

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

August 5, 2024

[REDACTED], MANAGING DIRECTOR
COLUMBIA COTTAGE - LINGLESTOWN LLC
1000 ALEXANDRA LANE
HARRISBURG, PA, 17110

RE: COLUMBIA COTTAGE -
LINGLESTOWN
1000 ALEXANDRA LANE
HARRISBURG, PA, 17110
LICENSE/COC#: 33781

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/10/2024, 06/10/2024 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: COLUMBIA COTTAGE - LINGLESTOWN License #: 33781 License Expiration: 04/19/2025
Address: 1000 ALEXANDRA LANE, HARRISBURG, PA 17110
County: DAUPHIN Region: CENTRAL

Administrator

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

Legal Entity

Name: COLUMBIA COTTAGE - LINGLESTOWN LLC
Address: 1000 ALEXANDRA LANE, HARRISBURG, PA, 17110
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 08/30/2021 Issued By: Lower Paxton Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 83 Waking Staff: 62

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 06/11/2024

Inspection Dates and Department Representative

06/10/2024 - On-Site: [REDACTED]
06/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 76 Residents Served: 57
Special Care Unit
In Home: Yes Area: Skyline Capacity: 22 Residents Served: 18
Hospice
Current Residents: 5
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 57
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 26 Have Physical Disability: 2

Inspections / Reviews

06/10/2024 - Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/06/2024

07/08/2024 - POC Submission
Submitted By: [REDACTED] Date Submitted: 08/01/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/12/2024

Inspections / Reviews (*continued*)

07/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 08/06/2024

08/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/01/2024

Reviewer: [REDACTED] le

Follow-Up Type: *Not Required*

15a Resident abuse report

1. Requirements

2800.

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

Description of Violation

On [REDACTED] Resident #2 kicked Resident #1 twice. This incident was observed by Staff member A and reported to the home via an electronic incident report on 4/17/24. At the time of the 6/11/24 inspection, the incident of abuse was not reported to the local Area Agency on Aging.

Plan of Correction

Accept ([REDACTED] - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. On 07/09/2024 @ 8:16am Resident Care Director called Dauphin County AAA to report the incident that occurred [REDACTED] between resident #1 and resident #2 voicemail left for return call. No response was received from Dauphin Country AAA. Incident report was faxed to Dauphin County AAA on 7/12/2024.
2. Resident Service Director completed Act 13 and faxed to AAA on 7/12/24.

To enhance the currently compliant operations:

1. on 07/10/2024 The Managing Director and Resident Care Director audited all of the reportable incidents from April to the present to ensure all reportable incidents had been sent to the department.
2. on 07/15/2024 the Managing Director will Training for all staff on regulation 2800.15(a) will be completed by 7/30/24.

Effective 07/15/2024 the Managing Director will maintain ongoing compliance with Quarterly audits of all reportable incidents. These will be reviewed at Quality Assurance meeting for reporting suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and complying with the requirements regarding restrictions on 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: 07/10/2025

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

16c Incident reporting

2. Requirements

2800.

16.c. The residence shall report the incident or condition to the Department's assisted living residence office or the assisted living residence complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2800.15 (relating to abuse reporting covered by law).

16c Incident reporting (continued)

Description of Violation

On [REDACTED], Resident #2 kicked Resident #1 twice. This incident was observed by Staff member A and reported to the home via an electronic incident report on [REDACTED]. At the time of the 6/11/24 inspection, this allegation of abuse was not reported to the Department.

Plan of Correction

Accept [REDACTED] - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, action was taken:

Managing Director/Designee completed and submitted incident report on 7/12/24.

To enhance the currently compliant operations:

on 07/10/2024 The Managing Director audited all of the reportable incidents from April to the present to ensure all reportable incidents had been sent to the department. All audited incidents were reported appropriately.

Managing Director/Designee will provide training for all staff on regulation 2800.16(c) will be completed by 7/30/24.

