

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

August 5, 2024

[REDACTED], VICE PRESIDENT
BRIGHTVIEW WAYNE LLC
301 EAST CONESTOGA ROAD
WAYNE, PA, 19087

RE: BRIGHTVIEW DEVON
301 EAST CONESTOGA ROAD
WAYNE, PA, 19087
LICENSE/COC#: 14459

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/15/2024, 05/16/2024 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: *BRIGHTVIEW DEVON* License #: *14459* License Expiration: *07/24/2024*
 Address: *301 EAST CONESTOGA ROAD, WAYNE, PA 19087*
 County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *BRIGHTVIEW WAYNE LLC*
 Address: *301 EAST CONESTOGA ROAD, WAYNE, PA, 19087*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *R-4* Date: *03/13/2019* Issued By: *Tredyffrin Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *137* Waking Staff: *103*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *05/16/2024*

Inspection Dates and Department Representative

05/15/2024 - On-Site: [REDACTED]
 05/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *95* Residents Served: *73*

Secured Dementia Care Unit
 In Home: *Yes* Area: *Wellspring Village* Capacity: *25* Residents Served: *24*

Hospice
 Current Residents: *8*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *73*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *64* Have Physical Disability: *2*

Inspections / Reviews

05/15/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2024*

06/26/2024 - POC Submission
 Submitted By: [REDACTED] nke Date Submitted: *07/01/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/01/2024*

Inspections / Reviews (*continued*)

08/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On 5/16/2024, during a medication pass, staff member A was observed cutting the medication packages to pull the medications out and throwing the packages with the resident's information in the trash can.

On 5/16/2024, the 4th floor medication room was left unlocked, unattended, and accessible. During an inspection of the medication carts, staff member B walked away to find a key for the refrigerator and left the medication room, the medication cart, and the narcotics box open.

Plan of Correction

Accept ([redacted]) - 06/25/2024)

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medication Technicians, specifically staff member A and B on the proper medication administration protocol including completely separating names from medication bags and locking the medication cart and room.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will the Health Service Director will complete in-service training with the Wellness Nurses and Medication Technicians on the medication administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly observations through 07/19/2024 to maintain ongoing compliance with keeping resident records confidential, and, except in emergencies, to not not allow access to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([redacted]) - 07/15/2024)

42b - Abuse

2. 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.

42b - Abuse (continued)

Description of Violation

On 4/30/2024, resident 1 called staff member C at the front desk and stated, "A nurse needs to come to my apartment. One of the caregivers hit me, and I am bleeding." Staff member B went to the resident's apartment and observed a large skin tear on the resident's left forearm, which was bleeding. Staff member D also came in and asked the resident what happened. The resident stated that [REDACTED] pressed the pendant, and when staff member E arrived to the resident's room and tried to clear the pendant, the resident pushed staff member E's hand away and wouldn't let them clear it. Staff member E then pushed the resident's arm, causing the injury. Staff member E came in and verified [REDACTED] was the one who attempted to clear the resident pendant and stated, "[REDACTED] hit me, so I pushed [REDACTED] hand away and then left the room I didn't notice a skin tear or any injury. The resident's skin was cleaned and dressed by staff member B. Staff member E was terminated [REDACTED]"

Plan of Correction

Accept ([REDACTED] - 06/25/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 04/30/2024 by the Health Service Director to by the Health Service Director to assess the resident for injury. The Health Service Director reported the incident to the residents doctor, family and appropriate state agencies on 04/30/24.

To enhance the currently compliant operations, on 06/17/2024 the Business Office Director will review the assigned trainings on abuse and neglect prevention and resident's rights to be completed by all Health and Wellness associates, with a completion date of 06/30/2024.

Effective 06/17/2024 the Business Office Director will perform monthly audits of all trainings for Health and Wellness associates through 08/31/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([REDACTED] - 08/05/2024)

51 - Criminal Background Check

3. 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 home does not have a criminal background on file for Staff Member F, with a date of hire of [REDACTED]

The home does not have a criminal background on file for Staff Member G, with a date of hire of [REDACTED].

