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

May 14, 2024

[redacted]
HALCYON SENIOR LIVING LLC
[redacted]

RE: HALCYON SENIOR LIVING
528 DEWEY AVENUE
BRIDGEVILLE, PA, 15017
LICENSE/COC#: 45109

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/24/2024 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: *HALCYON SENIOR LIVING* **License #**: *45109* **License Expiration**: *10/16/2024*

Address: *528 DEWEY AVENUE, BRIDGEVILLE, PA 15017*

County: *ALLEGHENY* **Region**: *WESTERN*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *HALCYON SENIOR LIVING LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP*	**Date**: *04/13/1998*	**Issued By**: *L&I*
Type: *I-1*	**Date**: *10/23/2014*	**Issued By**: *Municipality of Bridgeville*
Type: *I-2*	**Date**: *08/03/2020*	**Issued By**: *Bridgeville Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *87* **Waking Staff**: *65*

Inspection Information

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

Reason: *Incident, Fine* **Exit Conference Date**: *04/24/2024*

Inspection Dates and Department Representative

04/24/2024 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *88* **Residents Served**: *55*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *2nd Floor* **Capacity**: *44* **Residents Served**: *21*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *55*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *32* **Have Physical Disability**: *0*

Inspections / Reviews

04/24/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/05/2024*

Inspections / Reviews *(continued)*

05/06/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2024*

Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/13/2024*

05/08/2024 - POC Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2024*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *05/15/2024*

05/14/2024 - Document Submission

Submitted By: [redacted] **Date Submitted:** *05/14/2024*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] during the 7:00 a.m. to 3:00 p.m. shift, direct care staff person A, the Director of Nursing, was notified by the home's staff of suspicious bruising on the chest that was discovered while changing the clothes of resident [redacted]. Direct care staff person B, the Administrator, notified the Department of Human Services Licensing of an incident of suspected abuse on 4/8/24 at 5:00 p.m. However, the incident of suspected abuse was not immediately reported to the Department of Aging in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 – 10225.707) and 6 Pa. Code Sections 15.21 – 15.27 (relating to reporting suspected abuse) and was not reported to the Department of Aging until 4/10/24 at approximately 9:38 a.m.

Plan of Correction ***Accept [redacted] - 05/06/2024)***

Admin identified PA Code 2600.15.a and identified that reporting to AAA was not immediate called upon the suspected abuse.
Admin reviewed coding 15a. Admin developed educational packed and reviewed at staff meeting on 4/29. Discussing 2600.15a.

Moving forward, after notification of suspected abuse, Admin will immediately place call to AAA, documenting findings/times on audit tool. Auditing tool to be updated as needed for the length of the provisional licensing.

Licensee's Proposed Overall Completion Date: *05/03/2024*

Implemented ([redacted] - 05/14/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

There was no pharmacy label for resident [redacted] oral concentrate.

There was no pharmacy label for resident [redacted] oral concentrate.

The pharmacy label for resident [redacted]) did not indicate the entire prescribed sliding scale order, ending with ranges "251 – 3." However, resident [redacted] is prescribed [redacted] Syringe ([redacted]) – inject sub-Q three times a day per sliding scale [redacted]

Plan of Correction ***Accept [redacted] - 05/06/2024)***

DON corrected finding by immediately updating the label medications as noted on attachments on 4/29
DON/Admin/office manager audited all medication/labels to ensure completeness and updated as needed by 5/3/24
Staff educated on 4/29 from DON/Administrator regarding proper labeling including necessary information as

184a - Resident's Meds Labeled (continued)

defined by PA Code 2600.184a.
DON/Admin to audit all residents new medications' labels upon entering into facility 5 days a week, seeking, in writing, corrections to be presented to Admin. This to be completed over length of provisional.

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

Implemented (- 05/14/2024)

187b - Date/Time of Medication Admin.

3. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident is prescribed Caplet, take tablets] by mouth every 8 hours. However, on 4/16/24 at 12:12 a.m., direct care staff person C administered the two tablets or of to resident and it was not documented on the April 2024 medication administration record.

Resident is prescribed Caplet, take tablets] by mouth every 8 hours. However, resident April 2024 medication administration record documented the administration of Caplets on 4/24/24 at 11:00 p.m. for the dose that was administered on 4/23/24 at 10:59 p.m. by direct care staff person D.

REPEAT VIOLATION 1/23/24 et. al.

Plan of Correction ***Accept - 05/06/2024)***

Observed MAR communication deficit with Tabula, corrected time/administration date.
DON/Admin/Office Manager audited all medications occurring at 11 PM to ensure compliance with technical issue. Any MAR technical issue found during audit is noted and being addressed with Tabula/Halcyon.
DON/Admin educated staff on 4/29 regarding Halcyon Senior Living Policy of MAR and medication administration according to order
Admin/DON/Office Manager to audit 10 random MARs per week to ensure proper Tabula recording/data entry for length of provisional

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

Implemented - 05/14/2024)

187d - Follow Prescriber's Orders

4. Requirements

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

Description of Violation

Resident is prescribed , apply to affected area topically four times a day for pain apply However, staff interviews indicated that on 4/13/24 at 1:00 p.m. resident did not receive the prescribed dose of and the exception entered on the April 2024 medication administration record did not indicate a reason the medication was not administered.

187d - Follow Prescriber's Orders (continued)

Resident [redacted] is prescribed [redacted] Tablet Extended Release 24 Hour [redacted] – give 1 tablet by mouth one time a day for HTN, CHF Hold for systolic BP <100, HR <60. However, staff interviews indicated that resident [redacted] systolic blood pressure and heart rate vital statistics had not been taken when the [redacted] tablet was administered to the resident.

