

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

July 19, 2024

[REDACTED]
PENN ASSISTED CARE LLC
[REDACTED]

RE: PENN ASSISTED CARE
68 MAIN STREET
PENNSBURG, PA, 18073
LICENSE/COC#: 13905

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: *PENN ASSISTED CARE* License #: *13905* License Expiration: *05/28/2025*
 Address: *68 MAIN STREET, PENNSBURG, PA 18073*
 County: *MONTGOMERY* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *PENN ASSISTED CARE LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *43* Waking Staff: *32*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *05/09/2024*

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *47* Residents Served: *43*

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: *36*
 Diagnosed with Mental Illness: *30* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

05/09/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/07/2024*

06/10/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *06/27/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2024*

Inspections / Reviews *(continued)*

07/19/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/27/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] Resident [redacted] told Resident [redacted] that [redacted] was in a relationship with Staff Member A and that it had ended. On [redacted] Resident [redacted] expressed [redacted] to Staff Member B. Resident [redacted] declined a hospital stay and denied having a plan to end [redacted] own life. The home conducted an investigation which included a review of text messages found on resident [redacted] cellular phone between Resident [redacted] and Staff Member A. Messages discovered during the investigation included language such as "I miss you" and "I can't wait to see you." sent to resident [redacted] by the staff member. The staff member also sent a photo of [redacted] cleavage to Resident [redacted]

Resident [redacted] has diagnoses of depression and schizophrenia, and is prescribed medications to address these needs. However, the resident refuses morning medications regularly.

Plan of Correction

Accept [redacted] - 06/10/2024)

Effective immediately, the Administrator has conducted a Resident rights interview with all Residents completed on 6/5/24. Additionally, the Administrator has scheduled a training on Resident rights and abuse on 6/26/24 for all staff persons with the Montgomery County LTC Ombudsman. In order to ensure ongoing compliance with this regulation, the Administrator will conduct ongoing Resident rights interviews with all Residents on a monthly basis for a period of one year. In addition, the Administrator will conduct an additional Resident rights and abuse training for all staff to be scheduled in six months.

Proposed Overall Completion Date: 06/26/2024

Licensee's Proposed Overall Completion Date: 06/26/2024

Implemented [redacted] 07/19/2024)

187c - Refusal of Medication

2. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted] to [redacted] and [redacted] to [redacted] Resident [redacted] was away from the home and unable to take [redacted] and [redacted], both to be administered once daily at 8:00 A.M. Resident [redacted] leaves the home before the 8:00 A.M. medication pass intentionally. Resident [redacted] also refused those medications on [redacted] and [redacted]. The refusals of these medications were not reported to the physician.

Plan of Correction

Accept [redacted] - 06/10/2024)

Effective immediately, the Administrator has conducted a training on 6/3/24 with all medication administration trained staff on regulation 187c and Resident medication refusals. In addition, the Administrator notified Resident [redacted] psychiatrist of Resident [redacted] medication refusals on 5/4/24 and 5/5/24 as well as the ongoing behavior of

187c - Refusal of Medication (continued)

Resident [REDACTED] intentionally leaving the community before [REDACTED] 8AM medication pass. In order to facilitate ongoing compliance with this regulation, the Administrator and Care Coordinator will review all Resident medication refusals on a weekly basis for a period of three months and then on a monthly basis for a period of nine months in order to ensure that Resident medication refusals are being reported to the prescribing physician on a timely and regular basis and as instructed by the prescribing physician.

Proposed Overall Completion Date: 06/30/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/19/2024)

225c - Additional Assessment

3. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident [REDACTED] assessment, dated [REDACTED], does not include the need from [REDACTED] that Resident [REDACTED] has [REDACTED] ideations.

Plan of Correction

Accept [REDACTED] - 06/10/2024)

Effective immediately, 5/10/24, the Administrator has updated Resident [REDACTED] support plan to reflect the Resident's need of suicidal ideations and how that need will be met. Additionally, as of 5/17/24, the Administrator has reviewed and updated all Resident Assessment Support Plans for completeness. In addition, as of 5/30/24, a training has been conducted where all staff persons have received training on Resident Assessment Support Plans and meeting needs from Resident Assessment Support Plans. In order to ensure ongoing compliance with this regulation, beginning 5/29/24, the Administrator, Care Coordinator, and Direct Care Staff Supervisor will conduct a care meeting on a weekly basis for a period of three months and then on a monthly basis for a period of nine months to review all Resident Assessment Support Plans to ensure that any new Resident needs have been promptly and accurately reflected on the Resident Assessment Support Plans.

Proposed Overall Completion Date: 06/30/2024

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented [REDACTED] - 07/19/2024)