pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **BROADWAY MANOR LLC**
LEGAL ENTITY

To operate **BROADWAY MANOR**
NAME OF FACILITY OR AGENCY

Located at **560 BROADWAY STREET, MILTON, PA 17847**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **49**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

PROVISIONAL

Restrictions:

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **August 30, 2024** until **March 2, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **230301**

ISSUING OFFICER

ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628P – 04/23

pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: adamrosinskirph@gmail.com
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: AUGUST 30, 2024

[redacted]
Owner
Broadway Manor LLC
[redacted]

RE: Broadway Manor
560 Broadway Street
Milton PA 17847
License: 230301

Dear [redacted]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on July 9, 2024, July 8, 2024, July 1, 2024, June 28, 2024, June 26, 2024, and June 25, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 230300) dated October 14, 2023, to October 14, 2024 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being based on the violations attached to this notice and mistreatment or abuse of residents being cared for in the facility. The license dated October 14, 2023 to October 14, 2024 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from August 30, 2024 to March 2, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

Pursuant to 62 P.S. 1085-1087 and 55 Pa. Code § 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violation(s) unless fully corrected on or before the mandated correction date.

55 Pa. Code Chapter 2600 or 2800 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
57b	II	46	$5	$230	5 calendar days from mailing date of this letter
57d	II	46	$5	$230	5 calendar days from mailing date of this letter

A fine will be assessed daily beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau of Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[redacted], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: [redacted]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

[redacted]

Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc: [redacted]

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

Facility Information

Name: *BROADWAY MANOR* **License #:** *23030* **License Expiration:** *10/14/2024*

Address: *560 BROADWAY STREET, MILTON, PA 17847*

County: *NORTHUMBERLAND* **Region:** *NORTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *BROADWAY MANOR LLC*

Address: [redacted]

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-1* **Date:** *02/07/1974* **Issued By:** *PA Dept. L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *46* **Waking Staff:** *35*

Inspection Information

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

Reason: *Complaint, Incident* **Exit Conference Date:** *07/09/2024*

Inspection Dates and Department Representative

06/25/2024 - On-Site [redacted]
06/26/2024 - On-Site
06/28/2024 - Off-Site
07/01/2024 - Off-Site
07/08/2024 - Off-Site
07/09/2024 - Off-Site

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *49* **Residents Served:** *46*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *35* **Are 60 Years of Age or Older:** *37*

Diagnosed with Mental Illness: *21* **Diagnosed with Intellectual Disability:** *9*

Have Mobility Need: *0* **Have Physical Disability:** *4*

Inspections / Reviews

06/25/2024 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/26/2024*

07/29/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/26/2024*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *08/01/2024*

08/12/2024 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/31/2024*

Reviewer: [redacted] **Follow-Up Type**: *Bypass Document Submission*

08/12/2024 - Bypass Document Submission

Submitted By: [redacted] **Date Submitted**: *08/12/2024*

Reviewer: [redacted] **Follow-Up Type**: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home 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] residents #3 and #4 were engaged in an altercation in the outdoor smoking area. Resident #3 struck resident #4 in the head with a metal cigarette receptacle. The home failed to report the incident to the area agency on aging as required.

On [redacted] the home's administrator contacted local police regarding possible abuse between residents # 1 and # 2. Resident # 2 was suspected of striking resident # 1 on the buttocks. The home failed to report the incident to the area agency on aging and to adult protective services as required.

On [redacted] Resident #2 slapped Resident #1 on his/her bare buttocks several times. When examined by staff, it was noted that Resident #1's buttocks was red and bruised. When interviewed by police, Resident #2 admitted to "spanking" Resident #1 because they caught Resident #1 eating cigarette butts in the home's smoking area. Staff failed to immediately report the abuse to the Northumberland Aging Office and Adult Protective Services.