Resident [redacted] is prescribed [redacted] Tablet [redacted] – give [redacted] by mouth at bedtime. However, the home was administering [redacted] tablets split in half and the medication was not scored to be split, and therefore it could not be determined whether or not the resident received the correct dosage of [redacted] for all of April 2024.

Resident [redacted] is prescribed multiple medications once daily to include:

- [redacted] – give 1 tablet by mouth once daily
- [redacted] – give 1 tablet by mouth once daily
- [redacted] – give 1 tablet by mouth once daily
- [redacted] – give 1 tablet by mouth once daily
- [redacted] – give 1 tablet by mouth once daily

However, on 4/4/24 and 4/18/24 the medications were not administered to resident [redacted] and the exceptions noted in the medication administration record indicated the resident was out of the facility, but there was no hold order for any of the resident's medication.

Resident [redacted] is prescribed [redacted] Oral Tablet [redacted] tablet – give 1 tablet by mouth two times a day. However, on 4/4/24 and 4/18/24 resident [redacted] was administered a single dose of [redacted] tablet.

Resident [redacted] is prescribed [redacted] – [redacted] Apply to [redacted] topically in the morning every Tues, Thu, Sat for fistula care apply small amount to AVF 1-2 hours before dialysis. However, on 4/4/24 the [redacted] – [redacted] External cream was administered to resident [redacted] at approximately 1:48 p.m. after the resident's return from [redacted] treatment.

Resident [redacted] is prescribed [redacted] – [redacted] Apply to left arm AVF topically in the morning every Tues, Thu, Sat for fistula care apply small amount to AVF 1-2 hours before [redacted]. However, on 4/18/24 the [redacted] – [redacted] External cream was not administered to resident [redacted] and the exception entered in the April 2024 medication administration record did not indicate a reason the medication was not administered.

Resident [redacted] is prescribed [redacted] – Give [redacted] tablets by mouth three time a day. However, resident [redacted] was not administered the [redacted] tablets as follows:

- [redacted] at 8:00 a.m., an exception noted "out of the facility" but there was no hold order for the medication.
- [redacted] at 12:00 p.m., an exception was noted but no reason was entered in the medication administration record.
- [redacted] at 9:00 a.m. an exception noted "destroyed meds resident is OOF" but there was no hold order for the medication or a reason to destroy the medication.
- [redacted] at 11:00 a.m. an exception noted "OOF" but there was no hold older for the medication.

REPEAT VIOLATION 1/23/24 et. al.

187d - Follow Prescriber's Orders *(continued)*

Plan of Correction ***Directed (- 05/08/2024)***

-immediate staff education on clinical documentation including "exemptions" and when/why to use exemptions Admin audited all "exemption" lists for since 4/1, noting empty reasons for exemptions. Staff education completed during 4/29 meeting by DON/Admin, educated direct staff noted for April exemption audit Admin/Don/Office Manager to Audit the exemption list 5 days a week, noting areas of blank exemptions and correcting notifying Admin in writing.

-staff education to all staff on 4/29 regarding following MD orders regarding to BP, updated BPs noted on MAR Admin audited, on 5/3, all orders to ensure that no other residents require BPs prior to medication administration staff education on MD orders and "Medication Orders" on HSL during 4/29 meeting DON/Admin/office manager to audit all new medications/orders 5 days a week

-HSL immediately reached out to house pharmacy to provide appropriate medications(photo) DON audited all medications on 5/1 not to be split to ensure that medication is compliant with manufacture instructions Staff education on MD orders and "Medication Orders" on HSL during 4/29 meeting DON/Admin/office manager to audit all new medications/orders 5 days a week.

DON changed medication timming within Tabula to be compliant with MD orders DON audited/changed other residents medication timming within Tabula to ensure proper administration in relation to outside appointments. Staff education on MD orders and "Medication Orders" on HSL during 4/29 meeting DON/Admin/office manager to audit all new medications/orders 5 days a week.

-observed on MAR missing doses, immdediate discussed with staff member on importance of medication administration/documentation per MD order DON audited other residents medication timming to ensure proper administration in relation to outside appointments. Staff education on MD orders and "Medication Orders" on HSL during 4/29 meeting DON/Admin/office manager to audit all new medications/orders 5 days a week

- educated staff on 4/29 regarding medication administration following MD orders and indications for Lidocaine prior to dialysis, med pass moved to 6AM on days of dialysis treatment Audited other residents for Lidocane/dialysis administration Staff education on MD orders and "Medication Orders" on HSL during 4/29 meeting DON/Admin/office manager to audit all new medications/orders 5 days a week

DON changed medication timming within Tabula to be compliant with MD orders DON audited other residents medication timming to ensure proper administration in relation to outside appointments. Staff education on MD orders and "Medication Orders" on HSL during 4/29 meeting DON/Admin/office manager to audit all new medications/orders 5 days a week.

Admin immediately completed, faxed state reportables for residents 2,4, 5, 6 notifying resident, responsible party, physician. Immediately attached record to residents' charts, documenting that Halcyon Senior Living will provide medications along physician prescription.

Med tech audits to include observations of medication administration for each staff person administering medications at least once a week for a month, then monthly thereafter for length of provisional.

187d - Follow Prescriber's Orders (continued)

Proposed Overall Completion Date: 05/08/2024

DIRECTED
Within 5 calendar days of receipt of the accepted plan of correction: The observations of staff administering medications shall begin. 5/8/24 [redacted]

Directed Completion Date: *05/13/2024*

Implemented [redacted] ***- 05/14/2024)***