

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

April 4, 2024

[REDACTED], VICE PRESIDENT, OPERATIONS
NASUN INC
1575 GRAND BOULEVARD
MONESSEN,, PA, 15062

RE: HALLSWORTH HOUSE
1575 GRAND BOULEVARD
MONESSEN, PA, 15062
LICENSE/COC#: 42897

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/07/2024 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: HALLSWORTH HOUSE License #: 42897 License Expiration: 10/26/2024
 Address: 1575 GRAND BOULEVARD, MONESSEN, PA 15062
 County: WESTMORELAND Region: WESTERN

Administrator

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

Legal Entity

Name: NASUN INC
 Address: 1575 GRAND BOULEVARD, MONESSEN, PA, 15062
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/10/2020 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 03/07/2024

Inspection Dates and Department Representative

03/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 60 Residents Served: 45
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 9
 Number of Residents Who:
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 45
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

03/07/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/29/2024

03/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/03/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/02/2024

Inspections / Reviews *(continued)*

04/02/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/04/2024

04/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2024

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 Alarms Standards Act, enacted 6/23/2016, requires carbon monoxide alarms to be "installed in close proximity of, but not less than 15 feet from, any fossil fuel device or appliance." There is no carbon monoxide alarm near the gas hot water heater in the common bathroom across from Resident Bedroom #3.

Plan of Correction

Accept () - 04/02/2024)

The carbon monoxide detector missing near the gas hot water heater in the common bathroom across from resident bedroom #3 was replaced by the facility grounds director on 03/08/2024. To ensure all carbon monoxide detectors are in place and have working batteries, the facility grounds director will visually inspect the 5 locations of Co2 detectors twice yearly in conjunction with Quality Management Reviews in March and September. During visual inspection in March, additionally, facility grounds director will change all five of the Co2 detector batteries.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented () - 04/04/2024)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 3:35 p.m., the hot water temperature, at the sink in the common bathroom across from Resident Room #18, measured 128.3 degrees Fahrenheit and at 3:53 p.m. it was still 128.3 degrees Fahrenheit.

At 3:44 p.m., the hot water temperature, at the sink in the common bathroom next to the old medication desk, measured 125.6 degrees Fahrenheit and at 3:55 p.m. it was 124.8 degrees Fahrenheit.

Plan of Correction

Accept () - 04/02/2024)

The hot water heater was turned down to a compliant temperature on the date of inspection 03/07/2024. As recommended by the surveyor on site, a digital thermometer was purchased by the facility grounds director on 03/08/2024 to assess hot water temperatures in lieu of the standard "taylor standard grade thermometer".

1. All hot water temperatures will be checked weekly by the facility grounds director beginning on 3/14/2024 with digital thermometer for four weeks, sampling hot water from 3 areas in reliance and one in independence section, then those same areas monthly thereafter. Documentation and temperature records will be kept.

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

Implemented () - 04/04/2024)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

At 10:28 a.m., there was an approximate 1/3-inch accumulation of lint in the lint trap of the dryer on the Suite Wing. There were no clothes in the dryer at the time.

At 10:46 a.m., there was a significant, approximately golf ball-sized, accumulation of lint in the lint trap of the dryer on the Independence Wing. There were dark clothes in the dryer at the time; however, the lint was light gray in color.

Plan of Correction

Accept (█) - 04/02/2024)

1. All team members were educated regarding the importance of emptying dryer lint after each use by the facility administrator via email on 03/08/2024.
2. Lint in dryers will be spot checked by administration twice weekly beginning on 03/12/2024 for 4 weeks and then weekly thereafter. Documentation of spot checks will be kept. Reeducation to all team members will be provided as needed.

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

Implemented (█) - 04/04/2024)

132g - Fire Drills Days/Times**4. Requirements**

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home conducted a sleeping hours fire drill on 10/30/23 at 11:30 p.m.; however, the previous sleeping hours fire drill, conducted on 4/13/23, was also at 11:30 p.m.

Plan of Correction

Accept (█) - 04/02/2024)

1. Fire drill regulation reviewed by on-site fire safety trainer on 03/07/2024.
2. Moving forward, extra care will be taken by fire safety trainer to ensure that days of the week and times of afterhours fire drills will change each time.
3. During the quarterly management meetings in March 2024, June 2024, September 2024, and December 2024, administration will review fire drills dates and times to ensure compliance.

