

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

June 13, 2024

[REDACTED], ADMINISTRATOR
LEEDS HEALTH CARE SERVICES INC
[REDACTED]

RE: NOTTINGHAM VILLAGE
RETIREMENT CENTER
60 NEITZ ROAD, PO BOX 32
NORTHUMBERLAND, PA, 17857
LICENSE/COC#: 20213

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/23/2024 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: NOTTINGHAM VILLAGE RETIREMENT CENTER License #: 20213 License Expiration: 04/26/2025
Address: 60 NEITZ ROAD, PO BOX 32, NORTHUMBERLAND, PA 17857
County: NORTHUMBERLAND Region: NORTHEAST

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: LEEDS HEALTH CARE SERVICES INC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 07/02/2002 Issued By: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 04/23/2024

Inspection Dates and Department Representative

04/23/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 90 Residents Served: 52

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 52
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 1

Inspections / Reviews

04/23/2024 - Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 05/23/2024

Inspections / Reviews (*continued*)

06/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/11/2024

06/13/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

Reviewer: [REDACTED]

Follow-Up Type: Bypass Document
Submission

06/13/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/13/2024

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

The home did not have the license inspection summary (LIS) report dated 5/31/23 posted conspicuously in the home as required.

Plan of Correction

Accept (█ - 06/13/2024)

A new copy of the LIS was printed posted by the administrator on 4/23/24 at 10:30am (day of the inspection). Other copy of the LIS was found being viewed by a resident at time of inspection. Resident services staff will monitor compliance by auditing LIS posting daily to insure conspicuous posting of LIS. See attached daily audit tool along with audit tool in progress. Audit began on 5/20/2024 and will continue until 100% accuracy is met for four consecutive weeks. If progress continues audit goal will be met by 6/16/2024. Administrator to oversee daily audit. See attached administrator spot check tool.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented (█ - 06/13/2024)

20b3 - Written Receipts

2. Requirements

2600.

- 20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Resident # 1 has a financial account with the facility. Resident # 1 did not sign for withdrawals made on 6-15-23 or 3-18-23.

Plan of Correction

Accept (█ - 06/13/2024)

Administrator educated Resident Services Department staff on the process for requiring resident signature for disbursements from financial accounts on 05/20/2024. See attached education. On 5/21/24 Resident Services Director met with resident #1 to review past transactions and resident #1 signed acknowledging withdrawals made on 6/15/23 and 3/18/24. Administrator will audit resident financial account records weekly to insure written receipts are being completed for all disbursements. Audits began on 5/21/24. See attached audit tool in progress. Audits will continue until 100% accuracy is achieved for 6 consecutive weeks.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented (█ - 06/13/2024)

103e - Left Overs

3. Requirements

2600.

- 103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

103e - Left Overs (continued)

Description of Violation

The three tubs of ice cream stored in the ice cream freezer were not labeled with the dates they were opened.

Plan of Correction

Accept (█ - 06/13/2024)

Director of Hospitality Services properly labeled Ice cream containers with dates opened on 4/23/24. See attached photo. A daily audit will be completed by kitchen staff to insure ice cream containers are marked with the date they are opened. Audit began 5/24/24. See attached audit tool. Director of Hospitality Services will oversee audits. Audits will continue until 100% accuracy is achieved for 4 consecutive weeks. Administrator will spot check audits every other week for compliance. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented (█ - 06/13/2024)

103g - Storing Food

4. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A tub of vanilla ice cream was found in the ice cream freezer with no lid on it.

Plan of Correction

Accept (█ - 06/13/2024)

Director of Hospitality Services properly sealed ice cream containers with lids on 4/23/24. See attached photo. A daily audit will be completed by kitchen staff to insure ice cream containers properly sealed. Audit began 5/24/24. See attached audit tool. Director of Hospitality Services will oversee audits. Audits will continue until 100% accuracy is achieved for 4 consecutive weeks. Administrator will spot check audits every other week for compliance. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented (█ - 06/13/2024)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

In the basement laundry, behind the washers and dryers, there was a layer of lint, posing a fire hazard.

In the resident laundry, the tan dryer was empty, there was lint in the lint trap and a layer of lint behind the dryers posing a fire hazard.