The overall completion date is 7/10/2025

7/10/24 - Resident Services Director/Designee will audit incident reports weekly

07/15/2024 the Managing Director/Designee will perform Quarterly audits of all reportable incidents which will be reviewed at Quality Assurance meetings.

Proposed Overall Completion Date: 07/10/2025

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented [REDACTED] - 08/05/2024)

82c Locked poisons

5. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

Resident #5, residing in the secured dementia care unit, requires poisonous materials to be locked. However, on 6/11/24, the following items were observed in an unlocked cabinet in resident's bathroom: Dermalite Renew skin repair cream and a tube of Calmoseptine ointment. Both items had manufacture labels indicating to contact poison control center or physician if swallowed.

82c Locked poisons (continued)

Plan of Correction

Accept () - 07/12/2024

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/12/2024 by the Maintenance Director replacing the locking device in resident #5-bathroom cabinet. 6/13/24, Maintenance director audited all locks to ensure compliance. 7/5/24 The Administrative Assistant added instructions to the Memory care assignment sheets for staff to check bathroom cabinet locks for function. 7/5/24 the update and the assignment sheets were implemented. Beginning Statting 07/09/24, All Care staff will educate by Resident Service Director/designee on the importance of reporting to the Memory Care Director or Maintenance Director if the locks are not working properly. Education will be completed by 07/23/2024.

Effective 7/9/24 the Maintenance Director/designee will perform weekly audits for a period of six months to maintain ongoing compliance with ensuring that all locks are working properly. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented () - 08/02/2024

89b Hot water temperature

6. Requirements

2800.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 6/11/24, at 10:10 AM, the hot water temperature in Resident # bathroom measured 125.7 degrees Fahrenheit.

Plan of Correction

Accept () - 07/12/2024

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/12/2024 by the Maintenance Director to 6/12/24 the water regulator was adjusted by the maintenance director at the sink in #5 bathroom. 6/12/24 The Maintenance director was re-educated on the regulation 89(b) that water temperatures may not exceed 120 degrees. Starting 6/12/24 through 6/28/24, July 1st and 5th water temperatures were taken of #5-bathroom sink.

To enhance the currently compliant operations, on 07/01/2024 the Maintenance Director/designee will continue with monthly checks with each area done a different week of the month.

Effective 06/12/2024 the Maintenance Director will perform weekly audits through 06/12/2025 to maintain ongoing compliance with ensuring the hot water temperature in areas accessible to the resident does not exceed 120°F. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented () - 08/02/2024

95 Furniture & Equipment

7. Requirements

2800.

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

Description of Violation

At approximately 10:00 AM on 6/10/24, a reclining chair was in the 100's dining room and the back of the recliner was not attached to the left side of the recliner. Per staff interview, this chair has been broken, in disrepair, and needing to be placed in the trash for a few weeks, however, the chair remained in an accessible location to residents.

Plan of Correction

Accept (█) - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2024 by the Maintenance Director to remove the chair from the dining room.

To enhance the currently compliant operations, on 07/11/2024 the Maintenance Director/designee will complete Initial audit of common area furniture. Audit will be completed by 8/01/2024. Education of staff will be completed by Managing Director/designee with a completion date of 07/30/2024.

Effective 8/01/2024 the Maintenance Director will perform quarterly audits through 08/01/2025 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented (█) - 08/02/2024)

103f Fridge/Freezer Temps

8. Requirements

2800.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 6/11/24, at 10:20 AM, the temperature in the 300's neighborhood kitchenette refrigerator was 45 degrees Fahrenheit and at 3:00 PM it was 45 degrees Fahrenheit.

Plan of Correction

Accept (█) - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 06/10/2024 by the Regional Food Director to adjust the control in the refrigerator.*
- 2. on 06/11/2024 by the Resident Service Director to replace all thermostats in all dining room refrigerators.*

To enhance the currently compliant operations, on 06/13/2024 the Food Service Staff/Resident Service Director will record Daily refrigerator temperatures to ensure compliance. By 7/31/24 Staff will be reeducated by Food Service Director/Managing Director.

