

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

October 2, 2024

[REDACTED], REGIONAL DIRECTOR
NORTHEAST PC OPERATIONS LLC
[REDACTED]

RE: BRYN MAWR VILLAGE
773 EAST HAVERFORD ROAD
BRYN MAWR, PA, 19010
LICENSE/COC#: 14834

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2024, 04/16/2024 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: *BRYN MAWR VILLAGE* License #: *14834* License Expiration: *08/22/2024*
 Address: *773 EAST HAVERFORD ROAD, BRYN MAWR, PA 19010*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *NORTHEAST PC OPERATIONS LLC*
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *10/16/2023* Issued By: *Haverford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Provisional, Monitoring* Exit Conference Date: *04/16/2024*

Inspection Dates and Department Representative

04/15/2024 - On-Site: [REDACTED]
 04/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *33* Residents Served: *22*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Impressions* Capacity: *25* Residents Served: *16*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *22*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *16* Have Physical Disability: *0*

Inspections / Reviews

04/15/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2024*

06/12/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *07/08/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/02/2024*

Inspections / Reviews *(continued)*

10/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/08/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [redacted], the home's current license, dated [redacted], was not posted in a conspicuous and public place in the secured dementia care unit (Impressions) side of the home. The personal care side of the home is three floors up on the opposite side of the building separated by a skilled nursing facility.

Plan of Correction

Accept [redacted] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/17/2024 by the Assistant Administrator to Posted the current license in a public place in the Impressions unit.

To enhance the currently compliant operations, on 5/1/2024 the Administrator will complete weekly walk throughs to enusre all regulated licenses and postings are visiable in a public place with a completion date of 6/1/2024.

Effective 7/1/2024 the Administrator will perform monthly audits through 12/1/2024 to maintain ongoing compliance with postings. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 12/01/2024

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [redacted] - 10/02/2024)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted], during a medication audit, it was noted that resident #1's blood suqar checks were not completed as prescribed on [redacted] at [redacted] and on [redacted] and [redacted] at [redacted]

On [redacted], during a medication audit, it was noted that resident #1 did not receive their prescribed medication; [redacted] on the following dates and times: [redacted] at [redacted] at [redacted] and [redacted] at [redacted], [redacted] and [redacted] at [redacted] and [redacted].

On [redacted], during a medication audit, it was noted that resident #2 did not receive their [redacted] prescribed medications; [redacted].

These are considered medication errors and are to be reported to the Department in an incident report. The home did not report these incidents to the Department.

16c - Written Incident Report (continued)

Repeat Violation: 05/18/23.

Plan of Correction

Accept () - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 04/17/2024 by the Administrator, all nurses and med techs were inserviced on recording the correct blood sugar. and following prescribers orders.
- 2. on 4/20/2024 by the Administrator all PCP and families were notified of the errors with the blood sugar recording and wrong record of blood sugar.

To enhance the currently compliant operations, on 5/20/2024 the nurse or med tech will complete daily audits of all blood sugars recording at the of each shift, with a completion date of 6/20/2024.

Effective 5/20/2024 the nurse or med tech will perform daily audits review through 6/20/2024 to maintain ongoing compliance with blood sugar recordings and following prescribers orders. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/20/2024

Licensee's Proposed Overall Completion Date: 06/20/2024

Implemented () - 10/02/2024)

25a - Written Contract and Review

3. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

The administrator or a designee did not review and explain the resident home contract, dated () to resident #3. The contract is signed electronically (DocuSigned) by The Admissions Officer, The Administrator and a Designee on (). The Responsible Party/Resident Representative DocuSigned the contract on (). The resident signed the contract on (). There are no additional documents or notations indicating the administrator or a designee reviewed and explained the contract to the resident.

Plan of Correction

Accept () - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/23/2024 by the Admissions Director to met with admissions director to discuss residents signing the contract after the administrator, admissions director, and responsible party, without doucemention that the contract was explained to the resident.

To enhance the currently compliant operations, on 05/01/2024 the Administrator and Adminissions Director will review each contract after all parties have signed to ensure the contract have been explained to the residents and docemention is note if the resident signed after all parties have signed, with a completion date of 7/1/2024.

25a - Written Contract and Review (continued)

Effective 5/1/2024 the administrator will perform random checks to maintain ongoing compliance with resident contracts.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented ([redacted] - 10/01/2024)

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated [redacted], for resident #4 was not signed by the administrator, administrator designee, resident or the resident's "Guardian Ad Litem" as appointed by the Court of Common Pleas of Delaware County, Pennsylvania, Orphans Court Division.

Repeat Violation: 05/18/23, 10/17/23, et. al.

Plan of Correction

Accept ([redacted] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/23/24 by the administrator and admissions director had a meeting to ensure all parties have signed the contract before the resident is admitting to the home.

To enhance the currently compliant operations, on 5/1/2024 the admissions director will meet with the administrator or assistant administrator when a new contract has been signed with a completion date of 7/1/2024.

Effective 5/1/2024 the admissions director will perform random checks on residents contract through 7/1/2024 to maintain ongoing compliance with residents contracts.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented ([redacted] - 10/01/2024)

25c13 - Complaint Procedure

5. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 13. Written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of rights and complaint procedures).

25c13 - Complaint Procedure (continued)

Description of Violation

The resident-home contract, dated [REDACTED] for resident #4 does not include the resident rights or complaint procedures.

The resident-home contract, dated [REDACTED] for resident #5 does not include the resident rights or complaint procedures.

Plan of Correction

Accept (MJ - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/18/2024 by the administrator, both resident #2 and resident #4 were given a copy of the residents rights and explained the residents rights to both resident # 2 and resident # 4, both resident have signed acknowledgement of receiving the residents rights.