51 - Criminal Background Check (continued)

Plan of Correction

Accept ([redacted] - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Business Office Director to request the background check from the state to satisfy the regulation for staff member F and G.

To enhance the currently compliant operations, on 06/03/2024 the Business Office Director will audit the associate files to ensure that every associate is in compliance, with a completion date of 06/30/2024.

Effective 06/03/2024 the Business Office Director will perform monthly reviews associate files through 08/30/2024 to maintain ongoing compliance with having criminal history checks and hiring policies that are 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). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([redacted] - 08/05/2024)

65a - FS Orientation 1st Day

4. Requirements

2600.

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 H, whose first day of work was [redacted] and whose time card shows that [redacted] worked from [redacted] to [redacted], did not receive orientation until [redacted] on the following topics:

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 the 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.

65a - FS Orientation 1st Day (continued)

Plan of Correction

Accept () - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken on [REDACTED] by the Business Office Director to staff member H completed the orientation topics.

To enhance the currently compliant operations, on 06/17/2024 the Business Office Director will schedule orientation for all associates on their first day to ensure they complete the necessary training topics, with a completion date of 06/30/2024.

Effective 06/17/2024 the Business Office Director will ensure that all new associates will receive first day orientation, completing the necessary trainings through 08/31/2024 to maintain ongoing compliance with ensuring that prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers will have an orientation in general fire safety and emergency preparedness that include, including evacuation procedures, and staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, and the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, and smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable, and the location and use of fire extinguishers, and smoke detectors and fire alarms, and telephone use and notification of emergency services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024)

65f - Training Topics

5. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Staff persons E and I did not receive training in medication self-administration or instructions on meeting needs (DME and RASP) during the year 2023.

Staff person F did not receive training in medication self-administration or instructions on meeting needs (DME and RASP), infection control, cleanliness, immobility concerns, or safe management techniques during the year 2023.

65f - Training Topics (continued)

Plan of Correction

Accept (█) - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Business Office Director to complete an audit of associate files.

To enhance the currently compliant operations, on 06/03/2024 the Business Office Director will ensure that all Health and Wellness associates are enrolled in the Relias module for medication self-administration and meeting the needs of a support plan. Staff person F will complete the outstanding trainings from 2023, with a completion date of 06/30/2024.

Effective 06/17/2024 the Business Office Director and Health Service Director will perform monthly audits of the annual training records through 08/30/2024 to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2024

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

Implemented (█) - 07/15/2024)

82c - Locking Poisonous Materials

6. 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

Clorox Urine Remover with a manufacturer's label indicating "If swallowed, drink a glassful of water. Call a doctor or Poison Control Center." was unlocked, unattended, and accessible to the residents in the Memory Care Unit in the Spa bathroom at 9:39 am, on 5/15/2. Not all the residents of the home, including the residents in the Memory Care Unit, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Wellspring Village Director to remove Clorox urine remover from Wellspring Village.

82c - Locking Poisonous Materials (continued)

To enhance the currently compliant operations, on 06/17/2024 the Wellspring Village Director will complete in-service training with associates on the proper handling and storage of hazardous/poisonous materials with a completion date of 06/30/2024.

Effective 06/17/2024 the Wellspring Village Director will perform monthly neighborhood audits through 08/30/2024 to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 07/15/2024)

103c - Food Protected

7. Requirements

2600.

103.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On 5/16/2024, there was uncovered, unwrapped cheese stored in the pantry refrigerator of the Memory Care Unit.

Plan of Correction

Accept (█) - 06/26/2024)

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Dining Service Director to remove the cheese from the pantry refrigerator.

