



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: August 20, 2024

[REDACTED]
Halcyon Senior Living LLC
528 Dewey Avenue
Bridgeville, Pennsylvania 15017

RE: Halcyon Senior Living
License # 451090

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on July 12th, 2024 and July 15th, 2024 and the corrections you have made after our inspection, we have found the above facility to be in compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). Therefore, a regular license is being issued. Your 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 - PUBLIC

Facility Information

Name: HALCYON SENIOR LIVING License #: 45109 License Expiration: 10/16/2024
Address: 528 DEWEY AVENUE, BRIDGEVILLE, PA 15017
County: ALLEGHENY Region: WESTERN

Administrator

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

Legal Entity

Name: HALCYON SENIOR LIVING LLC
Address: 528 DEWEY AVENUE, BRIDGEVILLE, PA, 15017
Phone: [REDACTED] Email: [REDACTED]

[REDACTED] of Occupancy

Type: C-2 LP	Date: 04/13/1998	Issued By: Labor and Industry
Type: I-1	Date: 10/23/2014	Issued By: Municipality of Bridgeville
Type: I-2	Date: 08/03/2020	Issued By: Bridgeville Boro

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 78 Waking Staff: 59

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 07/15/2024

Inspection Dates and Department Representative

07/12/2024 - On-Site: [REDACTED]
07/15/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 88 Residents Served: 51

Secured Dementia Care Unit

In Home: Yes Area: 2nd floor Capacity: 44 Residents Served: 20

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 51
Diagnosed with Mental Illness: 1	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 27	Have Physical Disability: 0

Inspections / Reviews

07/12/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/02/2024*

08/02/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *08/13/2024*
Reviewer: [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

[REDACTED]

Submitted By: [REDACTED] Date Submitted: *08/13/2024*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/15/2024*

08/15/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: *08/13/2024*
Reviewer: [REDACTED] Follow-Up Type: *Exception*

65f - Training Topics

1. Requirements

2600.

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

1. Medication self-administration training.

Description of Violation

Direct care staff person A, hired on [REDACTED] 21, did not receive medication self-administration training during the 2023 training year.

Plan of Correction

Directed ([REDACTED] - 08/08/2024)

Immediately checked all employee records who were employed in 2023 and identified employees who did not receive training in 2023. Staff person A completed [REDACTED] 2023 self-administration training on 7/31 by Administrator/DON, Also noted that staff person A did complete a training on 65f which was found attached to the 2023 65f training log. (DIRECTED: Documentation of staff person A's training shall be kept in accordance with 2600.65i. [REDACTED] 8/8/24).

Full employee 2023 training audit completed on 7/29, which all employees that were employed during the year 2023 were found to not completed their 2023 training on 2600.65f. On 7/30, each employee will sent training on Medication self administration training. A one week deadline required to complete the training. Additional audit of 2600.65 to be completed during week of 7/30 to identify areas of 2023 non-compliance and within by 8/15, all employees will have required trainings. On 8/5 Audited 65.f1-7, which then observed other employees out of compliance. (DIRECTED: Documentation of all staff person trainings shall be kept in accordance with 2600.65i. [REDACTED] 8/8/24).

Will follow 2024 training schedule which included self medication training on 3/28/24; any employee who didn't attend that training will be trained on 7/31 during staff meeting or in-person during their next work shift. On 8/8 plan to hold meeting with employees who were out of compliance for 65.f1-6. On 65.f.6, most employees were out of compliance, which then sent education on 8/7 to employees with an expected completion date by 8/14. If employees were unable to complete, then discipline actions may occur. (DIRECTED: Documentation of all staff person trainings shall be kept in accordance with 2600.65i. [REDACTED] 8/8/24).

QM starting on July 31, 2024 to review 65.f POC/implementation. Admin/office manage will audit current trainings/training schedule to determine accuracy and compliance of 65.f. This to be reviewed 1x/quarter for one calendar year starting in July and be completed the first week of Oct, Jan, April, July. Yearly training agenda will be reviewed In November to ensure compliance of 2600.65. Any employees who are out of compliance will complete the required trainings of 65 in December.

Proposed Overall Completion Date: 08/08/2024

Directed Completion Date: 08/15/2024

Implemented ([REDACTED] - 08/15/2024)

65g - Annual Training Content

2. 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:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 4. The Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).

Description of Violation

Direct care staff person A, hired on [REDACTED]/21, did not receive training on the following topics during the 2023 training year:

- Emergency Preparedness Procedures
- The Older Adult Protective Services Act (OAPSA)

REPEAT VIOLATION: 11/27/2023

Plan of Correction

Directed [REDACTED] - 08/08/2024)

Immediately checked all employee records who were employee in 2023 and identified employees who did not receive training in 2023. staff person A received her 2023 Emergency Preparedness/OASPA training on 7/31 (DIRECTED: Documentation of staff person A's training shall be kept in accordance with 2600.65i. [REDACTED] 8/8/24).