To enhance the currently compliant operations, on 5/24/2024 the admissions director will complete and audit of all resident contracts to ensure all resident have received and signed acknowledgement that they have received a copy of the residents rights with a completion date of 7/1/2024.

Effective 5/20/2024 the admissions director will perform a audit on all new contracts to maintain ongoing compliance with residents rights .

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented ([REDACTED] - 10/01/2024)

25b SOPa - Rent Rebate: Contract

6. Requirements

2600.

25b.a. The resident-home contract is to include whether the home collects a portion of a resident's rent rebate under § 2600.25(d) (relating to resident-home contract).

Description of Violation

The resident-home contract, dated [REDACTED], for Resident #2 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

The resident-home contract, dated [REDACTED], for Resident #4 does not indicate whether the home collects a portion of the resident's rent rebate benefit. There was no addendum or audit documentation indicating the file had been reviewed as indicated in the 07/25/23 plan of correction.

The resident-home contract, dated [REDACTED], for Resident #5 does not indicate whether the home collects a portion of the resident's rent rebate benefit.

Repeat Violation: 05/18/23.

25b SOPa Rent Rebate: Contract (continued)

Plan of Correction

Accept (█ - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/23/2024 by the administrator assistant, both resident #2 and resident # 4 were explained the rent rebate process and acknowledge that the home do not participate in the rent rebate program.

To enhance the currently compliant operations, on 5/24/2024 the admissions director or administrator will audit residents contracts to ensure all residents will be explained the rent rebate process with a completion date of 7/1/2024.

The administrator and admissions director is working on revising the contract to include the rent rebate process.

Effective 5/24/2024 the [admission director will perform audits for each new contract to maintain ongoing compliance with rent rebate process.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 07/01/2024

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented (█ - 10/01/2024)

26a - Quality Management Plan

7. Requirements

2600.

26.a. The home shall establish and implement a quality management plan.

Description of Violation

The home has not implemented a quality management plan. Documentation of any quality management reviews were not available.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (█ - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/17/2024 by the Administrator to met with department head and explained the importance of a quality management plan.

On 5/29/2024 the administrator will hold the first quality mamangement meeting.

To enhance the currently compliant operations, on 05/29/2024 the administrator will schedule a quality management meeting, with a completion date of 5/29/2024.

Effective 5/29/2024 the administrator will perform quartley QA meetings as per policy to maintain ongoing compliance with quality management plans. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

26a - Quality Management Plan (continued)

Implemented (█) - 10/02/2024)

41e - Signed Statement

8. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

Resident #4's record did not contain a statement signed by the resident, or the resident's appointed guardian, acknowledging receipt of a copy of the resident rights and complaint procedures.

Resident #5's record did not contain a statement signed by the resident acknowledging receipt of a copy of the resident rights and complaint procedures.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (█) - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/18/2024 by the administrator, both resident #2 and resident #4 were given a copy of the residents rights and complaint procedure and explained the residents rights to both resident # 2 and resident # 4, both resident have signed acknowledgement of receiving the residents rights and complaint procedure.

To enhance the currently compliant operations, on 5/24/2024 the admissions director will complete and audit of all resident contracts to ensure all resident have received and signed acknowledgement that they have received a copy of the residents rights and complaint procedure with a completion date of 7/1/2024.

Effective 5/20/2024 the admissions director will perform a audit on all new contracts to maintain ongoing compliance with residents rights and complaint procedure.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented (█) - 10/01/2024)

42s - Privacy

9. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 04/15/24, at 11:05 AM, a video recording camera was noted above the patio door off of the Impressions TV room. There is no language in the resident contract stating this area is subject to video recording and no signs were posted in this area indicating the area was being recorded.

42s - Privacy (continued)

Repeat Violation: 05/18/23.

Plan of Correction

Accept (████ - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/17/2024 by the Executive Director to order signs to post that a video camera was recording on all outside areas with video cameras. On 4/21/2024 all outside areas were checked for video cameras by the administrator and posted signs were placed that the area was being recorded.

To enhance the currently compliant operations, on 5/1/2024 the administrator or assistant will complete a weekly check to ensure all postings are visible in the areas where video cameras are recording, with a completion date of 6/1/2024.

Effective 6/1/2024 the administrator or assistant will perform monthly checks through 12/1/2024 to maintain ongoing compliance with all areas with video cameras. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented (████ - 10/01/2024)

51 - Criminal Background Check

10. 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

The Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) requires the home to determine if the applicant has held permanent residency in a state other than Pennsylvania within the past two years and request the appropriate criminal background checks from the Pennsylvania State Police and FBI on or before the first day of work.

Staff member A's date of hire is ██████████, staff member A does not have a criminal background check.

Staff member B's date of hire is ██████████, staff member B's criminal background check request was not completed until 07/24/2023.

Repeat Violation: 05/18/23, 10/17/23, et. al.

Plan of Correction

Accept (████ - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/20/2024 by the administrator who met with resources director to discuss the regulations of having the background checks completed.

Staff member A is no longer employed with the home, so no background check could be completed.

To enhance the currently compliant operations, on 4/24/2024 the human resources director will complete an one time audit on all backgrounds with a completion date of 6/1/2024

51 - Criminal Background Check (continued)

Effective 6/1/24 the HR director and administrator will perform a check on all new employee files before new employees start date to maintain ongoing compliance with background checks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented () - 10/01/2024)

62 - Contact List

11. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home is unable to provide an accurate list of staff personnel. The list provided on 04/15/24 included staff who work only in the skilled nursing facility, staff who have not worked in the home since January 2024 and did not include staff hired on 02/22/24. The home utilizes agency staff making additional staff omissions difficult to determine.

