

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

August 8, 2024

[REDACTED], OWNER  
EMERALD 320 OPERATIONS LLC

RE: EMERALD PERSONAL CARE  
320 MARKET STREET  
ELIZABETHTOWN, PA, 17022  
LICENSE/COC#: 33886

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/29/2024 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: EMERALD PERSONAL CARE License #: 33886 License Expiration: 06/26/2024  
 Address: 320 MARKET STREET, ELIZABETHTOWN, PA 17022  
 County: LANCASTER Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: ER 320 OPERATIONS LLC  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 05/20/1996 Issued By: Dept of Health

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 05/29/2024

**Inspection Dates and Department Representative**

05/29/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 26 Residents Served: 20  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 20 Are 60 Years of Age or Older: 0  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

05/29/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/21/2024

07/12/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 07/23/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/25/2024

Inspections / Reviews *(continued)*

07/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/23/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 65f Training Topics

## 1. Requirements

2600.

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

1. Medication self administration training.

## Description of Violation

Staff Members A and B, hired [REDACTED], did not receive annual training on medication self-administration in 2023.

## Plan of Correction

Directed [REDACTED] - 06/20/2024)

Staff member A and B will be educated on medication self-administration by 6/25/24.

Administrator will audit employee files monthly to ensure annual trainings are up to date starting on 6/12/24. Any staff member who is not up to date with annual trainings will be given education by 6/24/25.

Inspection findings of 5/29/24 will be reported at next QAPI meeting by [REDACTED], Administrator.

Audit results will be reviewed during QAPI meetings by [REDACTED], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

In addition to the above, On 7/20/24, the PHA or designee will begin quarterly audits of all staff training records to ensure staff receive training as required in 2600.65(f). Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented [REDACTED] - 07/26/2024)

## 82a Poisonous Materials

## 2. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

## Description of Violation

On 5/29/24 at 12:15 PM, a generic spray bottle containing Neutra Clean liquid was observed in the lower kitchen cabinet. The spray bottle was labeled with a piece of masking tape and blank ink; the bottle did not have a manufacturer label present. The original manufacturer label for the contents in the spray bottle stated "If swallowed, call poison control or a doctor immediately for treatment advice."

Repeated Violation - 11/14/23

## Plan of Correction

Directed [REDACTED] - 06/20/2024)

Neutra Clean manufacture label was placed on bottle on 5/29/24.

Administrator audited kitchen cabinets to determine if any other bottles of cleaning liquid did not have manufacture labels on 5/29/24. There were no other cleaning bottles without manufactures label.

Staff will be educated on ensuring cleaning bottles have the manufacturers label by 6/25/24.

Administrator/ designee will audit kitchen cabinets weekly for 2 months to ensure there are no cleaning bottles

82a Poisonous Materials (continued)

without manufactures labels. Audit results will be reported at QAPI meetings by [REDACTED], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

In addition to the above POC, the PCHA or designee will audit kitchen cabinets and other areas that store cleaning products weekly for 2 months beginning 7/20/24. Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented [REDACTED] - 07/26/2024)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 5/29/2024, multiple areas of heavy discoloration of the ceiling tiles were observed in the men's' and ladies' common area bathrooms located in the main hallway by the Administrator's office. The ceiling tiles in the men's' room included areas of black mold and rusty metal tracks.

On 5/29/2024, the personal care dining room was observed to have multiple dark areas of water damage stains on the ceiling tiles in the far corner of the room.

Repeated Violation 7/12/2023

Plan of Correction

Directed ([REDACTED] - 06/20/2024)

Ceiling tiles in men's and ladies' common area bathrooms located in main hallway by Administrator's office will be replaced by 6/27/24. Ceiling tiles in personal care dining room in far corner of the room will be replaced by 6/27/24.

PCHA/Designee will audit common area bathroom and PC dining room ceiling tiles weekly for two months to ensure there are no ceiling tiles that need repaired. Audit results will be reported at QAPI meetings by [REDACTED], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

In addition to the above POC:

- Education will be provided to all applicable staff on 2600.88(a) no later than 7/20/24 by the PCHA or designee.
- Beginning no later than 7/20/24, the PCHA/Designee will audit floors, walls, ceilings, windows, doors and other surfaces in common areas of the home to ensure they are clean, in good repair and free of hazards. Audits will be completed weekly for two months.

88a Surfaces (continued)

- Documentation of completed audits and staff education will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented [redacted] - 07/26/2024)

92 - Windows

4. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

On 5/29/2024, two windows in resident bedroom #25 were observed to be open approximately 2" without secured screens.