On 7/29, full employee training audit completed for 2023. On 7/31, each who was employed in 2023 and prior to 2023 received training on OAPSA and Emergency Preparedness training. Training to be completed with a one week deadline required to complete the training. Administer audited 65G and found other areas where employees did not complete annual training, which will then complete on 8/8. (DIRECTED: Documentation of all staff person trainings shall be kept in accordance with 2600.65i. [REDACTED] 8/8/24).

Will follow 2024 training schedule which included OAPSA and Emergency Preparedness, which was completed on 1/25/24. Any employee who didn't attend that training will be trained on 7/31 during staff meetings or during their next work shift

One time per quarter(July 31, and then first weeks of Oct, Jan, April), Admin/office manage will audit current trainings/training schedule to determine accuracy and compliance of 65.g. This will take place for 1 caladar year from July 2024, then will be completed annually in November with plan to train employees who were not able to make yearly trainings.

Proposed Overall Completion Date: 08/08/2024

Directed Completion Date: 08/08/2024

Implemented [REDACTED] - 08/15/2024)

184a - Resident's Meds Labeled

3. Requirements

2600.

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

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

On 7/12/24, resident #1 was prescribed Senna 8.6mg tablet-Take 2 tablets by mouth every evening; however, on 7/15/24, resident #1's pharmacy label indicated Senna 8.6mg tablet-Take 2 tablets by mouth twice daily as needed.

REPEAT VIOLATION: 4/24/2024

Plan of Correction

Directed [REDACTED] - 08/08/2024)

Immediately placed "changed in direction" sticker during LIS

Cart all audit completed by DON/office manager on 7/23 and 7/24, on bimonthly schedule. Admin audited all labels on 7/31 to ensure complete labels

DON/admin to notify med techs when a medication is DC'd, which med techs will then sign a copy of the DC'd order. Medications will be pulled from cart within 24 hours. DC order report will be verified 5 days a week by DON/admin. (DIRECTED: The DC report verifications shall begin on 8/12/24. [REDACTED] 8/8/24). When there is a change in medication frequency, a change in direction sticker will be immediately placed on the current prescription card, signing name on copy of the order. All staff persons qualified to administer medications shall be educated on the home's procedures for updating pharmacy labels immediately upon receipt of a new medication order. This will take place 8/8/24, by [REDACTED] DON (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 8/8/24).

Cart audits to be completed bimonthly by DON/office manager starting 7/23 and 7/24; each month, two cart audits to be completed on all residents. DON/office manager to complete med reconciliation, removing DC'd medication, and verification of labels during each cart audit. This frequency will drop to 1x/month starting Jan 2025. DON/admin to check DC orders and to audit med tech signatures on DC'd orders 5 days a week. Once a week, random cart audit/medication reconciliation on 5 random residents until length of provisional. The findings will be reviewed on QM which occurred July 31. Next QM meeting to occur first week of Oct, Jan, April, July annually.

Proposed Overall Completion Date: 08/08/2024

Directed Completion Date: 08/08/2024

Implemented [REDACTED] - 08/15/2024)

236 - Staff Training

4. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

236 - Staff Training (continued)

Description of Violation

Direct care staff person A, hired on [REDACTED], routinely works in the home's secured dementia care unit (SDCU); however, only received 3.75 hours of dementia training during the 2023 training year.

Plan of Correction

Directed [REDACTED] - 08/08/2024)

Immediately observed lack of training hours noted on employee for dementia care. Immediately started to develop training agenda to cover 236.

On 7/29/24, completed full audit on employee files on dementia to ensure 6 hours of training, in addition to the annual 12 hours. On 8/1 and 8/2 Administrator completed required hours of dementia training, and staff person A and other employees received required 2023 dementia training. (DIRECTED: Documentation of all staff person trainings shall be kept in accordance with 2600.65i. [REDACTED] 8/8/24). Audited 2024 training hours and training schedule, and employees. Four hours completed for 2024 dementia training, which scheduled two additional hours for October 2024.

Immediately, started to develop dementia training agendas and address with noted direct care staff workers. Plan to have all employees dementia training hours for 2023 completed by 8/15. 4 Hours of dementia care completed for 2024, plan to continue 2024 training schedule

QM Starting July 2024, one time per quarter (then the first week of Oct, Jan, April), Admin/office manager will audit current trainings/training schedule to determine accuracy and compliance of 236. QM will take place for one calendar year starting. QM will then occur every November annually to ensure compliance of 236 and any employee who is absent from training will be required to make up those trainings in December annually.

Proposed Overall Completion Date: 08/08/2024

Directed Completion Date: 08/08/2024

Implemented [REDACTED] - 08/15/2024)