Repeat Violation: 05/18/23.

Plan of Correction

Accept () 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/29/2024 by HR director the active employee list have been updated to included all PC staff only.

On 4/29/2024 the scheduler has also updated the agency staff list and will be kept on a seperate contact list.

Both activie employess and agency staff will be updated opun a new hire/termination ect..

The agency contact list will be updated when any new agnecy staff is assigned to the home.

To enhance the currently compliant operations, on 5/24/2024 the administror will review all updated conctect list to ensure the active employee list has PC employees only with a completion date of 7/1/2024

Effective 5/1/2024 the HR director provide a weekly updated contact list to administrator or administrator assistant to maintain ongoing compliance .

Any definices will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented () - 10/01/2024)

65a - FS Orientation 1st Day

12. Requirements

2600.

65a - FS Orientation 1st Day (continued)

- 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: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Staff person C, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services.

Repeat Violation: 05/18/23.

Plan of Correction

Accept ([REDACTED] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/29/2024 by HR director the active employee list have been updated to included all active staff only.

Staff member A was no longer employed by the home, but was still on the active employee contact list. On 4/29/2024 an one time audit was preformed to ensure all PC staff oreintation have been completed.

To enhance the currently compliant operations, on 5/24/2024 the administrror will review all new hires to include ancillary staff to ensure the oreintation was completed before working on the floor with a completion date of 7/1/2024

Effective 5/1/2024 the HR director provide a weekly updated contact list to administrator or administrator assistant to maintain ongoing compliance .

Any definices will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

65a FS Orientation 1st Day (continued)

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented () - 10/02/2024)

65b - Rights/Abuse 40 Hours

13. 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:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff person A worked at the home from [redacted] to [redacted] as a physical therapist assistant. However, this staff person did not complete training in the following topics: resident rights, emergency medical plan, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), reporting of reportable incidents and conditions.

Staff person C, hired [redacted] has not completed training in the following topics: emergency medical plan, and reporting of reportable incidents and conditions. Completion of 40 scheduled working hours cannot be determined.

A list of hours worked was requested from staff person D, (title: Human Resources) on 04/16/24, but no documentation was received.

Repeat Violation: 05/18/23, 10/17/23, et. al.

Plan of Correction

Accept () - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/29/2024 by HR director the active employee list have been updated to included all active staff only.

Staff member A and staff person C is no longer employed by the home, but was still on the active employee contact list.

On 4/29/2024 an one time audit was prefomed to ensure all PC staff oreintation have been completed including the infollowing topics: emergency medical plan, and reporting.

To enhance the currently compliant operations, on 5/24/2024 the administrror will review all new hires to include ancillary staff to ensure the oreientation including the following topics: emergency medical plan, and reporting of reportable incidents and conditions. Completion of 40 scheduled working hours completed before working on the floor with a completion date of 7/1/2024

Effective 5/1/2024 the HR director provide a weekly updated contact list to administrator or administrator

65b - Rights/Abuse 40 Hours (continued)

assistant to maintain ongoing compliance .

Any definices will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented ([REDACTED] - 10/02/2024)

65c - Ancillary Staff Orientation

14. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person A, whose first day of work was [REDACTED], did not have a general orientation to his/her specific job functions.

Plan of Correction

Accept [REDACTED] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/29/2024 by HR director the active employee list have been updated to included all active staff only.

Staff member A was no longer employeed by the home, but was still on the active employee contact list.

On 4/29/2024 an one time audit was preformed to ensure all PC staff oreintation have been completed.

To enhance the currently compliant operations, on 5/24/2024 the administror will review all new hires to include ancillary staff to ensure the oreintation was completed before working on the floor with a completion date of 7/1/2024

Effective 5/1/2024 the HR director provide a weekly updated contact list to administrator or administrator assistant to maintain ongoing compliance .

Any definices will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] 10/02/2024)

65i - Training Record

15. 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

The home does not have a record of any completed staff training or orientation for staff person A.

Repeat Violation: 05/18/23.

Plan of Correction

Accept ([redacted] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/22/2024 by the Human Resources to Went thorough all the files in the skilled unit and personla care unit to ensure all active employees have the manadatory training.

On 4/20/2024, it was found that multiple employees from the skilled unit were missing trainings. The human resource director is working on completeing traings for the skilled unit. The PC adminisrator is working with human resources to ensure all PC active emplyess have the correct mandatory trainings.

To enhance the currently compliant operations, the human resources and administrator or assistant have complete audits 2 times a month to ensure trainings are being completed with a completion date of 6/1/2024.

Effective 6/1/2024 the HR and adminstrator /assistant will perform monthly checks of trainings through 10/1/2024 to maintain ongoing compliance with all active employees files and new hires. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented ([redacted] - 10/01/2024)

66b - Training Plan Content

16. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

1. The name, position and duties of each direct care staff person.
2. The required training courses for each staff person.
3. The dates, times and locations of the scheduled training for each staff person for the upcoming year.

Description of Violation

The home's staff training plan does not include the name, position and duties of each direct care staff person, the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.

Plan of Correction

Accept ([redacted] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/29/2024 by the Administrator to include The home's staff training plan does not include the name, position and duties of each direct care staff person, the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year.

