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

April 18, 2024

BROADWAY MANOR LLC

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/20/2024 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,

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**: *02/07/1974* **Issued By**: *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *45* **Waking Staff**: *34*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *03/20/2024*

Inspection Dates and Department Representative

03/20/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* **Residents Served**: *45*

Secured Dementia Care Unit

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

Hospice

Current Residents: *45*

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

03/20/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *04/13/2024*

04/15/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *04/15/2024*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

Inspections / Reviews *(continued)*

04/18/2024 - Bypass Document Submission

Submitted By: [redacted]
Date Submitted: *04/15/2024*
Reviewer: [redacted]
Follow-Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident ██ reported that Staff Member A had yelled loudly during breakfast in the dining room, asking if the resident needed ██████. There were approximately 10 other residents in the dining room who could hear Staff Member A's question to Resident ██ Resident ██ reported they felt very embarrassed by this interaction.

Resident ██ likes to smoke cigarettes, which are held and distributed by staff. Resident ██ frequently asks for cigarettes from staff. Staff Member A was reported by residents and staff to become agitated when Resident ██ repeatedly asks for their cigarettes. Staff Member A was reported to taunt Resident ██ telling the resident that they will leave their cigarettes in the street and let cars run them over or threatens to withhold cigarettes for the rest of the day.

Repeat Violation: 11/8/22

Plan of Correction ***Accept ██ - 04/12/2024)***

The Administrator is responsible to train staff and ensure they are treating residents appropriately. The Administrator had an immediate discussion with staff member A regarding treating residents with dignity and respect.██████. Staff A had one on one training in residents rights ██████ The Administrator then followed up with training for all staff on all resident rights ██████. I also had staff A do extra training on professionalism and ethics. ██████. All training is attached. The administrator has been more observant of staff to ensure these actions are not continuing. ██████ - ongoing. The Administrator will follow up with observation and interviews to ensure staff are following the rights on a monthly basis. Staff A was giving notice that any more issues will result in termination██████

Licensee's Proposed Overall Completion Date: *04/10/2024*

Implemented ██ - 04/18/2024)

54a - Direct Care Staff

2. Requirements

2600.
54.a. Direct care staff persons shall have the following qualifications:

Description of Violation

Staff Member A provides direct care to residents, but the home does not have any verification of high school diploma, GED, or registry as a CNA.

Repeat Violation: 11/8/22

Plan of Correction ***Accept ██ - 04/12/2024)***

The Administrator is responsible to ensure all documentation is available. Staff A had a direct care certificate from previous personal care home, but the administrator did not have her hs diploma or GED. Staff A brought in her

54a - Direct Care Staff (continued)

transcripts [redacted]. The administrator immediately emailed them to inspector as requested during exit interview. They are attached. The administrator reviewed all staff records to ensure all required paperwork is obtained. [redacted]. The administrator will continue to monitor the required paperwork for new hires. [redacted] New hire [redacted], diploma attached.

Licensee's Proposed Overall Completion Date: *04/10/2024*

Implemented [redacted] 04/18/2024)

57b - 1 Hour/Day

3. Requirements

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On Sunday [redacted] and Monday [redacted], the home did not have enough direct care staffing hours to provide at least one hour per day of personal care services per resident. On [redacted] and [redacted] the home had a census of 45 residents. On each day, total direct care staffing hours equaled 45 hours, however per staff interviews, it was determined that direct care staff spend approximately six cumulative hours on other ancillary duties, decreasing their total direct care staffing to 39 hours per day.

Plan of Correction ***Accept [redacted] - 04/12/2024)***

The administrator is responsible for ensure there are appropriate direct care hours. The administrator limited the ancillary duties being performed by dc staff [redacted]. The administrator has hired another dc staff to cover the gap so the ancillary duties could be performed and still have appropriate dc hours [redacted] The administrator will continue to monitor the hours while doing the schedule to ensure there is enough dc hours to provide 1 hour per day of personal care to residents. [redacted] Schedule attached.