Plan of Correction ***Accept ([redacted] - 07/29/2024)***

The facility staff/Administrator will report any suspected abuse of a resident to Area Agency on Aging and Adult Protective services immediately as required Re-training was done 7/2/2024 on reporting. Who to notify and the time line.
Back up numbers have been added to the policy in case unable to reach administrator.
The administrator/staff will immediately report all incidents of abuse in the event of future incidents. The administrator has posted policy & procedures and steps for reporting.7/25/24

Licensee's Proposed Overall Completion Date: *07/26/2024*

Not Implemented [redacted] - 08/12/2024)

16c - Written Incident Report

2. Requirements

2600.
16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted] residents #3 and #4 were engaged in an altercation in the outdoor smoking area. Resident #3 struck resident #4 in the head with a metal cigarette receptacle. The home failed to report the incident to the Department's regional office as required.
On [redacted] the home's administrator contacted local police regarding possible abuse between residents #1 and #2. Resident #2 was suspected of striking resident #1 on the buttocks. The home failed to report the incident to the Department's regional office as required.
On [redacted] resident #5 was returned to the home by local police officers after the police department

16c - Written Incident Report (continued)

received reports from the community that the resident was seen walking in the road. When police picked the resident up the resident was confused and indicated they did not know how to get back to the home. Resident #5 has [redacted] and is an elopement risk. The home failed to report these incidents to the Department's regional office as required. On [redacted] Resident #2 slapped Resident #1 on his/her bare buttocks several times. When examined by staff, it was noted that Resident #1's buttocks was red and bruised. When interviewed by police, Resident #2 admitted to "spanking" Resident #1 because they caught Resident #1 eating cigarette butts in the home's smoking area. Staff failed to immediately submit an incident report to the Department's Regional Office along with a plan of supervision for both residents.

Plan of Correction ***Accept ([redacted] - 07/29/2024)***

The administrator will report all incidents to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Resident #1 was put on 15 min checks to ensure[redacted] safety and Resident #2 is on one on one to ensure safety of all residents. 6/25/24. The administrator will provide all actions implemented for prevention of future incidents. Re-education for staff on the following for prevention of similar incidents in the future.
Broadway abuse prevention policy, Older Persons Protective Act, Abuse prevention, reporting and investigating. 7/2/24
Annual training will be provided to all staff on abuse/neglect prevention. Behavior management training to be held annual and as needed for staff to be able to identify potential triggers/signs of behaviors that may indicate a risk. The administrator will monitor resident's behaviors/interactions and identify risk and implement preventive measures for any future situations. 7/25/24 &/7/29/24
Posting of policy & procedures and steps for reporting for all staff.7/25/24
Back up numbers have been added to the policy in the event the administrator
For any future reportable incidents the administrator will report all events to DHS regional office,

Licensee's Proposed Overall Completion Date: *07/22/2024*

Not Implemented [redacted] 08/12/2024)

17 - Record Confidentiality

3. 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

[redacted]

17 - Record Confidentiality (continued)

[redacted]

42b - Abuse

4. Requirements

2600.
42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] police responded to the home after the home's administrator contacted them to report that resident #1 was being physically abused by resident #2. Resident #2 admitted on [redacted] that [redacted] did hit resident #1 on the buttocks during an interview that was conducted by a police officer.
On [redacted], Resident #2 slapped Resident #1 on his/her bare buttocks several times. When examined by staff, it was noted that Resident #1's buttocks was red and severely bruised. When interviewed by police, Resident #2 admitted to "spanking" Resident #1 because they caught Resident #1 eating cigarette butts in the home's smoking

Plan of Correction ***Accept [redacted] - 08/05/2024)***

The administrator or designee is responsible for the safety and well being of the residents served wthin the facility.
All employees were re-educated by the administrator on abuse prevention/abuse reporting/reporting/investigating 7/2/2024
Older Persons Protection Act 7/2/2024
Resident Rights Education 7/2/24
Behavior Management Education 7/25/24 and 7/30/24
All staff have been provided education on identity signs and symptoms of potential behavior of individuals at risk and triggers that may cause incidents and to inform the administrator or designee of any behavior changes
The administrator will address all changes in resident actions and report incidents to DHS in a timely manner, AAA, Office of Aging, and local police of any future incidents.
On [redacted] the administrator gave resident #2 a 30 day notice due to the resident to resident incident, the physician was notified crisis management was notified and position was initiated an in to see the resident on
one-on-one supervision was initiated for resident #2 on 6/25/24
on 6/24/24 office of aging was notified by the administrator of the incident and planets supervision
and 7/2/24 staff were re educated on reporting incidents to DHS and notification to the administrator or designee
on 7/2/24 a second designee was initiated in the event the administrator is unable to be reached and staff have been notified of the protocol the administrator and owner will be responsible for ongoing monitoring this regulation

Licensee's Proposed Overall Completion Date: *07/30/2024*

Not Implemented ([redacted] - 08/12/2024)

42s - Privacy

5. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 6/22/24, Staff Person "A" heard a slapping sound coming from the men's bathroom on the lower level of the home. Staff Person "A" knocked on the bathroom door and observed Resident #1 and Resident #2 in the bathroom together. Staff Person "A" noted Resident #1's pants and underwear were down, and his/her buttocks was reddened and bruised. Staff Person "B", who was also working when the incident occurred, violated Resident #1's right to privacy when they used their cell phone to take a photo of the resident's bare buttocks.