66b - Training Plan Content (continued)

Effective 10/1/2024 the administrator will complete the staff training plan for the upcoming year to ensure, the name, position and duties of each direct care staff person, the required training courses for each staff person, the dates, times and locations of the scheduled training for each staff person for the upcoming year to maintain ongoing compliance with the staff training plan.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 10/01/2024)

82c - Locking Poisonous Materials

17. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Several items, with a manufacture's label indicating "contact a physician or poison control center", were observed unlocked, unattended, and accessible to residents in the secured memory care unit (Impressions). These items include:

- Liquid Laundry Suds found in an unlocked laundry room,
- a container of Flex Wipes sitting on the kitchen counter,
- PeriGuard Ointment, Clorox Bleach Germicidal Wipes, and toothpaste found in various resident bedrooms.

Not all the residents of the Impressions Unit, have been assessed capable of recognizing and using poisons safely.

Repeat Violation: 05/18/23, 10/17/23, et. al.

Plan of Correction

Accept ([redacted] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/15/2024 by the administrator assistant, who pulled all poisons items out of residents room and all items not locked where it is unreachable to residents,

On 4/17/2024 all staff were in serviced on posinous materials, locking posionous materials out of reach for residents and keeping the laundry room locked

On 4/17/2024 all toieltress were taking out of the residents rooms, out in individual containers and locked the laundry room when not in use by staff.

To enhance the currently compliant operations, on 5/1/2024 the administrator or assistant will preform randon spot checks to ensure no posinous items are exposed to residents and the laundry room door is locked with a completion date of 7/1/2024.

Effective 7/1/2024 the administrator will perform weekly checks through 10/1/2024 to maintain ongoing compliance with Poisons materials.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

82c - Locking Poisonous Materials (continued)

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented (█) - 10/02/2024)

85a - Sanitary Conditions

18. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On █, an █ glucometer with the word "HOUSE" written on the top in purple marker was found in the Impressions Unit medication cart.

Plan of Correction

Accept (█) - 06/12/2024)

On █ was removed thrown away.

All nurses and med techs were in serviced on not using how stock for any residents in personal care.

Starting 5/1/2024 a weekly med cart audit has been completed to ensure no house stock of any kind is being used, with a completion date of 7/1/2024.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented (█) - 10/01/2024)

85d - Trash Receptacles

19. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 04/15/24, at 9:59 AM, there was an uncovered, unattended trash can in the bathroom of room 101.

On 04/15/24, at 10:53 AM, there was an uncovered, unattended trash can in the bathroom of room 112.

On 04/16/24, at 1:55 PM, there was an uncovered, unattended trash can in the main kitchen.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (█) - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/17/2024 by the Administrator to ordered all new trash cans for every resident room and all trash cans that did not have a lid. On 4/17/2024 an audit was conducted to find muliple trash cans with no lids.

To enhance the currently compliant operations, on 5/1/2024 the administrator/assistant will check all rooms and areas whith trash cans to ensure all cans are coverd with lids, weekly with a completion date of 6/1/2024.

85d - Trash Receptacles (continued)

Effective 6/1/2024 the administator or assistant will perform monthly checks through 12/1/2024 to maintain ongoing compliance with trash can covers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented () - 10/01/2024)

95 - Furniture and Equipment

20. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

On 04/15/24, at 11:04 AM, three upholstered chairs were found on the patio off of the Impressions TV Room. Two of the chairs were worn and dirty with leaves and debris in between the cushions. The third chair was also dirty and very worn with the arm rests splintering apart and creating a hazard.

Plan of Correction

Accept () - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/18/2024 by the Maintenance Assistant to removed all worn, dirty and broken chairs from the outside patio area.

On 4/18/2024 all staff were inserviced on not putting inside chairs outside.

To enhance the currently compliant operations, on 5/1/2024 the administrator or assistant will complete weekly checks to ensure no dirty, or broken chairs are outside in the patio area with a completion date of 6/1/2024.

Effective 6/1/2024 the administrator or assistant administrator will perform monthly checks in all patio areas through 10/1/2024 to maintain ongoing compliance with sanitary condintions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented () - 10/01/2024)

96b - First Aid Location

21. Requirements

2600.

96.b. Staff persons shall know the location of the first aid kit.

Description of Violation

On 04/16/24, at 3:28 PM, staff persons E and F could not find the first aid kit on the personal care side of the home.

Plan of Correction

Accept () - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/16/2024 by the Adminisrator to located the first aid kit for our residential area on the Impressions unit and immediately returned to the residential unit.

96b First Aid Location (continued)

To enhance the currently compliant operations, on 5/7/2024 all staff were inserviced on not removing the first aid kit from the units as there are one for each unit. The administrator or assistant have been completeing audits on all first aid kits since 5/1/2024 to ensure the kits are in the proper location on both units for access when needed, with a completion date of 6/1/2024.

Effective 6/1/2024 the nurse or med tech will perform monthly ongoing checks to maintain ongoing compliance with first aid kits. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented () - 10/01/2024)

100a - Exterior - Free of Hazards

22. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

On 04/15/24, at 10:28 AM, several hazards were noted with the patio off the Impressions dining room; the walkway from the dining room through the sun room to the patio is partially blocked and very narrow, the ground was littered with stones, overgrowth, dead leaves and mildew, the fence behind the raised flower beds was low and could be stepped over if standing on the raised brick and concrete, the gate door, which was also covered in mildew, opened only partially to a mulched flower bed.

Plan of Correction

Accept () - 06/12/2024)

On 4/18/2024 all were removed that were blocking the patio, the mildew carpet was removed.

On 5/29/2024 the administrator have scheduled a deep cleaning for the outside patio .

Starting 6/1/2024 the administratot or asisstant will conduct weekly rounds of the pation to ensure no build up of leaves, mildew or items are blocking the patio.