Plan of Correction

Directed [redacted] - 06/20/2024)

Windows in room #25 were closed on 5/29/24.

PCHA audited resident rooms on 5/29/24 to ensure there were no other windows open.

PCHA will educate PC staff to not open windows by 6/25/24

Administrator/ designee will audit 5 resident room windows monthly for 2 months to ensure staff are not leaving windows open. Audit results will be reported at QAPI meetings by [redacted], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- Windows in room #25 were closed on 5/29/24.
- PCHA audited resident rooms on 5/29/24 to ensure there were no other windows open.
- The home will secure windows that that are able to be opened with screens by 7/20/24.
- Education will be provided to all staff on regulation 2600.92 by the PCHA or designee by 7/20/24.
- Beginning 7/20/24, the PCHA or designee will complete monthly audits on windows, including windows in doors, to ensure they are in good repair and securely screened.
- Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented [redacted] - 07/26/2024)

95 - Furniture and Equipment

5. Requirements

2600.

- 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

95 - Furniture and Equipment (continued)

Description of Violation

On 5/29/2024, the tub spout in resident bathroom #57 was observed to be heavily rusted, causing jagged edges which poses a safety risk for the resident when taking a bath.

Plan of Correction

Directed [REDACTED] - 06/20/2024)

The spout in bathroom #57 was replaced on 6/19/24.

PCHA audited resident bathrooms on 5/30/24 to ensure no other tub spouts need to be replaced.

PCHA/Designee will audit 5 bathrooms monthly for 3 months to ensure no tub spouts need to be replaced. Audit results will be reported at QAPI meetings by [REDACTED], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- In addition to the POC above, beginning 7/20/24, PCHA/Designee will audit 5 bathrooms monthly for 3 months to ensure no tub spouts need to be replaced.
- Education will be provided to all staff by 7/20/24 on the requirement for furniture and equipment to be in good repair, clean and free of hazards. Staff will report any furniture and/or equipment in need of cleaning or repair to the PCHA or designee. Areas in need will be cleaned and or repaired within 2 weeks of discovery.
- Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented [REDACTED] - 07/26/2024)

101o - Walls, Floors, Ceilings

6. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 5/29/24, carpeting in bedrooms #23, #27, and #67 was observed to have multiple areas of dark-colored stains. The carpeting in bedroom #27 is heavily worn through as evidenced by missing carpet fibers.

The baseboard along the left-side wall when entering bedroom #27 is peeling away from the wall.

Plan of Correction

Directed [REDACTED] - 06/20/2024)

Floors in rooms #23 and #27 are being replaced. #67 will be cleaned by 6/27/24.

PCHA/Designee will audit 5 rooms monthly for 3 months to ensure there are no rooms with stained carpets. Audit results will be reported at QAPI meetings by [REDACTED], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

101o - Walls, Floors, Ceilings (continued)

- Floors in rooms #23 and #27 will be replaced by 7/20/24. The flooring in room #67 will be cleaned by 6/27/24.
- Education will be provided to all staff by the PCHA or designee by 7/20/24 on the need for resident bedroom walls, floors and ceilings, which are finished, to be clean and in good repair. Staff will report any areas in resident bedrooms to be in need of cleaning or repair to the PCHA or designee.
- Beginning 7/20/24, PCHA/Designee will audit 5 rooms monthly for 3 months to ensure there are no rooms with areas in need of cleaning or repair. Areas found in need of cleaning or repair will be completed within 2 weeks of discovery.
- Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented (████) - 07/26/2024)

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the drills conducted on 4/30/2024 and 5/23/2024 do not include the number of staff persons participating.

Plan of Correction

Directed (████) - 06/20/2024)

Maintenance Director will be educated by 6/20/24 that fire drills for PC need to include the number of staff persons participating in the drill.

PCHA will review documentation of drills monthly to ensure documentation of number of staff persons participating is included. Audit results will be reported at QAPI meetings by ██████████, Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- Maintenance Director will be educated by 7/20/24 on regulation 2600.132(c) by the PCHA or designee.
- Beginning 7/20/2024, the PCHA will review documentation of drills monthly to ensure documentation includes all required items per regulation 2600.132(c)
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented (████) - 07/26/2024)

141a 1-10 Medical Evaluation Information

8. 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. 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

Resident #1’s most current medical evaluation, dated [REDACTED], did not include medication information pertinent to diagnosis and treatment in case of an emergency nor immunization history.

