

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

October 7, 2024

[REDACTED], EXECUTIVE DIRECTOR
PASSAVANT RETIREMENT AND HEALTH CENTER
[REDACTED]
[REDACTED]

RE: PASSAVANT RETIREMENT & HEALTH
CENTER - NEWHAVEN COURT
100 BURGESS DRIVE
ZELIENOPLE, PA, 16063
LICENSE/COC#: 42406

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/12/2024 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: PASSAVANT RETIREMENT & HEALTH CENTER - NEWHAVEN COURT **License #:** 42406 **License Expiration:** 09/19/2024

Address: 100 BURGESS DRIVE, ZELIENOPLE, PA 16063

County: BUTLER **Region:** WESTERN

Administrator

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

Legal Entity

Name: PASSAVANT RETIREMENT AND HEALTH CENTER

Address: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 **Date:** 10/12/2014 **Issued By:** Zelienople Boro

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 81 **Waking Staff:** 61

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 06/12/2024

Inspection Dates and Department Representative

06/12/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 164 **Residents Served:** 81

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 81

Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

06/12/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/15/2024

07/23/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 09/13/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/30/2024

Inspections / Reviews (*continued*)

07/30/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/13/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/14/2024

10/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/13/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

20b1 - Financial Records

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

The home manages finances for resident #1. The home's record of financial transactions for resident #1 does not include cash withdrawals of [redacted] on [redacted] and [redacted] on [redacted].

Plan of Correction

Accept ([redacted] - 07/23/2024)

Resident #1 CTB on [redacted].

Beginning July 1, 2024, all financial transactions will be recorded and signed off by the resident.

Beginning July 1, 2024, the administrator/designee will review resident financial records monthly to ensure that all transactions are recorded and the correct signatures are obtained. Audits shall be reviewed in QAPI for 3 months.

Newhaven staff that manages financial transactions shall be educated on the correct procedure for managing transactions by July 31, 2024 by the administrator.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([redacted] - 10/07/2024)

20b8 - Quarterly Account

2. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

The home manages finances for resident #1. Resident #1 and the resident's designated person did not receive a quarterly account of financial transactions from [redacted].

Plan of Correction

Accept ([redacted] - 07/23/2024)

Upon further investigation, Resident #1 quarterly account statement was sent at the beginning of [redacted] for the 1st quarter. Resident #1 CTB on [redacted].

Beginning July 2024, the administrative assistant will receive a spreadsheet from the business office when quarterly statements are sent and will review for accuracy. [redacted] will then report to the administrator if all is correct. If any discrepancies, the administrator will follow up with the business office.

Newhaven staff that manage residents finances will be educated on regulation 20.b regarding quarterly statements by July 31, 2024 by the administrator.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([redacted] 10/07/2024)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person A did not receive fire safety training by a fire safety expert during the [redacted] training year.

Plan of Correction

Accept ([redacted] - 07/30/2024)

All staff will receive fire safety training by a fire safety expert by September 12, 2024.

The administrator will schedule yearly fire safety training for the following year by December 31, 2024.

Administrator/designee will audit direct care staff training for 2023 to ensure all staff received annual training in all topics covered under 2600.65g by July 31, 2024.

Staff that is involved in training for staff shall be educated on the importance of ensuring staff has the required training yearly by July 31, 2024 by the administrator.

Licensee's Proposed Overall Completion Date: 09/12/2024

Implemented ([redacted] - 10/07/2024)

85a Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The following unsanitary conditions were observed in the private bathroom in bedroom #226:

- * A wet towel containing four 1" feces stains was on the shower chair in the shower
- * The sink was full and clogged with a washcloth containing multiple feces stains
- * A 3" smear of feces was on the vanity
- * A 3" smear of feces was on the back of the toilet seat
- * A 3" smear of feces was on the front of the toilet bowl
- * A 1" smear of feces was on the grab bar next to the toilet

Plan of Correction

Accept ([redacted] - 07/30/2024)

The bathroom in room 226 was immediately cleaned by housekeeping on June 12, 2024.

Beginning June 13, 2024, residents bathrooms will be monitored by the medication technicians every shift and if they find any unsanitary conditions, will immediately notify housekeeping to clean.

All staff will be educated on the importance of maintaining sanitary conditions in all areas by July 31, 2024 by the administrator.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented ([redacted] - 10/07/2024)

89b Hot Water Temperature

5. Requirements

2600.

