re-orienting ALL staff members immediately on Rights/Abuse/Fire Safety, topics included in 2600.65i. New Employee Orientation check list was developed on 3/12/24 by the Support Services Coordinator. Support Services Coordinator will implement and use the checklist, which includes the date of first day of orientation training and date of Rights/Abuse including the title of course and content covered to verify completion beginning 3/12/24. Beginning 3/12/24, each new hire individual record of training will be reviewed by Support Services Coordinator and Clinical Care Coordinator and signed off by each verifying that all items completed include the components outlined in regulation 2600.65i.

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

Implemented (████) - 03/29/2024

85e - Trash Outside Home

5. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/6/24 at 9:59 AM, the trash dumpster was observed opened and overflowing with trash.

185a - Implement Storage Procedures (continued)

Manager to ensure sufficient amount is maintained in house and is within it's used by period.

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

Implemented () - 04/08/2024)

190a - Completion Medication Course

8. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Members B and C who have not successfully completed the Department-approved medications administration course, administered medications to resident #1 to include the following:

On [redacted] at [redacted] Staff Member B administered [redacted] take [redacted] hours as needed for [redacted] and [redacted], Take 1 tablet by mouth every [redacted]:

On [redacted] at [redacted], Staff Member C administered [redacted]. Give [redacted] Q1h as needed for pain or shortness of breath.

On [redacted] through [redacted] at [redacted], Staff Member C administered [redacted] [redacted] Take 1 table by mouth every day at nighttime for sleep.

Plan of Correction

Accept () - 03/22/2024)

This violation was immediately corrected on [redacted] by Clinical Care Director removing Staff Members B and C from House Manager position until completion of Department-approved medication administration course or produced approved documentation of completion of Department-approved medication administration course. Clinical Care Director developed and implemented a new screening system on 3/14/24 for employees who have completed a Department-approved medication administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Due dates for renewal will be tracked using this new system to ensure compliance. Monthly reviews starting 4/1/24 will be completed to determine certification, license, trainings, and expiration dates. Staff in need of renewals will be informed 60 days prior to ensure completion in a timely manner to maintain compliance of 2600.190a.

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

Implemented () - 04/08/2024)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2 was admitted to the home on [REDACTED], Resident #3 on [REDACTED] and Resident #4 was admitted [REDACTED]; however, the resident's assessments did not include the date the assessments were finalized.

Plan of Correction

Accept ([REDACTED] - 03/22/2024)

This violation was immediately corrected [REDACTED] by the Executive Director completing finalized assessment dates for residents #2, #3 and #4. Executive Director created a check list on [REDACTED] to ensure all pieces of the Department's assessment form are completed to entirety. Executive Director will audit all current assessments beginning [REDACTED] for three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented ([REDACTED] - 04/08/2024)

252 - Record Content

10. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
- 4. Language or means of communication spoken or used by the resident.

Description of Violation

Resident #1's record does not include the resident's weight, hair color, eye color identifying marks and language.
 Resident #2's record does not include the resident's eye color and identifying marks.
 Resident #3's record does not include the resident's hair color, eye color and identifying marks.
 Resident #4's record does not include the resident's height, hair color, eye color and identifying marks.
 Resident #5's record does not include the resident's hair color, eye color and identifying marks.

Plan of Correction

Accept ([REDACTED] - 03/22/2024)

This violation was immediately corrected 3/6/24 by House Manager completing missing content from resident's records. Clinical Care Director provided education to all employees at staff meetings on 3/12/24 of Guest Information Form and Regulation 2600.252 requirements. Form must be completed in its entirety, noting race, height, weight, color of hair, color of eyes, religious affiliation (if any), identifying marks, language or means of communication spoken or used by the guest. Implementation of chart checks on new admissions will be completed by on coming shift House Manager beginning 3/18/24. Clinical Care Director will complete monthly audits

252 - Record Content (continued)

beginning 3/18/24 on all current guests for three months to ensure compliance.

Licensee's Proposed Overall Completion Date: 06/17/2024

Implemented ([REDACTED] - 04/08/2024)