Any findings will be reported to maintenenance and removed.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented () - 10/01/2024)

103f - Refrigerator/Freezer Temps

23. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 04/15/24, at 10:23 AM, the temperature in the Impressions refrigerator was 42 degrees Fahrenheit. The April 2024 temperature log for the Impressions refrigerator recorded temperatures over 40 degrees consistently between 04/04/24 and 04/15/24.

The milk refrigerator in the main kitchen was initially measured at 45 degrees and then at 50 degrees on the second

103f - Refrigerator/Freezer Temps (continued)

inspection. These temperatures were taken during the kitchen inspection which was completed between 1:55 PM and 2:20 PM on 04/16/24.

Also during the main kitchen inspection, the walk in freezer thermometer read a temperature of 8 degrees.

Repeat Violation: 05/18/23, 10/17/23, et. al.

Plan of Correction

Accept (█) - 06/12/2024)

On 4/17/2024 an audit of the refridgerator was performed and found the the refrigerator was not functioning properly and has been cleaned out and will not be used.

upon recieving the new refrigerator all staff will be in servcied on the temp logs and documentation for 2 months.

The maintenance manager will now monitor the fridge temps and report to administrator or assistant.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented (█) - 10/01/2024)

24. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the freezer in the Impressions kitchen.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (█) - 06/12/2024)

On 4/17/2024 The administrator did put the thermometer in the freezer, after being monitered by the kitchen manager, it was determined that the freezer was not operating properly and all items have been removed the the freezer.

Upon recieving an new freezer, all staff will be inserved on not removing the thermometer and reportin if no thermometer is in the freezer.

The kitchen manager will preform daily audits on the freezer to ensure the thermometer is visiable and available upon recieving a new freezer.

Licensee's Proposed Overall Completion Date: 06/22/2024

Implemented (█) - 10/01/2024)

103i - Outdated Food

25. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

103i - Outdated Food (continued)

Description of Violation

There was an unlabeled, undated tub of Philadelphia Italian Water Ice and an unlabeled, undated bag of mixed vegetables in the main kitchen's walk in freezer.

Repeat Violation: 05/18/23.

Plan of Correction

Accept [redacted] - 06/12/2024)

On 4/17/2024 the unlabeled tub of water ice and undated bag of mixed vegetables were removed from the fridge. Starting 5/1/2024 the kitchen manager will perform daily checks to ensure no unlabeled or undated food is in the freezer for 60 days.

Licensee's Proposed Overall Completion Date: 07/20/2024

Implemented [redacted] - 10/01/2024)

121a - Unobstructed Egress

26. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 04/15/24, at 10:22 AM, a cooler of ice on a plastic stand with wheels and a garden work bench blocked egress from the home's Impressions kitchen area to the outside patio. This doorway is marked with an "Emergency Exit Only" sign. Additionally, the gate door exiting from the patio to get away from the building is blocked by mulch, ivy and other plants.

Repeat Violation: 05/18/23.

Plan of Correction

Accept [redacted] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/20/2024 by the Maintenance assistant to clear the items outside of the exit door off the dining room.

On 4/20/2024 all outside patio areas were checked for items blocking exits.

To enhance the currently compliant operations, on 5/1/2024 the administrator or assistant will complete checks for door postings and directions with a completion date of 6/1/2024.

Effective 6/1/2024 the administrator or assistant will perform monthly rounds through 12/1/2024 to maintain ongoing compliance with maintenance director. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented [redacted] - 10/01/2024)

124 - Notice to Fire Department

27. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (████) - 06/12/2024)

On 5/19/2024 a letter was emailed to the ██████ Fire department with adrees of the home, residents who need assistance to evacute and a floor plan of the home.

The Administrator will compltete a check sheet for any new resident or discharged resident to be updaed and sent to the local fire department immediately.

The administrator or administrator assistant will review all new admissions and discharges daily.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented (████) - 10/01/2024)

132a Monthly Fire Drill

28. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

During the annual inspection in May 2023, the home was cited for not completing unannounced fire drills. On 04/15/24, the home was not able to provide verification that unannounced fire drills were held between the months of June 2023 to January 2024. The only fire drills available for review were dated 02/22/24 and 03/18/24.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (████) - 06/12/2024)

The administrator could not verify any fire drills that should have happened before her time.

On 2/22/24 the administrator did have a scheduled fire drill for February and March and April,

The Administrator will ensure that monthly unannounced fire drills are held, and has also scheduled reminders if a unannounced fire drill has not been completed by the 20th of each month.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented (████) - 10/01/2024)

132c Fire Drill Records

29. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for the drill conducted on 03/18/24 does not include the amount of time it took for the evacuation. The number of residents listed on this drill matches the number of residents currently living in the Impressions Unit. When asked if both the Personal Care Unit and the Impressions Unit were evacuated during this drill, staff person G, the Administrator, stated that they were not sure.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (█ - 06/12/2024)

On 4/21/2024 the administrator met with █ Fire Safety Cooperation and explained that both Personal Care and Impressions unit will need to be evacuated.

On 4/16/2024 █ Fire Safety did complete two seperate fire drills, one on the Impressions unit and one on the personal care unit.

The administrator has scheduled reminder alerts if fire drills are not completed by the 20th of each month.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented (█ - 10/01/2024)

141a Medical Evaluation

30. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

Resident #4, whose date of admission is █, has not had a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (█ - 06/12/2024)

On 4/29/2024 the administrator did an audit of the DME's and found multiple DMEs missing or out of date.

On 4/ /2024 the nurse and admistrator assistant reached out to the PCPs for each resident for updated DME's.

As of 5/19/2024 97% of the updated DME's have been completed and the other 3 percent will be completed by 6/1/2024.

The administrator will create a tickler by 6/1/2024 to ensure all DME's are updated annually or sig change.