To enhance the currently compliant operations, on 06/17/2024 the Dining Service Director will complete an audit of the refrigerators, freezers and pantry to ensure that all food is dated appropriately. An in-service will be hosted for all cooks on the proper food storage procedure, with a completion date of 06/30/2024.

Effective 06/17/2024 the Dining Service Director will perform weekly audits of the food storage through 08/30/2024 to maintain ongoing compliance with ensuring food is protected from contamination while being stored, prepared, transported and served. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█) - 08/05/2024)

103d - Storing Food Off Floor

8. Requirements

2600.

103.d. Food shall be stored off the floor.

Description of Violation

On 5/16/2024, four gallons of water were stored on the floor of the under the desk in the Wellness room located on the 4th floor. The water is used to administer medications to the residents during the medication pass.

103d - Storing Food Off Floor (continued)

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Maintenance Director to removed water jugs from the floor.

To enhance the currently compliant operations, on 06/03/2024 the Maintenance Director will order extra racks for the storage of water gallons, with a completion date of 06/07/2024.

Effective 06/07/2024 the Maintenance Director will perform monthly checks through 08/30/2024 to maintain ongoing compliance with ensuring water is stored off the floor. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 07/15/2024

103i - Outdated Food

9. Requirements

- 2600.
- 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were unlabeled, undated cheese, tomatoes, and strawberries in the pantry refrigerator of the memory care unit, on 5/16/24.

There were unlabeled, undated fish, French fries, and chicken tenders in the freezer, and walnuts and pasta in the pantry of the main kitchen, on 5/16/24.

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Dining Service Director to immediately discard the unlabeled and undated food products.

To enhance the currently compliant operations, on 06/17/2024 the Dining Service Director will host an in-service training with the cooks to review the proper food storage procedure, with a completion date of 06/30/2024.

Effective 06/17/2024 the Dining Service Director will perform a weekly audit through 08/30/2024 to maintain ongoing compliance with ensuring outdated or spoiled food or dented cans are not be used. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024

107b - Emergency Procedures

10. Requirements

2600.

107.b. The home shall have written emergency procedures that include the following:

1. Contact information for each resident’s designated person.
2. The home’s plan to provide the emergency medical information for each resident that ensures confidentiality.
3. Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
4. Means of transportation in the event that relocation is required.
5. Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident’s emergency needs.
6. Alternate means of meeting resident needs in the event of a utility outage.

Description of Violation

The home’s written emergency procedures do not include contact information for each resident’s designated person.

Plan of Correction

Accept () - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Business Office Director to review the emergency preparedness binder, the current roster of residents was removed and replaced with a resident roster which includes the designated persons contact information.

To enhance the currently compliant operations, on 06/17/2024 the Business Office Director will monitor the emergency preparedness binder to ensure that resident roster with contact information is updated appropriately, with a completion date of 06/30/2024.

Effective 06/17/2024 the Business Office Director will perform monthly reviews of the EPP binder through 08/31/2024 to maintain ongoing compliance with having written emergency procedures that include, contact information for each resident’s designated person, and the plan to provide the emergency medical information for each resident that ensures confidentiality, and contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents, and means of transportation in the event that relocation is required, and duties and responsibilities of staff persons during evacuation, transportation and at the emergency location, and to ensure these duties and responsibilities are specific to each resident’s emergency needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024)

132f - Alternate Exit Routes

11. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

Stairwells 1 and 2 were the only exit routes used during the fire drills held from January to March of 2024.

132f - Alternate Exit Routes (continued)

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Maintenance Director to review fire drill exit routes.

To enhance the currently compliant operations, on 06/01/2024 the Maintenance Director will alternate fire exit routes every month, with a completion date of 08/31/2024.

Effective 06/01/2024 the Maintenance Director will perform monthly reviews through 08/31/2024 to maintain ongoing compliance with using alternate exit routes during fire drills. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 07/15/2024

132h - Designated Meeting Place

12. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 10/29/2023 at 3:40 am, residents did not evacuate to a designated meeting place away from the building or within the fire-safe area. During the fire drill, residents were not evacuated.