Licensee's Proposed Overall Completion Date: *04/10/2024*

Implemented [redacted] 04/18/2024)

83a - Indoor Temperature

4. Requirements

2600.
83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

Resident [redacted] room was measured to be 64.4 degrees Fahrenheit. Interviews with resident and staff indicate the in-room thermostat is unable to control the temperature of the room.

Repeat Violation: 10/3/23

Plan of Correction ***Accept [redacted] - 04/12/2024)***

The administrator was responsible for getting maintanence to check the windows and wall unit in this room to ensure proper temperature [redacted]. The administrator turned the wall unit up to 85 degrees [redacted]. I also gave the remote for the unit to the resident so [redacted] could control it if it turned off or got too warm or cold. The resident,

83a - Indoor Temperature (continued)

who's bed was directly beside and under the windows in the room was moved to the other side of the room against walls. The window was recaulked and covered with plastic to help with any air coming in. . The administrator put a thermometer in the room to monitor the temp. Attached is a picture of the thermometer and temperature. , 2nd pic was today I also check with resident on the temperature of the room. There has been a new admission who is sharing that room and the administrator has also been checking in with to ensure is comfortable. The administrator has checked all rooms for proper temp ensuring no room was below 70 degrees. The Administrator continues to monitor the rooms for the temperature, this will be done bi weekly

Licensee's Proposed Overall Completion Date: *04/10/2024*

Implemented - 04/18/2024)

183f - Discontinued Medications

5. Requirements

2600.
183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

The home's policy for destruction of discontinued or expired medication reads, "Prescription medication, OTC medications and Cam that are discontinued, expired or for residents who are no longer served at the facility will be destroyed in a safe manner according to the Department of Environmental protection and Federal and State Regulations."

Staff Member B states that they discard medications by washing them down the sink. The EPA issued regulations in August 2019 that prohibits the flushing or sewering of hazardous pharmaceutical waste.

Staff Member A states that they discard medications by throwing them in the garbage. Disposing of medication in a garbage can may lead to the contamination of groundwater and other bodies of water, contributing to the degradation of the environment and harm to humans, animals, and aquatic life. Additionally, disposing of medications in a garbage can, does not safeguard medications from possible drug diversion.

Plan of Correction ***Accept 04/12/2024)***

The administrator is responsible for the training of staff on medications. The administrator held training on the appropriate disposal of medications. The administrator has also included the disposal policy in the Policy and Procedure manual . The administrator has also obtained a "drug buster" container that will be kept in administrators office, this office is always locked unless the administrator is in there. That way no one could accidently get into the container. Once full it will be sent back to the pharm for disposal since they have hazard waste disposal. The administrator will be responsible for monitoring all medication disposals as the policy states 4/11/24

Licensee's Proposed Overall Completion Date: *04/11/2024*

Implemented 04/18/2024)

202 - Prohibitions

6. Requirements

2600.
202. The following procedures are prohibited:

Description of Violation

It was reported by residents and staff that Resident [redacted] eats cigarette butts. Resident [redacted] was threatened by Staff Member A, that they would have coffee taken away if they continue to eat cigarette butts. Resident [redacted] continued to eat cigarette butts and Staff Member A did not give resident coffee for a few days.

The home limits Resident [redacted] cigarettes to one every two hours, in order to prevent Resident [redacted] from smoking all their cigarettes before the end of the month.

Plan of Correction ***Accept [redacted] - 04/12/2024)***

The Administrator is responsible for ensuring all staff is aware and upholding the resident's rights. Staff was informed immediately that these procedures were prohibited, and not to be used. [redacted] Staff A was trained one on one by the Administrator on resident rights, [redacted] also had training in ethics and professionalism [redacted] & [redacted] As stated above on [redacted] all staff were trained in resident rights using the RCG. All training was already attached. The administrator has been observing staff to ensure these procedures are not occuring at all for any resident. [redacted] -ongoing. The administrator will continue to monitor for situations by conducting resident interviews and of course observation of staff. 4/11/24

Licensee's Proposed Overall Completion Date: *04/11/2024*

Implemented [redacted] 04/18/2024)