

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

August 29, 2024

[REDACTED], ADMINISTRATOR
LCB CHADDS FORD LLC
[REDACTED]
[REDACTED]

RE: THE RESIDENCE AT CHADDS FORD
1778 WILMINGTON PIKE
GLEN MILLS, PA, 19342
LICENSE/COC#: 14536

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/08/2024, 05/09/2024 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: *THE RESIDENCE AT CHADDS FORD* License #: *14536* License Expiration: *12/06/2024*
 Address: *1778 WILMINGTON PIKE, GLEN MILLS, PA 19342*
 County: *DELAWARE* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *LCB CHADDS FORD LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/08/2019* Issued By: *Chadds Ford Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *109* Waking Staff: *82*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/09/2024*

Inspection Dates and Department Representative

05/08/2024 - On-Site: [REDACTED]
 05/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *108* Residents Served: *79*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Reflections* Capacity: *24* Residents Served: *24*

Hospice
 Current Residents: *4*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *79*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *30* Have Physical Disability: *6*

Inspections / Reviews

05/08/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/10/2024*

06/17/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *08/29/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/21/2024*

Inspections / Reviews (*continued*)

06/27/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/31/2024

08/29/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

162c - Menus Posted

1. 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's menu was not posted in a conspicuous place.

Plan of Correction

Accept (█) - 06/17/2024)

The always available menu is placed on each table as the dining venue operates restaurant style with all meals made to order. The specials for the week had been placed in the front covers of those menus. The specials menu will now be posted.

Wall displays were ordered to display the specials for the current week and the next week on the wall outside the restaurant. All dining associates will be educated on this regulation, and the location of the posted specials menu by the Director of Restaurant Operations and the Executive Director by July 10, 2024. The residents will be informed of the location of the meal posting at the next resident council meeting on June 13, 2024, by the Director of Restaurant Operations and the Executive Director.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented (█) - 08/29/2024)

185a - Implement Storage Procedures

2. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 5/9/2024, during the medication audit, resident 1 had 29 Lorazepam Syringes 0.5 mg/.25 ml and the home had the count documented as 19. It was unknown why this count was incorrect at the time of inspection.

Resident 2's glucometer did not have the correct date and time throughout the month of April 2024. This caused glucose checks to not match up on the Medication Administration Record.

On 4/30/2024, Resident 2's Medication administration record shows a reading of 399, this was not located in the glucometer.

On 4/02/2024, Resident 2's glucometer shows a reading of 325 but was documented on the medication administration record as 385.

Plan of Correction

Accept (█) - 06/27/2024)

On 9/26/2023 resident #1 was to receive 30 Lorazepam syringes, however only 20 had arrived. The Narcotic Sheet was written for the quantity 20 that was received. On 10/20/2023 the remaining 10 syringes arrived. The nurse receiving the additional 10 syringes to fulfil the order did not add them to the narcotic sheet, causing the count to read 19 when it should have read 29. The count was corrected on the Narcotic count sheet immediately during the survey. This supply of Lorazepam was destroyed on 5/31/2024 due to the resident not utilizing the medication in

185a - Implement Storage Procedures (continued)

over 4 months. All Nurses and Med Techs will be educated by the RCD or ED on the process of receiving narcotic medications and how to properly account for them. This education will be completed by July 10, 2024.

Resident #2 had a glucose meter that would not calibrate with the correct date and time. The resident was not able to obtain a new meter through [REDACTED] insurance because it was too soon for a replacement. On May 15, 2024, a new glucose meter was obtained and is now being utilized. All Nurses and Med Techs will be educated by the RCD or ED on this regulation and the importance of the time and date being properly calibrated at each use, to report it timely to the nurse or RCD if the calibration is not correct, and the glucose meter must be replaced as soon as possible if calibration is not able to be fixed. This education will be completed by July 10, 2024.

Resident #2 has a glucose meter in [REDACTED] apartment and will use this meter at times to verify the result if [REDACTED] is not happy with the result that the med tech or nurse gets on [REDACTED] glucose meter kept on the med cart. On 4/30/2024 the med tech documented the reading from the meter the resident has in [REDACTED] apartment, instead of the reading [REDACTED] had gotten on [REDACTED] glucose meter kept on the med cart. On 4/2/2024 the med tech made an error in the transcription of the glucose result from the glucose meter to the Diabetic Flow Sheet. All Nurses and Med Techs will be educated by the RCD or ED on this regulation and the importance of the accurate transcription of glucose readings. This education will be completed by July 10, 2024. The Administrator or designee will conduct weekly audits of the actual readings on the residents' glucometers as compared with the documented readings on the MAR's for a period of 2 months. The audits will begin on July 1, 2024. The findings of the audits will be addressed at the home's next Quality Management Review, to be held by July 31, 2024.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented ([REDACTED]) - 08/29/2024)

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

On 5/7/2024, Resident 3's Narcotic Medication count Log for Zolpidem Tartrate 10 mg did not have a signature for the person administering the medication.

On 5/7/2024, Resident 4's Narcotic Medication count Log for Temazepam 7.5 mg capsule did not have a signature for the person administering the medication.

Plan of Correction

Accept ([REDACTED]) - 06/27/2024)

The Narcotic count sheets were thoroughly reviewed on May 8, 2024, the day of the survey. There were no additional errors noted, and it was discovered that both errors were made by the same med tech. On May 8, 2024, the RCD reviewed the errors with the med tech involved and educated [REDACTED] on the protocol and significance for narcotic accountability and the professional and legal repercussions that could occur because of narcotic accountability errors. All Nurses and Med Techs will be educated by the RCD or ED on this regulation and the importance of reporting the observation of missing documentation on any Narcotic Accountability Sheet to the nurse or RCD immediately. This education will be completed by July 10, 2024. The administrator will complete weekly audits of

187b - Date/Time of Medication Admin. (continued)

all Narcotic count sheets, beginning July 1, 2024 for a period of 2 months. Any issues found during the weekly audits will be addressed with the staff person responsible and retraining will occur as needed.

Licensee's Proposed Overall Completion Date: 09/01/2024

Implemented (█ - 08/29/2024)