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Maintenance Director to review fire drill record.

To enhance the currently compliant operations, on 06/01/2024 the Maintenance Director will ensure that all fire drills include the documentation of fire drill evacuation, with a completion date of 06/30/2024.

Effective 06/01/2024 the Maintenance Director will perform monthly reviews through 08/31/2024 to maintain ongoing compliance with ensuring residents can evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 07/15/2024

141a 1-10 Medical Evaluation Information

13. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Multiple resident's medical evaluations did not include the medical information pertinent to diagnosis and treatment in case of an emergency to include resident 2, medical evaluation dated 2/19/2024.

Plan of Correction

Accept ([REDACTED] - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director will review all resident DME on file and will add the necessary information.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will audit DME paperwork at admission to ensure the documentation is complete, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform an immediate review of the DME paperwork on new admissions through 08/31/2024 to maintain ongoing compliance with ensuring each resident has 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, and to ensure the evaluation includes a general physical examination by a physician, physician’s assistant or nurse practitioner, medical diagnosis including physical or mental disabilities of the resident, if any, medical information pertinent to diagnosis and treatment in case of an emergency, special health or dietary needs of the resident, allergies, immunization history, medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications, body positioning and movement stimulation for residents, if appropriate, health status, and mobility assessment, updated annually or at the Department’s request. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([REDACTED] - 07/15/2024)

181e - Capable to Self Administer

14. Requirements

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

1. Be able to recognize and distinguish his medication.
2. Know how much medication is to be taken.

181e - Capable to Self Administer (continued)

3. Know when medication is to be taken.

Description of Violation

Resident 3 does not self-administer medications. The resident is unable to recognize and distinguish medications, know how much medication is to be taken, and know when the medication is to be taken based on the screening completed on [REDACTED] which indicates that the resident cannot self-administer medications, and the most recent RASP dated [REDACTED], which indicates the resident cannot self-administer medications. However, a cup with pills was left in the resident's bedroom, 5/16/24, with the morning medications for the resident to self-administer at a later time.

Plan of Correction

Accept ([REDACTED] - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly observations the Medication Technician through 07/19/2024 to maintain ongoing compliance with ensuring that resident will completely take medication prior to leaving the room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([REDACTED] - 07/15/2024)

182b - Prescription Medication

15. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 5/16/2024, the morning medications for resident 3, who does not self-administer medications, were not administered by appropriate staff. A cup with pills were left in the resident's bedroom with the morning medications for the resident to self-administer at a later time.

182b - Prescription Medication (continued)

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly observations Medication Technician through 07/19/2024 to maintain ongoing compliance with ensuring prescription medication that is not self-administered by a resident. Medication Technician shall follow the medication administration record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2024

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

Implemented () - 07/15/2024

182c - Medication Administration

16. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

1. Identify the correct resident.
2. If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
3. Remove the medication from the original container.
4. Crush or split the medication as ordered by the prescriber.
5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.
6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).
7. Complete documentation in accordance with § 2600.187 (relating to medication records).

Description of Violation

On 5/16/2024, the home did not follow the medication administration procedure for resident 3, who requires this assistance with medication administration. The medications were left in a cup in the room for the resident to self-administer at a later time.

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

182c - Medication Administration (continued)

Effective 06/17/2024 the Health Service Director will perform weekly observations of the Medication Technician through 07/19/2024 to maintain ongoing compliance with ensuring medication administration includes the following activities, based on the needs of the resident. This includes, including identifying the correct resident, and if indicated by the prescriber's orders, measure vital signs and administer medications accordingly, and removing the medication from the original container, and crushing or splitting the medication as ordered by the prescriber, and placing the medication in a medication cup or other appropriate container, or in the resident's hand, and placing the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4), and completing documentation in accordance with § 2600.187 (relating to medication records). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2024

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

Implemented () - 07/15/2024)

183b - Meds and Syringes Locked

17. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/16/2024, one morphine syringe 100/5ml was found loose inside the drawer and outside the narcotics lock box on one of the medication carts.

