



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 28, 2024

[REDACTED]
Quality Life Services – Mercer, LLC
[REDACTED]
[REDACTED]

RE: Quality Life Services – Mercer
8221 Lamor Road
Mercer, PA 16137
License #: 45533

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 8, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *QUALITY LIFE SERVICES - MERCER* License #: *45533* License Expiration:
Address: *8221 LAMOR ROAD, MERCER, PA 16137*
County: *MERCER* Region: *WESTERN*

Administrator

Name: [REDACTED]

Legal Entity

Name: *QUALITY LIFE SERVICES - MERCER, LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/04/1997* Issued By: *Dept. of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *07/08/2024*

Inspection Dates and Department Representative

07/08/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *12*

Secured Dementia Care Unit

In Home: *Yes* Area: *1ST FLOOR REAR* Capacity: *36* Residents Served: *12*

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *12*
Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

07/08/2024 - Partial

Lead Inspector: [REDACTED]e Follow-Up Type: *POC Submission* Follow-Up Date: *08/05/2024*

08/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/22/2024

08/22/2024 - Document Submission

Submitted By: [REDACTED] o

Date Submitted: 08/21/2024

Reviewer: [REDACTED]

Follow-Up Type: Exception

82a - Poisonous Materials

1. Requirements

2600.

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

Description of Violation

1 spray bottle containing clear liquid with a hand written label indicating "odor eliminator," and 1 spray bottle containing a yellow liquid with a handwritten label indicating "multi-surface," were on an unlocked, unattended and accessible housekeeping cart in the middle of the common area of the secure dementia care unit (SDCU).

Plan of Correction

Accepted [redacted] - 08/08/2024)

On 07/09/2024 all spray bottles, including the two with handwritten labels indication "odor eliminator" and "multi-surface" were properly labeled by the Maintenance Director with labels from the manufacturer. Also on 07/09/2024, the Housekeeping closet was reorganized enabling the cart to be behind a locked door and not accessible to residents.

Education was provided to all housekeeping staff by the Maintenance Director on 07/09/2024 & 07/15/2024 to ensure that they understand the importance of proper labeling of poisonous materials, and on the importance of these items not being unlocked, unattended, or accessible to residents on the SDCU. The Administrator then educated the Maintenance Director and all Housekeeping staff on 08/07/2024 on the same topic again. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure that all cleaning supply spray bottles will be properly labeled and to ensure that housekeeping carts are not unlocked, unattended, or accessible to residents on the SDCU. The Administrator or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [redacted] - 08/22/2024)

See attached.

82c - Locking Poisonous Materials

2. Requirements

2600.

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

Description of Violation

An 8oz pump bottle of Medline Spectrum Advanced Gel Hand Sanitizer, with a manufacture's label indicating "If swallowed, get medical help or contact a Poison Control Center right away," was unlocked, unattended and accessible in a housekeeping cart in the middle of the common area of the SDCU. Not all the residents of the home have been assessed capable of recognizing and using poisons safely.

Plan of Correction

Accepted [redacted] - 08/08/2024)

On 07/08/2024, the Maintenance director removed the pump bottle of Medline Spectrum Advanced Gel Hand

82c - Locking Poisonous Materials (continued)

Sanitizer from the unlocked surface of the Housekeeping cart. Also on 07/09/2024, the Housekeeping closet was reorganized enabling the cart to be behind a locked door and not accessible to residents.

Education was provided to all housekeeping staff by the Maintenance Director on 07/09/2024 & 07/15/2024 to ensure that they understand the importance Hand Sanitizer being unlocked, unattended, or accessible to residents on the SDCU. The Administrator then educated the Maintenance Director and all Housekeeping staff on 08/07/2024 on the same topic again. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure that Hand Sanitizer is not on top of housekeeping carts and unlocked, unattended, or accessible to residents on the SDCU. The Administrator or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [redacted] - 08/22/2024)

See attached.

84 - Heat Sources

3. Requirements

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

At 10:20a.m., the temperature of the metal surface of the baseboard heaters in shower room #1 was 132 degrees Fahrenheit. There were no protective guards in place to prevent residents from coming in contact with the metal surface of the baseboard heaters.

Plan of Correction

Accept [redacted] - 08/08/2024)

On 07/08/2024, the Maintenance Director immediately deactivated the baseboard that was temping at 132 degrees Fahrenheit. On 07/12/2024 the old baseboard was removed and a new unit was installed that does not reach a temperature exceeding 120 degrees Fahrenheit.

On 08/07/2024, education was provided to the Maintenance Director by the Administrator on the importance of heat sources not exceeding 120 degrees without being equipped with protective guards or insulation to prevent resident contact with the heating source. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure that surfaces of baseboards are not exceeding 120 degrees Fahrenheit, otherwise they must be equipped with protective guards or insulation to prevent resident contact with the heating source. The Maintenance Director or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

84 - Heat Sources (continued)

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [REDACTED] - 08/22/2024)

See attached.