Repeated Violation - 7/12/2023

Plan of Correction

Directed ([REDACTED] - 06/20/2024)

Resident #1 current medical evaluation was corrected to include diagnosis and treatment in case of emergency, and immunization history on 6/6/3/24.

PCHA audited current residents of PC to ensure their medical evaluations included diagnosis, treatment in case of emergency and immunization history.

PCHA/Designee will audit 4 resident charts monthly for 3 months to ensure they have the requirements of 141A. Audit results will be reported at QAPI meetings by [REDACTED], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- Resident #1’s current medical evaluation was corrected to include diagnosis and treatment in case of emergency, and immunization history on 6/6/3/24.
- By 7/20/24, the PCHA or designee will audit all current resident medical evaluations to ensure information is documented per regulation 2600.141(a).
- The PCHA/designee will provide education to all staff member(s) responsible for ensuring proper completion of resident medical evaluations by 7/20/24.
- Beginning 7/20/24, the PCHA/Designee will audit 4 resident charts monthly for 3 months to ensure they have the requirements of 141A.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented ([REDACTED] - 07/26/2024)

141a 1-10 Medical Evaluation Information (continued)

144c1 - Smoking Area Guidelines

9. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 5/29/2024, at approximately 8:58 AM, the designated staff smoking area in the rear of the building was observed to have at least ten cigarette butts on the ground.

Repeated Violation - 11/14/2023, 7/12/2023

Plan of Correction

Directed (████) - 06/20/2024)

Staff smoking area in rear of the building was cleaned of cigarette butts on 5/29/24.

PCHA/Designee will conduct audits of smoking areas 3 times week for two months to ensure areas are kept clear of cigarette butts. Audit results will be reported at QAPI meetings by ██████████, Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- Staff smoking area in rear of the building was cleaned of cigarette butts on 5/29/24.
- Education will be provided to all staff by the PCHA or designee by 7/20/24.
- Beginning no later than 7/20/24, PCHA/Designee will conduct audits of smoking areas 3 times week for two months then once weekly thereafter to ensure areas are kept clear of cigarette butts.
- Documentation of completed education and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented (████) - 07/26/2024)

185a - Implement Storage Procedures

10. 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

The home's policy for accountability of controlled substance states, "6. At the change of each shift and additionally upon the administrator's discretion, the nurse and/or medication technician from each shift together shall count the medication and match it to the Individual Resident's Controlled Substance Record. The staff members responsible for medication pass as scheduled on each shift must complete the count. Any discrepancies shall be investigated and

185a - Implement Storage Procedures (continued)

corrected...The staff member who is beginning his/her shift will physically count the medications and document on the Controlled Drug Shift Count Record' the total number of pills present at the time of the count. Both staff members will review the narcotics book for confirmation of correct count. Both staff members will sign off of the count and will exchange the keys immediately." On [REDACTED], the blister pack containing [REDACTED] tablets for Resident #1 contained 14 full tablets and 14 half-tablets. The count on the Controlled Substance Record for [REDACTED] was 22. There was no Controlled Drug Shift Count Record to confirm that double counts occurred in May 2024.

Plan of Correction

Directed [REDACTED] - 06/20/2024)

Could not retroactively correct documentation.

Staff will be educated on documentation in the resident's controlled substance records to ensure they are both signing off on the count.

PCHA/Designee will audit 5 resident Controlled substance records weekly for 2 months to ensure staff are both signing off on the count. Audit results will be reported at QAPI meetings by [REDACTED], Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- Staff will be educated on the home's policy for accountability of controlled substance by 7/20/24.
- The PCHA or designee will complete an initial audit of all resident's controlled substances by 7/20/24 to ensure the current counts match the amount available in the home. An investigation into missing narcotics will be completed.
- Beginning 7/20/24, all resident controlled substance records will be compared to the medication in the home weekly by the PCHA or designee.
- Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented [REDACTED] - 07/26/2024)

187a - Medication Record

11. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2 is prescribed [REDACTED] - take 1 tablet by mouth daily as needed. However, Resident's #2's May 2024 medication administration record does not indicate the diagnosis or purpose for the medication.

Repeated Violation - 11/14/2023, 7/12/2023

187a Medication Record (continued)

Plan of Correction

Directed ( ) - 06/20/2024)

Resident #2 MAR was corrected to indicate the diagnosis/purpose of the medication.

