

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

April 23, 2024

[REDACTED], ADMINISTRATOR
MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC
4112 SPRINGHILL ROAD
PORTAGE, PA, 15946

RE: MAPLE WINDS PERSONAL CARE
4112 SPRINGHILL ROAD
PORTAGE, PA, 15946
LICENSE/COC#: 33325

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/21/2024 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: *MAPLE WINDS PERSONAL CARE* License #: *33325* License Expiration: *02/18/2025*

Address: *4112 SPRINGHILL ROAD, PORTAGE, PA 15946*

County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *MAPLE WINDS HEALTHCARE AND REHABILITATION CENTER LLC*

Address: *4112 SPRINGHILL ROAD, PORTAGE, PA, 15946*

Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *03/23/2011* Issued By: *Cambria County*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *16* Waking Staff: *12*

Inspection Information

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

Reason: *Renewal* Exit Conference Date: *03/21/2024*

Inspection Dates and Department Representative

03/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* Residents Served: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

03/21/2024 Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/12/2024*

04/12/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *04/16/2024*

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *04/19/2024*

Inspections / Reviews *(continued)*

04/23/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member B, whose first day of work was [REDACTED] did not have a Pennsylvania State Police clearance on file.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate action was taken by the Director of Human Resources on 03/22/2024 to obtain the PA State Police clearance for Staff Member #1. The Administrator and the Director of Human Resources reviewed employee files on 03/25/2024 to ensure all current direct care and ancillary staff have a PA State Police clearance on file. The Administrator will monitor employee files alongside the Director of Human Resources upon hire to ensure all new employees clearances are obtained by the completion of the hiring and onboarding process. Monthly audits will be completed through June 2024 by the Administrator and the Director of Human Resources to maintain ongoing compliance. Beginning July 2024, audits will be completed quarterly moving forward. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by the Quality Management Team for continuous improvement purposes and further review. Staff requirements for hiring will be addressed at the next quality management review to be held on 04/30/2024.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 04/23/2024)

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:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

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

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

65a FS Orientation 1st Day (continued)

- 5. The location and use of fire extinguishers.
- 6. Smoke detectors and fire alarms.
- 7. Telephone use and notification of emergency services.

Plan of Correction

Accept () - 04/12/2024)

Immediate action was taken by the Administrator and the Director of Human Resources on 03/25/2024 to review employee files to ensure all current direct care and ancillary staff received training on the topics of regulation 65a prior to or on the first day of work in relation to general fire safety and emergency preparedness. The Administrator will monitor employee files alongside the Director of Human Resources upon hire to ensure all training is provided before or on the first day of work. Monthly audits will be completed through June 2024 by the Administrator and the Director of Human Resources to maintain ongoing compliance. Beginning July 2024, audits will be completed quarterly moving forward. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally by the Quality Management Team for continuous improvement purposes and further review. Staff training needs will be addressed at the next quality management review to be held on 04/30/2024.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented () - 04/23/2024)

183b - Meds and Syringes Locked

3. 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

On [redacted] at [redacted] room #119a was observed having [redacted] and [redacted] located in the bathroom unlocked, unattended, and accessible.

On [redacted] at [redacted] room [redacted] was observed having [redacted] unlocked, unattended, and accessible.

Plan of Correction

Accept () - 04/12/2024)

Immediate action was taken by the Director of Nursing on 03/21/2024 to provide a verbal reminder to on duty staff and all residents assessed to being capable of self administering medications on the importance of ensuring medications remain secured in the lock box located in their resident restroom when not in use to protect against contamination, spillage, or theft. The Medtech present in the facility on 03/21/24, assisted residents with securing their self administer medications within their designated lock boxes in their restrooms. The Administrator revised the current "Guardian Angel Round" weekly list on 03/24/2024 to include verifying self administer medications are in a secure place for all residents that have been assessed capable of self administering some medications. The "Guardian Angel Round" list is completed each week to maintain ongoing compliance by the Administrator or Staff Development. The Administrator provided a verbal education to all staff on the importance of self administering medications remaining secured in the lock box located in resident restrooms when not in use to protect against

183b - Meds and Syringes Locked (continued)

contamination, spillage, and theft and was also reminded of which residents are able to self-administer some medications. This verbal education was completed by 03/26/2024. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 04/12/2024

Implemented [redacted] - 04/23/2024)

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

On 3/21/24, transcription errors were observed on the Medication Administration Record (MAR) for resident #1 on the following dates and times:

On [redacted] at [redacted] resident #1 had a recorded blood sugar reading of [redacted], however the MAR recorded a blood sugar reading of [redacted].

On [redacted] at [redacted] resident #1 had a recorded blood sugar reading of [redacted] however the MAR recorded a blood sugar reading of [redacted].

On [redacted] at [redacted] resident #1 had a recorded blood sugar reading of [redacted], however the MAR recorded a blood sugar reading of [redacted].