103f Fridge/Freezer Temps (continued)

Effective 06/12/2024 the Food Service Staff/Managing Director will perform daily temperature checks to maintain ongoing compliance with ensuring food that requires refrigeration is stored at or below 40°F, and frozen food is kept at or below 0°F, and thermometers are in refrigerators and freezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/13/2025

Implemented (█) - 08/02/2024)

125a Combustible storage

9. Requirements

2800.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The residence's mechanical room consists of 2 gas powered hot water heaters. On 6/11/24, flammable materials, such as paper manuals, were stored against the heater.

Plan of Correction

Accept (█) - 07/12/2024)

In response to the violation on 06/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2024 by the Maintenance Director who removed paper manuals from hot water heaters in the presence of licensing representative,

To enhance the currently compliant operations:

1. 07/10/2024 the Maintenance Director updated monthly audits so that no combustible and flammable materials may not be located near heat sources or hot water, with a completion date of 7/10/25
2. By 07/31/2024 the Managing Director/Designee will educate staff that combustible and flammable materials may not be located near heat sources or hot water heaters.

Effective 7/10/24 the Maintenance Director will perform monthly audits to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented (█) - 08/02/2024)

141a Medical evaluation

10. Requirements

2800.

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:

3. Medical information pertinent to diagnosis and treatment in case of an emergency.

141a Medical evaluation (continued)

Description of Violation

The medical evaluations for Resident #1, Resident #2, and Resident #3, dated [REDACTED] respectively, do not include medical information pertinent to diagnosis and treatment in case of an emergency. The field to indicate this on the forms was blank.

Plan of Correction

Accept ([REDACTED] - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 06/12/2024 by the Managing Director to Residents 1, 2,3, medical evaluations were corrected to include the medical information pertinent to treatment in case of emergency.
- 2. on 06/12/2024 by the Managing Director to All resident charts were audited to ensure all medical evaluations have medication information pertinent to diagnosis and treatment for all residents in case of an emergency.

To enhance the currently compliant operations:

- 1. on 06/12/2024 the Managing Director/Designee will be review upon completion the Medical Evaluations prior to filing in the resident's chart.
- 2. on 06/12/2024 the Regional Nurse Manager educated the Managing Director, Resident Care Director, Memory Care Director on completion of medical evaluations.

Effective 06/12/2024 to maintain ongoing compliance all medical evaluations will be reviewed upon completion by Managing Director, Resident Care director, or designee prior to filing in the resident chart. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 06/12/2025

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

144c1 Smoking area guidelines

11. Requirements

2800.

144.c. A residence 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 residence, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The residence does not have a designated smoking area. However, on 6/11/24 staff were witnessed smoking near the residence's dumpsters, and a couple cigarette butts were on the ground, including one full cigarette.

144c1 Smoking area guidelines (continued)

Plan of Correction

Accept (█) - 07/12/2024)

In response to the violation on 06/11/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken by the Resident Wellness Director/Homemaker. Cigarette butts were removed in the presence of the licensing inspector.

To enhance the currently compliant operations, on 06/11/2024 the Managing Director/Designee educated staff workers on properly disposing of cigarette butts into the designated receptacle. On 6/12/24, an educational sign was posted on the inside of the back exit and staff bulletin board regarding proper maintenance of designated smoking area.

Effective 06/12/2024 to maintain ongoing compliance the Maintenance Director/designee will audit area 2x weekly for compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/10/2025

Implemented (█) - 08/02/2024)

162c Menus - posted

12. Requirements

2800.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 6/11/24, the residence's menu for the week in advance, June 16th-22nd, was not posted.

Plan of Correction

Accept (█) - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2024 by the Regional Food Services Director. The revolving menus posted on the TV were corrected to reflect the correct two weeks.

To enhance the currently compliant operations, on 06/12/2024 the Regional Food Service Director educated the receptionist/food service personnel on how to update the menu's rotation. 6/12/24 The Regional Food Service Director has placed a paper copy of menus on the bulletin board.