On 6/1/2024 the administrator will create a check off sheet for all new admissions to ensure all charts have the DMEs.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for

141a - Medical Evaluation (continued)

continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented (█ - 10/01/2024)

141b1 - Annual Medical Evaluation

31. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

The home does not have an initial or annual medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department for resident #4, whose has been a resident since 03/17/23.

Plan of Correction

Accept (█ - 06/12/2024)

On 4/29/2024 the administrator did an audit of the DME's and found multiple DMEs missing or out of date.

On 4/ /2024 the nurse and admistrator assistant reached out to the PCPs for each resident for updated DME's.

As of 5/19/2024 97% of the updated DME's have been completed and the other 3 percent will be completed by 6/1/2024.

The administrator will create a tickler by 6/1/2024 to ensure all DME's are updated annually or sig change.

On 6/1/2024 the administrator will create a check off sheet for all new admissions to ensure all charts have the DMEs.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented (█ - 10/01/2024)

162c - Menus Posted

32. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home has menus posted on the Impressions bulletin board labeled "Week 1", "Week 2", "Week 3" and "Week 4". There is also a menu board in the Impressions dining room labeled "Week 4, Monday". None of the menus include a date. When asking staff about the lack of dates, staff replied that future meals can be determined by checking the menu board and lining that up with the information listed on the bulletin board. Staff was reminded that the Impressions Unit is serving residents with memory impairments and dementia and that this is not a reasonable explanation for not having dates posted on the menus.

162c - Menus Posted (continued)

Repeat Violation: 05/18/23, 10/17/23, et. al.

Plan of Correction

Accept (█ - 06/12/2024)

On 4/19/2024 the administrator met with the dining service manager and discussed the monthly menu on impressions and pc, we discussed adding the dates on the weekly menu.

Starting 5/1/2024, the weekly posted menus will now have the dates for each week,

Starting 5/1/2024 the administrator will do monthly checks to ensure the weekly menus are dated the monthly checks will go on for six months.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented (█ - 10/02/2024)

183a - Original Containers and Injections

33. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

On █, two vials of █ were observed not in a box alone in the top drawer of the Impressions medication cart. No other identifiable information was available.

Plan of Correction

Accept (█ - 06/12/2024)

On 4/19/2024 all nurses were inserviced on unlabeled medications in the med cart.

Starting 5/15/2024 a med cart audit will be conducted weekly to ensure no unlabeled medications are in the cart until 7/1/2024.

Starting 6/1/2024 the administrator will begin completing med cart audits with specialty rx pharmacy monthly.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented (█ - 10/01/2024)

184a - Resident's Meds Labeled

34. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On █, two vials of an █ were found alone in the top drawer of the Impressions medication cart. These medications did not have a pharmacy label indicating:

- the resident's name,
- the name of the medication,
- the date the prescription was issued,

184a Resident's Meds Labeled (continued)

- the prescription dosage and instructions for administration,
- the name and title of the prescriber.

Plan of Correction

Accept () - 06/12/2024)

On 4/19/2024 all nurses were inserviced on unlabeled medications in the med cart.

Starting 5/15/2024 a med cart audit will be conducted weekly to ensure no unlabeled medications are in the cart until 7/1/2024.

Starting 6/1/2024 the administrator will begin completing med cart audits with specialty rx pharmacy monthly.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented () - 10/01/2024)

184b - Labeling OTC/CAM

35. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On [redacted], during a medication audit for resident #5, it was noted that the resident's [redacted] Oral Tablet Chewable 1 tablet daily and [redacted] 3 tablets every 6 hours were not on the medication cart. When questioned, staff member F stated these are "House Stock" medications and must be downstairs on the other cart. The "house stock" medications are not labeled with the resident's name.

Plan of Correction

Accept () - 06/12/2024)

On 4/16/2024 house stock medications monitor was removed thrown away.

On 4/16/2024 individual [redacted] oral chewable tablets and [redacted] were ordered for resident # 5.

All nurses and med techs were in serviced on not using house stock for any residents in personal care.

Starting 5/1/2024 a weekly med cart audit has been completed to ensure no house stock of any kind is being used, with a completion date of 7/1/2024.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented () 10/01/2024)

185a - Implement Storage Procedures

36. 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

Resident #3 is prescribed [redacted] as needed. On [redacted], this medication was not available in the home.

Resident #5 is prescribed [redacted] and [redacted] as needed. On [redacted], these medications were not available in the home.

185a Implement Storage Procedures (continued)

Repeat Violation: 05/18/23. 10/17/23, et. al.

Plan of Correction

Accept () - 06/12/2024

On 4/16/2024 [redacted] as needed was ordered and sent to the home for resident # 3.

On 4/16/2024 [redacted] and [redacted]

[redacted] were ordered and sent to the home for resident # 5.

Starting 5/24/2024 nurses will complete a weekly cart audit to ensure all prescribed medications are on the carts and available for residents.

The administrator will complete random audits from 6/1/2024 10 1 2024 to ensure all medications continue to be available.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented () - 10/02/2024

37. 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

During an audit of resident #1's Glucometer readings and the information documented on the residents Medication Administration Record (MAR), the following errors recording blood glucose levels were noted:

Date	Time	Glucometer Blood Glucose Reading	MAR Documented Reading
------	------	----------------------------------	------------------------

[redacted]	[redacted]	[redacted]	[redacted]
------------	------------	------------	------------

Repeat Violation: 10/17/23.

Plan of Correction

Accept () - 06/12/2024

On 4/18/2024 all nurses and med techs were inserviced on recording and documenting to ensure we are documenting the correct information.