Plan of Correction

Accept () - 06/26/2024)

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medicine Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly observations the Medication Technician through 07/19/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. Narcotics will be stored in the locked box. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2024

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

183b - Meds and Syringes Locked *(continued)*

Implemented () - 07/15/2024)

183e - Storing Medications

18. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 5/16/2024, during the med cart audit, numerous blister packs of medications were observed that had the foil on the back broken and taped, including Tramadol 50 mg for residents 4 and 5.

Plan of Correction

Accept () - 06/26/2024)

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly audits through 07/19/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024)

183f - Discontinued Medications

19. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 5/16/2024, various medications for multiple residents were expired on the med carts and refrigerators, including the following:

Morphine 0.25, 15 syringes count belonging to resident 6, expired on 3/26/2024.

183f - Discontinued Medications (continued)

Lorazepam 0.5 mg, 15 syringes count belonging to resident 7, expired on 3/27/2024.

This is not an approved method of destroying medications, according to the Department of Environmental Protection and federal and state regulations.

Plan of Correction

Accept () - 06/26/2024)

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medicine Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Wellness Nurse that discontinues the medication will immediately remove the medication from the cart and destroy as needed. The Health Service Director will perform weekly audits through 07/19/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications will be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024)

185a - Implement Storage Procedures

20. 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

Morphine 100 mg is prescribed for resident 8. However, on 5/16/2024, there was a count of 20 in the narcotic book however only 19 in the narcotics locked box.

On 5/15/2024, at 7:58 am, resident 9's glucometer had a reading of 218, however it was recorded as 214.

On 5/14/2024, at 11:42 am, resident 9's glucometer had a reading of 206, however it was recorded as 202.

185a - Implement Storage Procedures (*continued*)**Plan of Correction**

Accept () - 06/26/2024)

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024. The training specifically addressed the narcotic count and accurately recording the glucometer reading.

Effective 06/17/2024 the Wellness Nurse will perform weekly audits through 07/19/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 08/05/2024)

187a - Medication Record

21. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 7 is prescribed Morphine. However, resident's May 2024 medication administration record does not indicate drug allergies, strength, dosage form, dose, route of administration, frequency of administration, administration times, duration of therapy, if applicable, special precautions, if applicable, diagnosis, or purpose for the medication, including pro re nata (PRN).

187a - Medication Record (continued)

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director to to write in the instructions on a paper form attached to the medication bag that contained the morphine.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will review all current medication to ensure every medication has appropriate instructions and information. Wellness Nurse will review any medication that arrives without the necessary instructions and information. The Wellness Nurse will issue a resident specific form that includes the appropriate instructions and information, with a completion date of 06/30/2024.

Effective 06/17/2024 the Wellness Nurse will perform weekly audit of the medication record through 07/19/2024 to maintain ongoing compliance with keeping a medication record, for each resident for whom medications are administered, that includes, resident's name, and drug allergies, and name of medication, and strength, and dosage form, and dose, and route of administration, and frequency of administration, and administration times, and duration of therapy, if applicable, and special precautions, if applicable, and diagnosis or purpose for the medication, including pro re nata (PRN), and date and time of medication administration, and name and initials of the staff person administering the medication. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024

187b - Date/Time of Medication Admin.

22. 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 5/16/2024, a cup of pills was left in resident 3's bedroom with their morning medications for the resident to self-administer at a later time. The information was not recorded at the time of administration.

On 5/16/2024, staff member A was observed during a medication pass. Staff member A recorded () initials on the resident's records prior to administering the medication to the resident.