Effective 06/12/2024, The Receptionist/food Service personnel will update menu rotation weekly to ensure the correct weeks are posted. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented (█) - 08/02/2024)

183d Current medications

13. Requirements

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On 6/11/24, Clobetasol propionate cream prescribed for Resident #6 was in the home's medication cart; however, the medication expired in May 2024.

On 6/11/24, acetaminophen prescribed for Resident #7 was in the home's medication cart; however, the medication expired on 6/2/24.

Resident #7's MiraLAX was discontinued on 2/19/23 however, on 6/11/24, this medication was still located in the medication cart with the resident's current prescribed medications.

Plan of Correction

Accept ([redacted] - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2024 by the Resident Services Director to remove any discontinued and expired medication from the med carts.

To enhance the currently compliant operations:

1. on 06/12/2024 the Resident Services Director completed an initial audit on all medication carts to ensure only current medications are present.
2. on 06/27/2024 the Resident Services Director held a training for Nurses and Med Techs. They were reeducated on the importance of doing a correct audit to find any discontinued or expired medication. In addition, at the training, a new process was initiated for auditing med carts.
3. on 06/28/2024 The med techs/nurse will complete two audits daily to ensure compliance. Resident Care Director/designee will sign off weekly.

Effective 07/01/2024 Hershey Pharmacy will complete monthly med cart audits to maintain ongoing compliance to ensure that discontinued and expired medications are removed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented ([redacted] - 08/02/2024)

185a Storage procedures

14. Requirements

2800.

185.a. The residence 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

Resident #1 is prescribed Dulcolax suppository, Rectal enema, and milk of magnesia as needed. On 6/11/24, these medications were not available in the residence.

185a Storage procedures (continued)

Resident #5 is prescribed Metronidazole external gel, Mucinex Fast-max DM, and Nyquil severe cold as needed. On 6/11/24, these medications were not available in the residence.

Resident #6 is prescribed Bisacodyl suppository and Ipratropium Bromide as needed. On 6/11/24, these medications were not available in the residence.

Plan of Correction

Accept ([REDACTED]) - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/12/2024 by the Resident Services Director - All missing medication was reordered from pharmacy.

To enhance the currently compliant operations:

1. on 06/13/2024 the Resident Services Director: An initial audit was conducted to ensure all medications are available as ordered.
2. on 06/27/2024 the Resident Services Director: Staff education completed for Nurses and Med Techs on the importance of reordering medication in a timely manner.
3. on 07/09/2024 the Resident Services Director: Additional staff education with Nurses and Med Techs regarding regulations 183D & 185a completed regarding medication audits for expired and/or discontinued medications.

Effective 06/16/2024, to maintain ongoing compliance every med tech/nurse will complete two audits per shift. Resident Care Director/designee will sign off weekly to ensure compliance of the residence developing and implementing 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: 07/10/2025

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

227d Support plan – med/dental**16. Requirements**

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

The residence determined that Resident #4 needs an enabler bar. The resident's support plan, dated [REDACTED] does not address the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether

227d Support plan – med/dental (continued)

a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 07/12/2024

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2024 by the Regional RN. A request was made to the Licensing inspector if a form could be created to address the specific need for the device, the intended use and any risks associated with the use, the residents, ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

To enhance the currently compliant operations:

- 1. on 06/20/2024 the Regional RN - ASP Appendix for Bed mobility was created.
- 2. on 06/20/2024 the Regional RN - Education was provided to Resident Services Director on the required elements for the ASP if a resident utilizes a rail or enabler device.
- 3. on 07/02/2024 the Resident Services Director - current residents with bedrails/enabler devices will have the required documentation completed and attached to the ASP with a completion date of 08/01/2024.

The overall completion date is 07/010/2025.

Effective 08/02/2024 the Resident Services Director will maintain ongoing compliance with ASP appendix for bed mobility. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented (█) - 08/05/2024

234b Support plan - elements

18. Requirements

2800.