85d - Trash Receptacles

4. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There was no trash can in the bathroom of bedroom #217.

Plan of Correction

Accept [REDACTED] - 08/08/2024)

On 07/08/2024 a trash can with a lid was put in the bathroom of room #217 by the Administrator.

On 08/07/2024 the Maintenance Director began educating all housekeeping and SDCU staff on the importance of having covered trash receptacles in kitchens and bathrooms to prevent the penetration of insects and rodents. Education will be completed by 08/14/2024. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure all kitchens and bathrooms have trash cans with lids to prevent the penetration of insects and rodents. The Maintenance Director or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [REDACTED] - 08/22/2024)

See attached.

86b - Bathroom

5. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

There was no operable window or ventilation fan in bathroom of bedroom #217.

Plan of Correction

Accept [REDACTED] 08/08/2024)

On 07/10/2024 a new exhaust ventilation fan was installed in the bathroom of room #217 by the Maintenance Director.

86b - Bathroom (continued)

On 08/07/2027, the Administrator educated the Maintenance Director on the topic that if a bathroom does not have an operable, outside window, the bathroom shall be equipped with an exhaust fan for ventilation. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure all bathrooms without an operable outside window are equipped with a functioning exhaust fan for ventilation. The Maintenance Director or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [REDACTED] - 08/22/2024)

See attached.

95 - Furniture and Equipment

6. Requirements

2600.

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

Description of Violation

The toilet paper holder in the bathroom of bedroom #217 is broken.

Plan of Correction

Accept [REDACTED] - 08/08/2024)

On 07/08/2024, the Maintenance Director replaced the toilet paper holder in the bathroom of room #217.

On 08/07/2024 the Administrator educated the Maintenance Director and all Housekeepers on the need for furniture and equipment, including toilet paper holders, to be in good repair, clean and free of hazards. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to all rooms on the SDCU have toilet paper holders that are damaged and are in good repair. The Maintenance Director or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [REDACTED] - 08/22/2024)

See attached.

101j7 - Lighting/Operable Lamp

7. Requirements

2600.

101j7 - Lighting/Operable Lamp (continued)

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Bedroom #217 does not have a source of light that can be turned on/off at bedside.

Plan of Correction

Accept [REDACTED] - 08/08/2024)

On 07/08/2024, the Maintenance Director replaced the bedside light source in room #217.

On 08/07/2024 the Maintenance Director began educating all housekeeping and SDCU staff on the importance of a source of light that can be turned on/off at the bedside. Education will be completed by 08/14/2024. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure that all rooms on the SDCU are equipped with a source of light that can be turned on/off at the bedside. The Maintenance Director or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [REDACTED] - 08/22/2024)

See attached.

102h - Toilet Paper

8. Requirements

2600.

- 102.h. Toilet paper shall be provided for every toilet.

Description of Violation

There was no toilet paper for the toilet in the bathroom of bedroom #217.

Plan of Correction

Accept [REDACTED] - 08/08/2024)

On 07/08/2024, the SDCU Housekeeper immediately put toilet paper on the toilet paper holder in the bathroom of room #217. This was observed by the Maintenance Director and Administrator.

On 08/07/2024 the Maintenance Director began educating all housekeeping and SDCU staff on the importance of providing having toilet paper on toilet paper holders which are accessible to all residents. Education will be completed by 08/14/2024. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure that all rooms on the SDCU have toilet paper on toilet paper holders that are readily accessible to the residents. The Maintenance Director or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

102h - Toilet Paper (continued)

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [redacted] - 08/22/2024)

See attached.

103f - Refrigerator/Freezer Temps

9. Requirements

2600.

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

There was no thermometer in the freezer top located in the SDCU kitchen.

Plan of Correction

Accept [redacted] - 08/08/2024)

On 07/08/2024, the Administrator immediately placed a working thermometer in the freezer located in the SDCU kitchen.

On 08/07/2024 the Maintenance Director began educating all housekeeping and SDCU staff on the importance of ensuring that there is a thermometer in the freezer to ensure that frozen food shall be kept at or below 0 degrees Fahrenheit. Education will be completed by 08/14/2024. Documentation of the education will be retained by the facility.

Effective beginning on 07/09/2024 and ending on 08/15/2024, audits will be conducted to ensure There is a thermometer in the freezer top located in the SDCU. The Maintenance Director or designee will conduct audits three times a week for 2 weeks, once a week for 2 weeks, and once a month for 1 month.

Results of the Audits will be reviewed at the monthly QAPI meeting on 08/21/2024.

Licensee's Proposed Overall Completion Date: 08/14/2024

Evidence of Completion

Implemented [redacted] - 08/22/2024)

See attached.