PCHA/designee will audit resident MARS monthly for 3 months to ensure there is diagnosis/purpose of the medication. Audit results will be reported at QAPI meetings by ( ), Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- Resident #2's medication administration record was corrected to indicate the diagnosis/purpose of the medication by 6/20/24.
- Education will be provided by the PCHA or designee to all staff who administer medications on regulation 2600.187(a) by 7/20/24.
- An initial audit of all current resident medication administration records will be completed by 7/20/24 by the PCHA or designee to ensure they contain information as required by regulation 2600.187(a).
- Beginning 7/20/24, the PCHA or designee will audit resident medication administration records monthly for 3 months.
- Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 06/20/2024

Implemented ( ) - 07/26/2024)

187b - Date/Time of Medication Admin.

12. 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

Residents #2, #3, #4, #5 are prescribed blood sugar checks once daily, three times a day, 4 times daily, and twice daily, respectively. However, the Medication Administration Records for these residents do not include the initials of the staff members who completed the checks from 5/1/2024 5/29/2024.

Plan of Correction

Directed ( ) - 06/20/2024)

Can not go back retroactively to document.

Staff will be educated by 6/27/24 to ensure they are initialing when they complete blood sugar checks.

PCHA/Designee will audit 4 resident MARS weekly for two months to ensure staff are initialing after they complete blood sugars. Audit results will be reported at QAPI meetings by ( ), Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

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

In addition to the above, beginning 7/20/24, the PCHA or designee will audit 4 resident MARs weekly for 2 months to ensure staff are documenting their initials when providing blood glucose checks and administering medications to residents.

Directed Completion Date: 07/20/2024

Implemented ( ) - 07/26/2024)

190a - Completion Medication Course

13. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member C completed the Modified Department approved Medication Administration course on 6/8/2023. However, Staff Member C did not complete the required Standard Department approved Medication Administration course, has had one medication observation in April 2024 and no MAR reviews. Staff Member C administered medications to Resident #6 on [REDACTED]

Staff Member D completed the Modified Department approved Medication Administration course on 6/21/2023. However, Staff Member D did not complete the required Standard Department approved Medication Administration course and administered medications to Resident #1 on [REDACTED].

An Annual Practicum was not completed in 2023 for Staff Member E as evidenced by lack of original certification date, completion date, trainer signature, and only 2 Medication Administration observations and 1 MAR review have been completed. Additionally, there is no initial Medication Administration packet for Staff Member E. Staff Member E administered medications to Resident #1 on [REDACTED]

Repeated Violation 11/14/2023

Plan of Correction

Directed ( ) - 06/20/2024)

Staff C and D will complete the required standard department approved medication course by 7/5/24

Staff member E will have Annual practicum completed by 7/5/24.

PCHA will create calendar to track staff required reviews and observations.

Proposed Overall Completion Date: 07/15/2024

(Directed)

In addition to the above:

- PCHA/Designee will conduct an initial audit on all current staff records to ensure they have completed the Department approved Medication Administration Course as well as annual practicum requirements by 7/20/24.
- PCHA/Designee will audit staff records monthly to ensure they have properly completed the annual practicum starting 7/20/24.
- Education will be provided to designated staff member(s) on proper medication administration training and

190a - Completion Medication Course (continued)

annual practicum requirements by 7/20/24 by the PCHA or designee.

- Documentation of completed training and audits will be kept by the home and available for review by the Department.

Directed Completion Date: 07/20/2024

Implemented (████) - 07/26/2024)

251b - Record Entries Legible

14. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Resident #1 is prescribed ██████████ - take 1 & 1/2 tablets by mouth daily for anxiety. The original entries in the Controlled Substance Record on ██████████ are not legible due to being scribbled out,

Plan of Correction

Directed (████) - 06/20/2024)

Unable to retroactively correct these entries.

Staff will be educated by 6/27/24 to ensure they are not scribbling out entries in the Controlled Substance Record. PCHA/Designee will audit 5 resident Controlled substance records weekly for 2 months to ensure staff are not scribbling out entries. Audit results will be reported at QAPI meetings by ██████████, Administrator to ensure compliance expectations have been met.

Proposed Overall Completion Date: 07/15/2024

(Directed)

- Staff will be educated by 6/27/24 to ensure they are not scribbling out entries in the Controlled Substance Record.
- Beginning 7/20/24, PCHA/Designee will audit 5 resident Controlled substance records weekly for 2 months to ensure staff are not scribbling out entries.

Directed Completion Date: 07/20/2024

Implemented (████) - 07/26/2024)