On [redacted] at [redacted] resident #1 had a recorded blood sugar reading of [redacted] however the MAR recorded a blood sugar reading of [redacted]. At [redacted] the recorded blood sugar reading was [redacted], however the MAR recorded a blood sugar reading of [redacted].

On [redacted] at [redacted] resident #1 had a recorded blood sugar reading of [redacted], however the MAR recorded a blood sugar reading of [redacted].

On [redacted], the following dates were observed having blood sugar measurements recorded on the MAR for resident #1. However, resident #1's glucometer lacked readings for these measurements.

No recorded blood sugar reading on resident #1 glucometer at [redacted] on: [redacted] - [redacted]

No recorded blood sugar readings on resident #1 glucometer at [redacted] on: [redacted] - [redacted].

No recorded blood sugar readings on resident #1 glucometer at [redacted] on: [redacted] - [redacted].

On [redacted] at [redacted], the glucometer assigned to resident #2 was observed being calibrated incorrectly. The glucometer was observed having a date and time [redacted].

On [redacted], the glucometer assigned to resident #3 was observed being calibrated incorrectly. The glucometer was observed having a date and time of [redacted].

185a Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 04/12/2024)

Immediate action was taken by the Director of Nursing to check and ensure all resident glucometers were calibrated and or checked for proper calibration on 03/21/2024. Manufacturer instructions for all glucometers within the facility were printed and available for use located in the top drawer of the medication cart on 03/25/2024. Beginning the week of 03/24/2024, the Administrator will conduct weekly audits to maintain ongoing compliance with a completion date of 04/27/2024. Beginning 04/28/2024, audits will be completed monthly moving forward to monitor glucometer calibration, verifying glucometer readings alongside the readings in the MAR, and that the correct amount of insulin was administered based on the blood glucose level if a sliding scale is ordered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Training was provided by 04/03/23 for all current Medtech's by the Administrator. The education included the location of glucometer manuals, how to correctly calibrate the glucometers, the importance of checking if glucometer is calibrated correctly prior to checking blood glucose level, how to properly check a blood glucose level using the glucometer, how to read a sliding scale and base insulin amount needed off of blood glucose level, the importance of monitoring blood glucose levels, reporting low and or high levels to PCP, the importance of entering correct reading into MAR from glucometer and how to find previous blood glucose level readings in the glucometer, safety precautions when taking a blood glucose level and hand hygiene, and cleaning and disinfecting glucometers after every use. This training will be conducted bi annually by the Administrator or Director of Nursing. Glucometer calibration weekly checks have been added to the facility's medication cart audit that is completed each month by the Administrator or Designated Medtech to ensure consistent compliance with this regulation. A folder with the monthly audit will be kept in the top drawer of the medication cart. Hereafter, newly certified Medtech's glucose readings in comparison to the insulin given will be monitored weekly for one month following the passing of the medication administration course and completion of diabetic education by the Administrator or Director of Nursing to ensure accuracy of obtaining glucose readings and administering the correct dose of insulin. Newly certified Medtech's will also be individually shown how to calibrate a glucometer and check for date and time accuracy prior to obtaining glucose readings.

Licensee's Proposed Overall Completion Date: 04/27/2024

Implemented [REDACTED] - 04/23/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #1 was prescribed [REDACTED] scale 4 times daily. The medication was not administered correctly as ordered as per the sliding scale on the following dates.

Blood Sugar Units to be administered:



On [REDACTED] the MAR was observed having a blood glucose measurement [REDACTED] and resident #1 was administered 1 unit.

On [REDACTED] the MAR was observed having a blood glucose measurement of [REDACTED] and resident #1 was administered 2 units.

Plan of Correction

Accept [REDACTED] - 04/12/2024)

The Administrator provided a verbal education to all Medtech's on next scheduled shifts on the importance of administering the correct amount of insulin based on the sliding scale. Beginning the week of 03/24/2024, the Administrator will conduct audits weekly to maintain ongoing compliance that will monitor that the correct amount of insulin was administered based on the blood glucose level if a sliding scale is ordered. Weekly audits will be completed by the date of 04/27/2024. Beginning 04/28/2024, monthly audits will be completed moving forward. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes. Additional training was provided by 04/02/23 for all current Medtech's by the Administrator. The education included an overview on glucometers, how to read a sliding scale based on blood glucose level reading, and the importance of monitoring blood glucose levels. This training will be conducted bi-annually by the Administrator or Director of Nursing. Hereafter, newly certified Medtech's glucose readings in comparison to the insulin given will be monitored weekly for one month following the passing of the medication administration course and completion of diabetic education by the Administrator or Director of Nursing to ensure accuracy of obtaining glucose readings and administering the correct dose of insulin.

Licensee's Proposed Overall Completion Date: 04/27/2024

Implemented [REDACTED] - 04/23/2024)