Plan of Correction ***Accept (JH - 07/29/2024)***

Staff person "B" took a photo of resident #1 bare buttocks on 6/22/24 and sent the photo out via text message.
Broadway Manors policy is that employees are not to have their cell phone out during working hours. Cell phones may be used only on break/out of the resident care areas or in an emergency.
All employees were re-educated on cell phone policy/photo policy. 6/26/24
Employee counseling was provided to the employee that took the photo 6/24/24
The admintstrator
The administrator will monitor staff to ensure that they do not have their cell phones in the resident care areas for the prevention of future occurrences, and will provide education, counseling & corrective action as needed for any occurrences
The administrator will report immediately of any future occurrence

Licensee's Proposed Overall Completion Date: *07/23/2024*

Not Implemented (JH - 08/12/2024)

42y - Health Care Choice

6. Requirements

2600.
42.y. A resident has the right to choose his own health care providers without limitation by the home. This includes the right to select the resident's own pharmacist provided that the pharmacy agrees to supply medications in a way that is compatible with the home's system for handling and assisting with the self-administration of resident medications.

Description of Violation

During interviews with residents #6 and #7, both residents indicated that they were told they were required to use the home's contracted medical provider and the home's contracted pharmacy for medical appointments and medications. The fee schedule in the home's contract also confirms that the home charges $85 per month for pharmacy service and $50 per month for Physician service. The home's administrator confirmed that these charges are for residents who choose to use a physician and/or pharmacy other than the home's contracted medical provider and pharmacy.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

Residents are given the option during admission to use the home's contracted medical provider and the home's contracted pharmacy. Broadway Manor requires that medication be packaged in custom packaging so that medication is consistent with the home's contract for handling and assisting with medication administration and error prevention for non licensed direct care personnel to assist with medication administration safely.
If pharmacy services are utilized they need to be able to match the custom packing to ensure safety with medication assistance.
The adminstrator is responsible for updated the facility admission contract.
An addendum was implemented for the admission agreement to acknowledge services which a resident desires; as

42y - Health Care Choice (continued)

to physician and pharmacy agreement 6/26/24
The fee schedule has been updated and the physcian and pharmacy services fee have been removed. Effective 7/30/24 all new admissions will have the addendum for health care choices and the new fee schedule in the contract.
The administrator and the owner will monitor for ongoing compliance to ensure that residents are informed of their right of choice during the admission process. 7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Not Implemented (- 08/12/2024)

51 - Criminal Background Check

7. 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

Staff person "C" was hired on [redacted] The home did not obtain a criminal background check for Staff person "C".

Plan of Correction ***Accept (- 08/05/2024)***

A criminal background check was obtained for staff person "C". 7/2/2024
Criminal background checks will be completed in accordance with the Older Adult Protective Services Act.
Background check will be completed for all new hires on or before the first day of employment, if a prospect has lived out of the state for 2 or more years, an FBI/fingerprinting check must be completed for the hiring process to ensure employees with any prohibitive offenses do not work in the personal care home.
The administrator was unable to obtain FBI/fingerprinting on staff person "C". Staff person "C" has been let go.7/23/24
the administrator will ensure that all applicants have the criminal background checks completed on or before the first day of employment
the administrator will follow hiring policy and procedures that background checks are completed before the first day of employment
the administrator and owner will monitor for future compliance

Licensee's Proposed Overall Completion Date: *07/30/2024*

Implemented - 08/12/2024)

53c - Administrator Duties

8. Requirements

2600.
53.c. The administrator shall be responsible for the administration and management of the home, including the health, safety and well-being of the residents, implementation of policies and procedures and compliance with this chapter. AD 8/30/34

Description of Violation

[redacted]

53c - Administrator Duties (continued)

[redacted]

Licensee's Proposed Overall Completion Date: *07/30/2024*

Not Implemented [redacted] - 08/12/2024)

57b - 1 Hour/Day

9. Requirements

2600.
57.b. Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

Description of Violation

On [redacted] there were 46 residents in the home; 46 total staffing hours were required to meet the needs of the residents. Only 45.5 hours were provided.
On [redacted] there were 46 residents in the home; 46 total staffing hours were required to meet the needs of the residents. Only 40 hours were provided.