Plan of Correction

Accept (█ - 06/13/2024)

Affected lint traps and areas behind dryers were cleaned by housekeeper on duty on 4/23/24. See attached photos. A daily audit will be completed by Housekeeping Staff to insure lint traps are clean and areas behind dryers are free of lint. Audits began on 5/24/24. See attached audit tool. Director of Environmental Services will oversee audits.

105g - Lint Removal and Duct Cleaning (continued)

Audits will continue until 100% accuracy is achieved for 6 consecutive weeks. Administrator will spot check audits every other week for compliance. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 06/10/2024

Implemented () - 06/13/2024)

132g - Fire Drills Days/Times

6. Requirements

2600.

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

Description of Violation

The fire drill log reviewed from 6-2023 through 4-2024, there were no drills held on a Saturday or Sunday. 8 of the 11 drills were held on a Monday or Tuesday, creating a distinguishable routine of when the drills would be held.

Plan of Correction

Accept () - 06/13/2024)

Administrator and Director of Plant Services reviewed the process for monthly fire drills on 4/24/24. For future drills, Director of Plant Services will alert the Administrator when a drill is to be held so that the Administrator can confirm that the drill will not create a pattern in accordance with previously conducted drills. Administrator will log these interactions on the attached Administrator Spot Check tool. Administrator will continue to log and audit drills until repetition is not found for 6 consecutive months.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented () - 06/13/2024)

141a - Medical Evaluation

7. 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

The home did not have page two of the Documentation of Medical Evaluation (DME) form completed for resident #2 for the DME dated ()

Resident #3 was admitted to the home on (). Resident #3's DME form indicated an evaluation date of () more than 60 days prior to admission.

Repeated violation 5/31/23.

Plan of Correction

Accept () - 06/13/2024)

Nursing supervisor contacted PCP for resident #2 and requested page two of DME for resident #2 on 4/24/24. Page two of DME sent back to facility from PCP office on 4/25/24 at 4:51pm. Beginning with a review of the month of May, Nursing supervisor will conduct monthly audits of DMEs for at least 5 randomly selected residents each

141a - Medical Evaluation (continued)

month (see attached DME Monthly Audit tool) for the next six months. Audits will continue beyond six months until no errors are found for two consecutive months. Administrator to spot check audits monthly for ongoing compliance. See Administrator Audit tool.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented (█) - 06/13/2024

185a - Implement Storage Procedures

8. 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 #4 requires blood glucose monitoring at morning and dinner time. On 4/19/24 the blood glucose reading at 5pm was 420 but was recorded on the resident's medication administration record (MAR) as 422.

Resident #5 requires blood glucose monitoring at 8am and 8pm. On 4/20/24 the blood glucose reading at 8pm was 86 but was recorded on the resident's MAR as 89.

Plan of Correction

Accept (█) - 06/13/2024

Nursing supervisor provided written education to all charge staff on 4/24/24 regarding glucometer transcription. See attached education. Beginning 5/1/24 Nursing Supervisor will conduct monthly audits to insure glucometer transcriptions are accurate. Nursing supervisor will continue audits until 100% accuracy is achieved for 3 consecutive months. See attached audit tool. Administrator will spot check audits monthly for continued compliance. See attached administrator audit tool.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented (█) - 06/13/2024

227d - Support Plan Medical/Dental

9. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3 uses an enabler bar to assist with transfers. Resident #3's support plan dated 10/17/23 does not include the following information: the specific type of enabler bar used, the risks associated with the enabler bar, the resident's ability to use it safely, and whether the enabler bar is required to be covered to meet FDA guidelines.

Repeated violation 5/31/23.

Plan of Correction

Accept (█) - 06/13/2024

RASP for resident 3 updated by Nursing Supervisor and Administrator on 5/21/24 with details regarding enabler bar (see attached RASP). RASP reviews will be completed by nursing supervisor on 5 randomly selected residents per

227d - Support Plan Medical/Dental (continued)

month beginning with the month of May. Reviews will continue until there are no errors for 3 consecutive months. See attached audit tool. Administrator will complete monthly spot checks until goal is achieved and to maintain compliance. See attached administrator spot check tool.

Licensee's Proposed Overall Completion Date: 06/11/2024

Implemented (█ - 06/13/2024)