Starting 5/24/2024 the blood sugar monitoring will be audited daily for 3 months.

On 5/20/2024 the med techs were trained for Insulin and Glucometer Training Diabetic Education.

Administrator or nurse will check the daily glucose readings to ensure all readings match the docementation.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented () - 10/02/2024

187d Follow Prescriber's Orders

38. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted] based on a sliding scale. The resident's MAR indicates the resident's [redacted] blood glucose reading on [redacted] was [redacted] and received [redacted] units of Insulin. However, resident #1's glucometer shows that the resident's blood glucose reading on [redacted], taken at [redacted] was [redacted] and should have received [redacted] units of Insulin.

On [redacted], during a medication audit, it was noted that resident #1's blood sugar checks were not completed as prescribed on [redacted] at [redacted] and on [redacted] and [redacted]

Repeat Violation: 10/17/23.

During an audit of resident #1's Glucometer readings and the information documented on the residents Medication Administration Record (MAR), the following errors in administration time were noted:

Date	Prescribed Time	Glucometer Blood Glucose Reading Recorded Time
[Redacted Table Content]		

Plan of Correction

Accept ([redacted] - 06/12/2024)

On 4/18/2024 all nurses and med techs were inserviced on recording and documenting to ensure we are documenting the correct information.

Starting 5/24/2024 the blood sugar monitoring will be audited daily for 3 months.

On 5/20/2024 the med techs were trained for Insulin and Glucometer Training Diabetic Education.

Administrator or nurse will check the daily glucose readings to ensure all readings match the docementation.

Licensee's Proposed Overall Completion Date: 08/20/2024

Implemented ([redacted] - 10/02/2024)

39. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #3 is prescribed [redacted] / [redacted] - Give [redacted] by mouth in the morning for Supplement. However, on [redacted], during a medication audit, this medication was not available in the home.

Plan of Correction

Accept [redacted] - 06/12/2024)

On [redacted] [redacted] tabs [redacted] was ordered and sent to the home for resident # 3.

Starting 5/24/2024 nurses will complete a weekly cart audit to ensure all prescribed medications are on the carts and available for residents.

The administrator will complete random audits from 6/1/2024 - 10-1-2024 to ensure all medications continue to be available.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 10/02/2024)

40. Requirements

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

Description of Violation

On [redacted], during a medication audit, it was noted that resident #1 did not receive their prescribed medication; [redacted] on the following dates and times: [redacted].

On [redacted], during a medication audit, it was noted that resident #2 did not receive their [redacted] prescribed medications; [redacted].

On [redacted], during a medication audit, it was noted that resident #5 did not receive their [redacted] prescribed medication: [redacted].

Repeat Violation: 05/18/23.

Plan of Correction

Accept [redacted] - 06/12/2024)

On 4/19/2024 Nurses and med techs were in serviced on signing out medications given and reporting missed medications.

On 4/19/2024 all missing medications were reported to PCP.

Starting 6/1/2024 all nurses and med techs will preform daily audits at the end of each med pass for 3 months to ensure no medications were missed.

Starting 6/1/2024 the administrator or designee will sign off on the daily MAR audits.

Licensee's Proposed Overall Completion Date: 05/20/2024

Implemented [redacted] - 10/02/2024)

191 - Resident Right to Refuse

41. Requirements

2600.

191. Resident Education The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #4, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #5, admitted [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeat Violation: 05/18/23.

Plan of Correction

Accept [REDACTED] - 06/12/2024)

On 5/20/2024 the administrator begin an audit of all charts to ensure that the residents were educated to the right to refuse medications if the resident believes that there may be a medication error, multiple charts so far has not had the right to refused medications in the chart.

On 5/24/2024 the administrator will begin educating all residents on the right to refuse any medication if the resident believes that there may be a medication error.

The administor will also create a check list to ensure all new admissions will be educated on the right to refuse medications by 6/22/2024.

Licensee's Proposed Overall Completion Date: 06/22/2024

Implemented [REDACTED] - 10/01/2024)

224a Preadmission Screen Form

42. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #4 was admitted to the home on [REDACTED]; however, the resident's preadmission screening form has not been completed.

Repeat Violation: 05/18/23.

Plan of Correction

Accept [REDACTED] - 06/12/2024)

On 4/29/2024 the administrator did an audit of the Pre Screens and found multiple Prescreens missing.

The administrator will create a tickler by 6/1/2024 to ensure all prescreens are completed before resident contract is signed.

On/4/49/2024 the administrator did speak with the admissions director, to enusre no contracts will be signed if no prescreen is available.

On 6/1/2024 the administrator will create a check off sheet for all new admissions to ensure all charts have prescreens.

The administrator will sign off on the check sheet after all required forms are completed for 3 months.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

224a Preadmission Screen Form (continued)

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented (█) - 10/01/2024)

225a - Assessment 15 Days

43. 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

An assessment was not completed for resident #2, who was admitted to the home on █.

An assessment was not completed for resident #3, who was admitted to the home on █.

An assessment was not completed for resident #4, who was admitted to the home on █.

Repeat Violation: 05/18/23.

Plan of Correction

Accept (█) - 06/12/2024)

On 4/29/2024 the administrator did an audit of the residents charts and found multiple Assessments missing or out of date.

On 4/ /2024 the nurse and admistrator assistant reached out to the PCPs for each resident for updated DME. As of 5/19/2024 97% of the updated DME's have been completed and the other 3 percent will be completed by 6/1/2024.

As of 5/1/2024 the nurse and assistant administrator has started completing all assessments as the DMEs were completed.

The administrator will create a tickler by 6/1/2024 to ensure all Assessments are updated annually or sig change.