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

Description of Violation

At 12:48 p.m., the hot water temperature in the bathroom sink of bedroom #228 measured 125.7 degrees Fahrenheit.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept (█) - 07/30/2024)

*The hot water was adjusted immediately on June 12, 2024.**Maintenance will test water temperatures daily at the boiler, in common bathrooms and 2 resident rooms beginning July 15, 2024.**Audits will be reviewed in QAPI for 3 months.**All maintenance and nursing staff will be educated on regulation 89b and that the temperature of the water must not exceed 120 F by July 31, 2024 by the administrator.***Licensee's Proposed Overall Completion Date: 08/31/2024**

Implemented (█) - 10/07/2024)

131f - Fire Extinguisher Inspection

6. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation*There was no inspection tag on the fire extinguisher next to the staff smoking area.***Plan of Correction**

Accept (█) - 07/30/2024)

*A new case enclosing the extinguisher was installed on July 1, 2024 by the maintenance supervisor to ensure that the inspection tag will not be lost.**Maintenance will monitor the extinguishers monthly beginning July 2024 to ensure that all tags are on the extinguishers. Audits will be reviewed in QAPI for 3 months.**All maintenance staff will be educated on regulation 131f and having tags on the extinguishers by July 31, 2024 by the administrator/designee.***Licensee's Proposed Overall Completion Date: 08/31/2024**

Implemented (█) - 10/07/2024)

144c1 - Smoking Area Guidelines

7. 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*There were 2 green seat cushions on the metal chairs in the resident smoking area.***Plan of Correction**

Accept (█) - 07/30/2024)

*The green cushions were immediately removed from the smoking area on June 12, 2024 by the Director of Facilities.**The administrator/designee will monitor the smoking area weekly to ensure that no cushions that are a hazard are*

144c1 - Smoking Area Guidelines (continued)

in the area beginning July 1, 2024. Audits will be reviewed in QAPI for 3 months.

All staff and residents will be educated on not having cushions that are not fire retardant located in the smoking area by July 31, 2024 by the administrator.

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

Implemented (█) - 10/07/2024)

183d - Prescription Current

8. Requirements

2600.

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

Description of Violation

A bottle containing █ belonging to resident #2 was stored in the resident's medication cabinet. However, this medication was discontinued on █.

A bottle containing █ belonging to resident #3 was stored in the resident's medication cabinet. However, this medication was discontinued on █.

A card containing █ belonging to resident #3 was stored in the resident's medication cabinet. However, this medication expired on █.

Plan of Correction

Accept (█) - 07/30/2024)

The █ was removed from the medicine cabinet on June 12, 2024 by the clinical manager.

The █ was removed from the medicine cabinet on June 12, 2024 by the clinical manager.

The █ was removed from the cabinet and new medications was obtained on June 12, 2024 by the clinical manager.

Beginning July 1, 2024, when an order to discontinue a medication is received, the nurse that received the order to discontinue the medication will remove the medication from the residents medication cabinet.

Beginning July 15, 2024, the clinical manager/designee will audit 10% of the cabinets weekly to ensure that there are no discontinued medications or expired medications in the cabinets. Audits will be reviewed at QAPI meetings monthly for 3 months.

All nursing staff will be educated on Regulation 2600.183d and the importance of having no discontinued medications and no expired medications in the residents cabinets by July 31, 2024 by the administrator/designee.

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

Implemented (█) - 10/07/2024)

184a - Resident's Meds Labeled

9. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

184a - Resident's Meds Labeled (continued)

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #3 is prescribed [REDACTED] at night with applicator. However, the medication's pharmacy label indicates give nightly for 2 weeks then use vaginally every other night.

Resident #4 is prescribed [REDACTED], take 1 tablet by mouth as need every 6 hour for [REDACTED]. However, the medication did not include a pharmacy label.

Plan of Correction

Accept ([REDACTED] - 07/30/2024)

A change of direction sticker was applied to the [REDACTED] on June 12, 2024 by the clinical manager.

A pharmacy label was obtained for Resident #4's [REDACTED] on June 13 by the clinical manager.

Beginning July 15, 2024, 10% of the medication cabinets will be audited by the clinical coordinator/designee to ensure that the pharmacy labels match the orders of the prescriber. Audits will be reviewed in QAPI for 3 months. All nursing staff will be reeducated on Regulation 2600.184a and the importance of the pharmacy label matching the physician order by July 31, 2024 by the administrator/designee.

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

Implemented [REDACTED] - 10/07/2024)