

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

April 18, 2024

[REDACTED]
BROADWAY MANOR LLC
[REDACTED]

RE: BROADWAY MANOR
560 BROADWAY STREET
MILTON, PA, 17847
LICENSE/COC#: 23030

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/14/2024 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: *BROADWAY MANOR* License #: *23030* License Expiration: *10/14/2024*
 Address: *560 BROADWAY STREET, MILTON, PA 17847*
 County: *NORTHUMBERLAND* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *BROADWAY MANOR LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/07/2024* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *48* Waking Staff: *36*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Interim* Exit Conference Date: *03/14/2024*

Inspection Dates and Department Representative

03/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *49* Residents Served: *48*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *35* Are 60 Years of Age or Older: *32*
 Diagnosed with Mental Illness: *21* Diagnosed with Intellectual Disability: *9*
 Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

03/14/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/26/2024*

03/28/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/22/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/04/2024*

Inspections / Reviews *(continued)*

04/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/02/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/19/2024

04/18/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/18/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The home's water heater is located in a storage room near the kitchen of the home. A red upholstered chair was found pushed up against the hot water heater with the upholstered portion touching the water heater.

Plan of Correction

Accept (████) - 04/04/2024)

The chair was moved immediately by the Administrator, in front of inspectors on █████. The area was cleaned out and items removed by 3rd shift staff █████. The Administrator will be responsible for checking this area. This will be done daily beginning █████. This was also add to the kitchen check list. A picture of the hot water heater is attached. The staff has also been trained to be aware of these types of area and to ensure there is no hazards.3/28/24

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented (████) 04/18/2024)

144c1 - Smoking Area Guidelines

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The home has a designated smoking area located behind the home. More than 20 cigarette butts were found on the front lawn of the home outside the designated smoking area on the date of inspection.

There was a small plastic container in the front yard near the home's porch with yard debris (leaves, twigs), that had 2 cigarette butts in with the yard debris, posing a fire hazard.

Plan of Correction

Accept (████) - 04/04/2024)

The area was cleaned up immediately by housekeeping and rechecked by the inspectors █████. Housekeeping and the Administrator will be responsible for making sure this area is cleaned. This was added to cleaning file for housekeeping █████.

The residents were again informed of smoking area, signs were placed on front porch. █████ The staff has been trained in making checks in this area throughout the day and night to ensure smoking is not happening out front and that the area remains clean. █████

The Administrator will check this area daily to ensure compliance.3/28/24

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented (████) - 04/18/2024)

187d - Follow Prescriber's Orders

3. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] has an order for [REDACTED] readings twice daily at [REDACTED] and [REDACTED]. On [REDACTED] and [REDACTED] the resident's [REDACTED] reading was not taken as the resident was out of the facility and did not return in time for the reading to be taken.

The Medication Administration Record for Resident [REDACTED] includes a [REDACTED] reading of [REDACTED] on [REDACTED] at [REDACTED] however this reading does not appear in the resident's glucometer.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

This is important to follow the prescriber's orders to ensure the health and well being of the resident, [REDACTED]. Medication staff is responsible for taking the [REDACTED]. Unfortunately it is not possible to correct these readings. As stated in original POC the administrator is doing weekly audits, this is happening, they are attached, however it is not solving the problem. Since by the time they are checked it is too late to do any missed readings. I have spoke to the prescriber regarding this issue, [REDACTED] is changing this order to be PRN, since the residents sugars are well under control. [REDACTED]. The administrator also held a training on follow all prescriber orders, and specifically to be able to check meters and MAR admin history daily to ensure we remain in compliance. [REDACTED]. The administrator still does weekly audits on the glucometers.

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

Implemented [REDACTED] - 04/18/2024)

225a - Assessment 15 Days

4. 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 [REDACTED] was admitted to the home on [REDACTED]. The Resident Assessment Support Plan's assessment for the resident was not completed until [REDACTED], greater than 15 days after admission.

Plan of Correction

Accept [REDACTED] - 04/04/2024)

This is needed to ensure the resident's needs are assessed and then able to make a plan to meet them. This was done late by the administrator and unable to be corrected for this resident, [REDACTED]. The administrator is responsible to ensure the RASP is done in the proper time frames. The administrator reviewed all resident forms to ensure they were all done. [REDACTED]. To ensure compliance the administrator will add the dates for the RASP in her calendar in a bright color during the admission meeting [REDACTED]. The RASP for this resident is attached. Unfortunately there is no new residents at this time to show continued compliance. I have attached the previous new resident's RASP just 1st page and signature page with dates to show compliance. I have attached a picture of the March calendar that comes up everytime I log onto my computer, the orange banner on March 31 is a reminder that a RASP needs to be completed. The Administrator is responsible to monitor the forms monthly to ensure continued compliance [REDACTED].

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented [REDACTED] - 04/18/2024)

227f - Resident Participation

5. Requirements

2600.

227.f. A resident may participate in the development and implementation of the support plan. A resident may include a designated person in making decisions about services.

Description of Violation

Resident [redacted] was admitted to the home on [redacted] and the assessment for the Resident Assessment Support Plan was finalized on [redacted]. As per staff interviews the resident had not yet had the opportunity to participate in the development and implementation of the Resident Assessment Support Plan as of [redacted].

Plan of Correction

Accept [redacted] - 04/04/2024)

The administrator was able to have resident go over [redacted] RASP to correct, change or add in finalizing it, [redacted] then signed it, [redacted]. The administrator is responsible to have the assessment and support plan done within the time frames given and to have the resident participate if they chose to. The administrator reviewed resident files to ensure all forms were done, [redacted]. The Administrator will add the date the assessment and support plan in to be done on the calendar during the admission meeting, so these are not missed. The calendar (which is on the computer will make the note in orange so it stands out). The calendar comes up everytime I get on it. The administrator will audit the resident's forms monthly to ensure this is done to remain in compliance. [redacted]

Licensee's Proposed Overall Completion Date: 03/28/2024

Implemented [redacted] 04/18/2024)