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (█) - 04/04/2024)

181c - Self-administration Assessment**5. Requirements**

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

181c - Self-administration Assessment (continued)

Description of Violation

Resident #1 self-administers [REDACTED], 4 capsules; however, Resident #1 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner, regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept [REDACTED] - 03/26/2024)

1. Resident's [REDACTED] was removed from the bedroom on the date of inspection with the promise that it would be returned when we were able to discuss [REDACTED] desire to self-administer this medication with [REDACTED] physician on Tuesday 03/12/2024.
2. Resident's daughter and POA was contacted on 03/07/2024. Facility requested to daughter that no medication be provided to the resident in the bedroom until all compliance measures are in place in advance of the medication being brought. Daughter [REDACTED] verbalized understanding.
3. On 03/12/2024, Dr. [REDACTED] reviewed resident's medication list and discussed the patient's request with the resident. Dr. [REDACTED] ordered resident to self-administer [REDACTED] Take 4 tablets daily as needed for pain. A self-administration assessment was performed, and a lock box and key provided to the resident. Resident was educated to document the time and date that she takes the medication on a medication log provided to the resident. Resident verbalized understanding. PRN [REDACTED] from the medication cart that was ordered was discontinued.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented [REDACTED] - 04/04/2024)

183b - Meds and Syringes Locked

6. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At 11:05 a.m., a bottle of [REDACTED] capsules, and 4 capsules in a pill cup was unlocked, unattended, and accessible on a wooden desk in Resident #1's bedroom.

Plan of Correction

Accept [REDACTED] - 04/02/2024)

1. Resident's [REDACTED] was removed from the bedroom on the date of inspection with the promise that it would be returned when we were able to discuss [REDACTED] desire to self-administer this medication with [REDACTED] physician on Tuesday 03/12/2024.
2. Resident's daughter and POA was contacted on [REDACTED]. Facility requested to daughter that no medication be provided to the resident in the bedroom until all compliance measures are in place in advance of the medication being brought. Daughter [REDACTED] verbalized understanding.
3. On 03/12/2024, Dr. [REDACTED] reviewed resident's medication list and discussed the patient's request with the resident. Dr. [REDACTED] ordered resident to self-administer [REDACTED] Take 4 tablets daily as needed for pain. A self-administration assessment was performed, and a lock box and key provided to the resident. Resident was educated to document the time and date that [REDACTED] takes the medication on a medication log provided to the resident. Resident verbalized understanding. PRN Motrin from the medication cart that was ordered was discontinued.
4. Education provided to all staff on 03/27/2024 via email from administrator emphasizing importance of keeping all medications locked.
5. Audit performed of all resident rooms on 03/27/2024 by administration at 8am to check for unlocked and unattended medications.

183b - Meds and Syringes Locked (*continued*)

Licensee's Proposed Overall Completion Date: 03/29/2024

Implemented (█) - 04/04/2024

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #2's March 2024 medication administration record indicates █, take one tablet by mouth every 4 hours as needed for █; however, according to the hospice prescriber, the medication should have been discontinued on 9/28/23.

Plan of Correction

Accept (█) - 03/26/2024

1. Resident was transferred to a different hospice company and the standard EKIT orders of each company is different. When the medication required refill due to expiration, the refilled dose was different than the original and the order dose change wasn't noted. This left 1mg doses of expired Lorazepam destroyed and not reordered, but left on the MAR.
2. Hospice SN provided order to discontinue the lorazepam 1mg from the MAR and it was faxed to the pharmacy for removal on 03/07/2024.
2. A current process in place involves selecting a random resident sampling, and a full medication cart audit is performed for the resident's sampled every other month by administration. Current EKIT processes involves shift change count and monthly expiration date EKIT audit.
3. Moving forward additionally, when Hospice EKIT medications are audited monthly, the audit will be performed WITH resident's order sheet to ensure all EKIT medications match the MAR.

Licensee's Proposed Overall Completion Date: 03/25/2024

Implemented (█) - 04/04/2024