Repeat Violation-3/20/24.

Plan of Correction ***Accept [redacted] - 08/05/2024)***

On [redacted] and [redacted] Broadway Manor had a call off of a direct care employee the staff working did not notify the administrator of the call off which led to insufficient staffing during the waking hours.
The direct care staff may also call staff listed on the employee roster to ensure that the facility has adequate staffing to provide care and services for the residents within the community, but must still notify the administrator
This is addressed in the personnel policy and will be posted for all staff to re-read.
When the administrator is notified [redacted] will contact staff to find a replacement for a call off.
The administrator has also intiated a mandatory staffing policy.
The administrator is responsible for scheduling the direct care staff to ensure that the facility provides at least one hour per day of personal care services
need for skills facility policy and procedure for call offs was updated to ensure that the staff have adequate staff to

57b - 1 Hour/Day (continued)

meet regulations7/30/24
the staff more provided education on the call off policies and procedures.7/30/24.
The administrators schedule will meet the required number of direct care staff
the owner will audit the schedule when posted every two weeks to ensure at least one hour per day of personal care services is provided to each mobile resident two hours for any immobile residence to ensure future compliance7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Not Implemented ([redacted] - 08/12/2024)

57d - Waking Hours

10. Requirements

2600.
57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

On [redacted] there were 46 residents in the home; 34.5 waking staff hours were required to meet the needs of the residents. Only 30.5 hours were provided.
On [redacted] there were 46 residents in the home 34.5 waking staff hours were required to meet the needs of the residents. Only 25 hours were provided.

Repeat Violation-12/28/23 et al.

Plan of Correction ***Accept [redacted] - 08/05/2024)***

At least 75% of the personal care services hours shall be available during waking hours
on [redacted] Broadway Manor had a call off of a direct care employee, the staff working did not notify the administrator of the call off which led to insufficient staffing during waking hours
If staff is calling off they must notify the administrator. The direct care staff may also call staff listed on the employee roster to ensure that the facility has adequate staffing to provide care and services for the residents within the community. This is again posted in the personnel policy in kitchen.
When the administrator is notified [redacted] will contact staff to find a replacement for call off.
The administrator is responsible for scheduling the direct care staff to ensure that the facility provides at least 75% of the personal care service hours be during waking hours.
The staff were provided education on the call off policy and procedure and mandatory staffing requirements.7/30/24
the administrator will schedule to meet the required number of direct care staff to provide adequate staffing7/30/24
the owner will audit the schedules when posted every two weeks to ensure at least 75% of the personal care services to be provided during waking hours
the administrator and owner are responsible for monitoring for continued compliance 7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Not Implemented [redacted] - 08/12/2024)

60a - Staff/Support Plan

11. Requirements

60a - Staff/Support Plan *(continued)*

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

When interviewed, Administrator "D" admitted to occasionally scheduling only one direct care worker for the overnight shift (10:00pm-6:00am). Staff Person "E" also stated in an interview, that they recently worked the overnight shift alone. There are currently 46 residents in the home which has multiple exits on 4 floors. One direct care worker would not be able to safely evacuate the residents out of the building on their own in the event of an emergency.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

Staffing shall be provided to meet the needs of the residents as specified in the residents assessment and support plan Broadway Manor services 43 residents at this time.
The administrator acknowledged that on occasion staff has been one staff on the night shift 10:00 PM to 6:00 AM with the facility size and four floors it is not safe to have one employee on the shift, the facility administrator will schedule two staff for the night shifts for safety of the residents within the facility.
The administrator is responsible for staff scheduling. The administrator will schedule 2 direct care staff during the night shift for the safety of the residents. within the facility.6/25/24
The owner will audit the schedule every two weeks prior to the schedule being posted to ensure that there are at least two direct care staff on the night shift 7/30/24
the administrator and owner will monitor for continued compliance 7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Not Implemented [redacted] - 08/12/2024)

65a - FS Orientation 1st Day

12. 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:

Description of Violation

Staff person "C" was hired on [redacted] but did not receive the trainings required under this regulation.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