On 6/1/2024 the administrator will create a check off sheet for all new admissions to ensure all charts have the assessments.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented (█) - 10/01/2024)

225c - Additional Assessment

44. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

- 1. Annually.
- 2. If the condition of the resident significantly changes prior to the annual assessment.
- 3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #4, whose date of admission is █, has not had an initial or annual Assessment completed since being admitted to the home.

225c - Additional Assessment (continued)

Plan of Correction

Accept [REDACTED] - 06/12/2024)

On 4/29/2024 the administrator did an audit of the residents charts and found multiple Assessments missing or out of date.

On 4/ /2024 the nurse and admistrator assistant reached out to the PCPs for each resident for updated DME. As of 5/19/2024 97% of the updated DME's have been completed and the other 3 percent will be completed by 6/1/2024.

As of 5/1/2024 the nurse and assistant administrator has started completing all assessments as the DMEs were completed.

The administrator will create a tickler by 6/1/2024 to ensure all Assessments are updated annually or sig change.

On 6/1/2024 the administrator will create a check off sheet for all new admissions to ensure all charts have the assessments.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented [REDACTED] - 10/01/2024)

233c - Key-Locking Devices

45. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the door to reenter the Impression's Dining Room from the Patio area.

The directions for operating the home's locking mechanism near the door to reenter the Impression's TV Room from the Patio area were incorrectly posted.

Repeat Violation: 05/18/23.

Plan of Correction

Accept [REDACTED] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/17/2024 by the Administrator to Posted the correct code near the door to reenter the Impressions dining room are.

To enhance the currently compliant operations, on [] the [] will The administrator or assistant administrator will complete weekly rounds of all doors to ensure all doors have the directions for the homes locking mechanism, with a completion date of [].

Effective [] the [] will perform [] [] through [] to maintain ongoing compliance with ensuring that if key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, that directions for their operation are conspicuously posted near the device. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

233c - Key-Locking Devices (continued)

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented () - 10/01/2024)

234a - Admission Support Plan

46. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on (). However, an initial support plan was not completed.

Resident #3 was admitted to the Secure Dementia Care Unit (SDCU) on (). However, an initial support plan was not completed.

Repeat Violation: 05/18/23, 10/17/23, et. al.

Plan of Correction

Accept () - 06/12/2024)

On 4/29/2024 the administrator did an audit of the residents charts and found multiple Assessments missing or out of date.

On

On 4/ /2024 the nurse and admistrator assistant reached out to the PCPs for each resident for updated DME.

As of 5/19/2024 97% of the updated DME's have been completed and the other 3 percent will be completed by 6/1/2024.

As of 5/1/2024 the nurse and assistant administrator has started completing all assessments as the DMEs were completed.

The administrator will create a tickler by 6/1/2024 to ensure all Assessments are updated annually or sig change.

On 6/1/2024 the administrator will create a check off sheet for all new admissions to ensure all charts have the assessments.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/15/2024

Implemented () - 10/01/2024)

251a - Record for Each Resident

47. Requirements

2600.

251.a. A separate record shall be kept for each resident.

251a - Record for Each Resident (*continued*)**Description of Violation**

The home has no record for resident #4, admitted on [REDACTED]. The contract for resident #4 is not signed by the resident or the court appointed guardian and no medical file was made available during this inspection on [REDACTED] or [REDACTED].

Plan of Correction

Accept [REDACTED] - 06/12/2024)

In response to the violation on 04/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 4/23/24 by the administrator and admissions director had a meeting to ensure all parties have signed the contract before the resident is admitting to the home.

On 5/14/2024 the assistant administrator reached out to the the guardian to have both guardian and resident go over the contract and sign. As of 5/20/2-24 we are waiting for the guardian to confirm a date and time.

To enhance the currently compliant operations, on 5/1/2024 the admissions director will meet with the administrator or assistant administrator when a new contract has been signed with a completion date of 7/1/2024. Effective 5/1/2024 the admissions director will perform random checks on residents contract through 7/1/2024 to maintain ongoing compliance with residents contracts.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/01/2024

Implemented [REDACTED] - 10/02/2024)

252 - Record Content

48. Requirements

2600.

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

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.

252 - Record Content (continued)

17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

Description of Violation

Resident #2's record does not include admission date, Social Security number, color of hair, color of eyes, religious affiliation, if any, and identifying marks, language or means of communication spoken or used by the resident. Further, the face sheet included in the resident's file is from a different facility.

Plan of Correction

Accept ([REDACTED]) - 06/12/2024)

On 5/2/2024 the lpn252. Content of Resident Records - Each resident's record must include the following information:

1. Name, gender, admission date, birth date and Social Security number.
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. Language or means of communication spoken or used by the resident.
5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
6. The name, address and telephone number of the resident's physician or source of health care.
7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
8. A list of prescribed medications, OTC medications and CAM.
9. Dietary restrictions.
10. A record of incident reports for the individual resident.
11. A list of allergies.
12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident's medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident's property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.

252 - Record Content (continued)

22. Copies of transfer and discharge summaries from hospitals, if available.

23. If the resident dies in the home, a copy of the official death certificate.

24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).

25. A copy of the resident-home contract.

26. A termination notice, if any.

Description of Violation

Resident #2's record does not include admission date, Social Security number, color of hair, color of eyes, religious affiliation, if any, and identifying marks, language or means of communication spoken or used by the resident.

By the 6/1/2024 the nurses and or administrator will have completed the audit for all residents charts.

By 6/1/2024 the administrator will have a check off sheet for all new admissions record content.

Licensee's Proposed Overall Completion Date: 06/01/2024

Implemented (█ - 10/02/2024)