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/16/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

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

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly observations of the medication technician through 07/19/2024 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024)

187c - Refusal of Medication

23. 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 5/16/2024, resident 3 refused to take his/her scheduled morning medications. The home did not document their refusal to take medication as prescribed.

Plan of Correction

Accept () - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will will host an in-service training for all Medication Technicians on the medicine administration protocol. The Health Service Director will retrain the associates on the procedure to document medication refusal, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly observations of the medication technician through 07/19/2024 to maintain ongoing compliance with ensuring that if a resident refuses to take a prescribed medication, the Medication Technician will immediately inform the Wellness Nurse, the refusal must be documented in the resident's record and on the medication record. The refusal must be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication must be reported as required by the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024)

188b - Medication Error Reporting

24. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident’s designated person and the prescriber.

Description of Violation

Resident 3's morning medications were left in a cup in the resident's room to be administered at a later time by the resident. The medication error was not reported to the resident representative, a prescriber, or a physician to request an administration time change.

Resident 6 is prescribed Morphine 0.25 mg. However, this medication expired on 3/26/2024, and it was administered to resident 6 on 5/12/2024 at 3:31 p.m.

Plan of Correction

Accept ([redacted]) - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director to counsel the Medication Technician on the medication administration protocol.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will will host an in-service training for all Medication Technicians on the medicine administration protocol, with a completion date of 06/30/2024.

Effective 06/17/2024 the Health Service Director will perform weekly observations of the medicine technician through 07/19/2024 to maintain ongoing compliance with ensuring a medication error must be immediately reported to the resident, the resident’s designated person and the prescriber. The Medication Technician will report any medication errors immediately to the Wellness Nurse. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented ([redacted]) - 07/15/2024)

234a - Admission Support Plan

25. 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 10 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident’s initial support plan was completed on [redacted].

Plan of Correction

Accept ([redacted]) - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director to review residents chart for support plan.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will ensure support plan is completed within 72 hours of admission to the memory care neighborhood, with a completion date of 06/30/2024.

234a - Admission Support Plan (continued)

Effective 06/17/2024 the Wellspring Village Director will review the service plan at admission through 08/31/2024 to maintain ongoing compliance with ensuring that 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 is developed, implemented and documented in the resident record. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024

234b - Support Plan Needs Elements

26. Requirements

2600.

234.b. The support plan must identify the resident's physical, medical, social, cognitive and safety needs.

Description of Violation

The support plans, dated [redacted] and [redacted] for resident 10, do not indicate the date the support plan was finalized.

Plan of Correction

Accept () - 06/26/2024

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director to review residents chart for support plan.

To enhance the currently compliant operations, on 06/17/2024 the Health Service Director will ensure that support plans are completed, with a completion date of 06/30/2024.

Effective 06/17/2024 the Wellspring Village Director and/or the Personal Care Director will review the support plan at admission through 08/31/2024 to maintain ongoing compliance with ensuring the support plan identifies the resident's physical, medical, social, cognitive and safety needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented () - 07/15/2024

236 - Staff Training

27. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Staff persons F and I who work in the Secure Dementia Care Unit (SDCU) had 0 hours of training in dementia care during the 2023-2024 training year.

236 - Staff Training (continued)

Plan of Correction

Accept ([REDACTED] - 06/26/2024)

In response to the violation on 05/15/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 05/15/2024 by the Health Service Director to assigned an additional 6 hours of training related to dementia care and services to associates working in the secured dementia care area, Wellspring Village.

To enhance the currently compliant operations, on 06/01/2024 the Business Office Director will audit and review the associate files to ensure that all associates working in the secured dementia area complete the additional 6 hours of dementia care training, with a completion date of 06/30/2024.

Effective 06/01/2024 the Business Office Director will perform monthly review associate files through 08/31/2024 to maintain ongoing compliance with ensuring that each direct care staff person working in a secured dementia care unit has 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 06/30/2024

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

Implemented ([REDACTED] - 07/15/2024)