Prior to or during the first day of work all direct care staff including ancillary staff persons shall have orientation and general fire safety and emergency procedures Employee "C" was hired on [redacted] new employee orientation was not completed per regulation employee "C" was hired as an auxiliary staff cook dishwasher has a slight communication barrier and the administrator did not complete the orientation per regulation 65A
staff person C was let go 7/22/24
For the prevention of future occurrence the administrator has implemented a new translator program boostlingo which provides a personal translator for any language barrier situations that may arise.
Employee "C" was let go 7/22/24.
the administrator will ensure that training and orientation is completed prior to or on the first day of work for all employees7/30/24
the administrator and owner will monitor the orientation and training for future compliance7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

65a - FS Orientation 1st Day *(continued)*

Implemented (- 08/12/2024)

65b - Rights/Abuse 40 Hours

13. Requirements

2600.
65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person "C" was hired on [redacted] but did not receive the trainings required under this regulation.

Plan of Correction ***Accept (- 08/05/2024)***

Within 40 scheduled working hours auxiliary staff will be oriented in resident rights, emergency medical plan, mandatory reporting under the older persons protective act and reportable injury incidents employee "C" was hired on [redacted] New employee orientation was not completed per regulation employee C was hired as an auxiliary staff dishwasher cook has a slight communication barrier and the administrator did not complete the orientation per regulation 65B. Employee "C" has been let go 7/22/24
for the prevention of future occurrence the administrator has implemented a new translator program boostlingo which provides a personal translator for any language barrier situations that may arise. In the future the administrator will ensure that training and orientation is completed within 40 scheduled working hours
the administrator is responsible for ensuring all training and orientation is done within the first 40 hours of work 7/25/24
an employee development program was initiated. the owner will provide direct supervision and establish goals for growth and development for the administrator to ensure compliance to meet regulations.7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Implemented - 08/12/2024)

95 - Furniture and Equipment

14. Requirements

2600.
95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

Resident interviews indicated the home's elevator was broken during the week of [redacted] through [redacted]. Residents #6 and #7 reported that during this time they could only access the dining area by going outside the home and walking up to the dining room door because residents #6 and #7 are unable to use the stairs due to mobility issues.

Plan of Correction ***Accept - 08/05/2024)***

The elevator was noted to have a malfunction on Sunday June 23rd, the administrator, called the elevator company on Monday June 24th to have the equipment repaired the elevator company came in by noon June 24 and had the elevator repaired
The elevator was malfunctioning for less than 24 hours it has been repaired and working properly
Staff education provided to call the administrator of any equipment malfunctions and if necessary to provide in room meal service were those with mobility needs
the administrator is responsible to ensure that equipment is in good repair
the owner has initiated an employee administrator development plan to provide opportunity for growth and

95 - Furniture and Equipment (continued)

development to ensure compliance 7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Implemented [redacted] - 08/12/2024)

132a - Monthly Fire Drill

15. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

Based on resident and staff interviews, as well as a review of the Fire Alarm Activity Report from Compu-Gen Technologies, it was determined that from July 2023 to July 2024, the home conducted only 2 fire drills. One was held on 09/18/23 at 12:59 pm and the other was held on 12/29/23 at 9:14 am.

Plan of Correction ***Accept ([redacted] - 07/29/2024)***

The administrator will initiate a monthly schedule for the fire drill to be held the administrator will add the monthly dates to her tabular calendar to ensure that the fire drills are held for regulation 132A to promote safety and readiness the residents and staff of the facility
The administrator held a fire drill on 7/12/24 at 1:22 PM with an evacuation time of two minutes and 38 seconds for all residents in the facility
The administrator will use the assistance of the dietary supervisor to also keep track of the calendars to ensure compliance with monthly fire drills

Licensee's Proposed Overall Completion Date: *07/24/2024*

Not Implemented [redacted] 08/12/2024)

132c - Fire Drill Records

16. 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 home's fire drill records indicate a drill was held every month from 8/10/2023 to 5/27/2024. However, review of the Fire Alarm Activity Report from Compu-Gen Technologies, indicates that from July 2023 to July 2024, the home conducted only 2 fire drills. One was held on 09/18/23 at 12:59 pm and the other was held on 12/29/23 at 9:14 am.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