234.b. Plan requirements.

- 1. The support plan and if applicable, the rehabilitation plan, must identify the resident’s physical, medical, social, cognitive and safety needs.

Description of Violation

The support plan [and the rehabilitation plan], dated █ for Resident #5 does not address the use of the enabler bar on their bed, witnessed on 6/11/24. The █ plan doesn't include: the specific need for the device, the intended use and any risks associated with the use, the resident's ability to use the device safely for the purpose it was intended, and identification of the specific device to be used and whether a cover is required to meet FDA guidelines.

Plan of Correction

Accept (█) - 07/12/2024

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/10/2024 by the Regional RN. A request was made to the Licensing inspector if a form could be created to address the specific need for the device, the intended use and any risks associated with the use, the residents, ability to use the device safely for the purpose it was intended, and identification of the specific device to

234b Support plan - elements (continued)

be used and whether a cover is required to meet FDA guidelines.

To enhance the currently compliant operations:

on 06/20/2024 the Regional RN - ASP Appendix for Bed mobility was created.

on 06/20/2024 the Regional RN - Education was provided to Resident Services Director on the required elements for the ASP if a resident utilizes a rail or enabler device.

on 07/02/2024 the Resident Services Director - current residents with bedrails/enabler devices will have the required documentation completed and attached to the ASP with a completion date of 08/01/2024.

The overall completion date is 7/10/2025

Effective 08/02/2024 the Resident Services Director will maintain ongoing compliance with ASP appendix for bed mobility. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented (█) - 08/05/2024)

251a Resident record each res.

19. Requirements

2800.

251.a. A separate record shall be kept for each resident.

Description of Violation

Resident #3's record included a face sheet with medical and identifying information for Resident #4.

Plan of Correction

Accept (█) - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/11/2024 by the Managing Director - #3 face sheet was removed from the resident #4 chart.

To enhance the currently compliant operations:

1. on 06/13/2024 the Managing Director: All records were audited by Managing Director to ensure correct face sheets.
2. on 07/18/2024 the Resident Services Director: Nurses and Med Techs will be educated on keeping a separate record for each resident.

Effective 08/01/2024 the Managing Director/Designee will complete ongoing compliance with Quarterly audits. Audits will be completed to ensure separate record being kept for each resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 07/10/2025

251a Resident record each res. *(continued)*

Implemented (█) - 08/05/2024)

252 Records – content

20. Requirements

2800.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
3. A photograph of the resident that is no more than 2 years old.
4. A language, speech, hearing or vision need which requires accommodation or awareness of during oral or written communication.

Description of Violation

Resident #1's record does not include their race, height, hair color, eye color, identifying marks, and language spoken and understood.

Resident #3's record does not include their race, language spoken and understood, identifying marks, and height.

Resident #4's record does not include their identifying marks.

Resident #5's record does not include their height.

Resident #6's record does not include a photograph less than 2 years old.

Resident #7's record does not include their identifying marks and height.

Plan of Correction

Accept (█) - 07/12/2024)

In response to the violation on 06/10/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. *on 06/12/2024 by the Regional RN - A new line was added to the face sheet to include height and weight.*
2. *on 07/05/2024 by the Managing Director - Residents 1,3,4,5,6,7 was audited and corrected with height, weight, identifying markers, race hair and eye color language spoken and photo.*

To enhance the currently compliant operations:

1. *on 07/09/2024 the Resident Services Director and Managing Director - All resident charts were audited by Resident Services Director and Managing Director. New Face sheets were printed.*
2. *on 07/09/2024 the Resident Services Director - Education was provided to Nurses and Med Techs on 251a - adding correct information - ID marks/heights/weight/race/religion - to be completed upon admission.*

Effective 07/09/2024 the Managing Director/Designee will maintain ongoing compliance with Future resident records. They will be reviewed following admission. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

252 Records – content (*continued*)

Licensee's Proposed Overall Completion Date: 07/10/2025

Implemented (█ - 08/02/2024)