The administrator initiated a monthly schedule for the fire drill to be held annotate on the DHS fire drill form. The administrator will add the dates of the monthly drill to her tabular calendar as a reminder for the drill to be completed and will call the alarm company each month prior to the drill to have documentation that the drill was completed and we'll document on the fire drill log per regulation 132C to verify that the fire drills are complete the fire drill log was updated.7/24/24
A fire girl was held July 12 at 1:22 PM with an evacuation time of two minutes and 38 seconds
The administrator will also use the dietary supervisor to track the calendar as a reminder for the administrator7/26/24

132c - Fire Drill Records (continued)

the administrator and owner will monitor the fire drill log for compliance7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Not Implemented (JH - 08/12/2024)

132e - Fire Drill Sleeping Hours

17. Requirements

2600.
132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

Based on a review of the Fire Alarm Activity Report from Compu-Gen Technologies, it was determined that from July 2023 to July 2024, the home did not conduct a sleeping hour drill once every 6 months as required.

Plan of Correction ***Accept [redacted] - 08/05/2024)***

The administrator held an overnight fire drill on July 18th at 1:50 AM evacuation time was 2 minutes and 17 seconds
the administrator has initiated a schedule for monthly fire drills to be held and it is listed on the fire drill log as a reminder to when each month and shift the fire drill is to be held the administrator has added to her tabular calendar the dates and times that the drill will be held as a reminder for the night time drills to be held
the administrator will schedule a fire drill at least every six months for overnight
the owner will audit the fire drill schedule to ensure that an overnight drill is held at least every six months 7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Implemented [redacted] - 08/12/2024)

183b - Meds and Syringes Locked

18. 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 [redacted] six jars of [redacted] prescribed six different Residents were noted on the windowsill next to the medication cart in the home's dining room

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

The [redacted] was locked up in the Med cart 6/26/24 by the administrator
all medications shall be labeled with resident name and instructions to ensure that all medications are administrated per the directions of the PCP
medication techs are to follow the five rights of medications administration and the three check method of medication administration medication techs are to administer the medication and they return the medication to the Med cart document the administration of the medication secure the medication in the medcart, and lock the medcart to ensure that medications are not left out in open for safety of all residents within the facility
the administrator will re educate Med techs on the proper procedure to ensure safety for the residents within the facility7/30/24
effective immediately on 6/24/24 and going forward the administrator will monitor and make daily checks to ensure that no medication is left out in the open
custom care pharmacy consultant audited the Med cart to ensure that all medications have labels with resident

183b - Meds and Syringes Locked (continued)

name and instructions 7/31/24
the pharmacy will provide quarterly Med cart audits to ensure that all medications have labels and instructions and are stored properly 7/31/24
the owner and administrator will monitor for future compliance 7/31/24

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

Implemented [redacted] - 08/12/2024)

227d - Support Plan Medical/Dental

19. Requirements

2600.
227.d. Each home shall document in the resident's support plan the 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 home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's RASP dated [redacted] indicates they are diagnosed with [redacted]. On [redacted] Administrator "D" notified the police of suspected abuse involving Resident #1 being struck repeatedly on the buttocks by Resident #2. On [redacted], Resident #1 admitted to staff that they were repeatedly struck on their bare buttocks by Resident #2. Resident #2 admitted to police that they "spanked" Resident #1 for eating cigarette butts. Staff interviewed stated that Resident #2 also "spanks" himself while masturbating and acknowledged that there were similar "problems" with Resident #2 "picking on" Resident #1 when they both lived in another personal care home. Both RASPs dated [redacted] have not been updated to indicate Resident #2's history of assaulting Resident #1 or Resident #2's sexual behavior. In addition, the RASPs do not indicate the steps staff will take to protect Resident #1 from Resident #2.

Repeat Violation-12/28/23 et al.

Plan of Correction ***Accept ([redacted] - 08/05/2024)***

The rasp for resident one and resident two have been updated [redacted] with the following mental health diagnosis, behavioral history and approaches to prevent behavior or de-escalate behaviors, documentation of referrals, PCP updates, psychological/ psych evals and ongoing treatment, family support, case manager if they have one
The staff have been educated on notifying the administrator of a resident's behavior change. Behavior management 7/25/24-7/29/24 and 7/30/24
The administrator reviewed all RASPs to ensure any updates needed are made7/30/24
The administrator and owner are responsible to monitor for future compliance 7/30/24

Licensee's Proposed Overall Completion Date: *07/30/2024*

Implemented [redacted] - 08/12/2024)