

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

August 9, 2024

[REDACTED], ADMINISTRATOR
THE ROBERT PACKER HOSPITAL
[REDACTED]

RE: THE ROBERT PACKER HOSPITAL
PERSONAL CARE HOME
603 WILLIAM STREER
TOWANDA, PA, 18848
LICENSE/COC#: 22987

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/18/2024, 07/25/2024 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: *THE ROBERT PACKER HOSPITAL PERSONAL CARE HOME* License #: *22987* License Expiration: *06/14/2025*

Address: *603 WILLIAM STREER, TOWANDA, PA 18848*

County: *BRADFORD* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *THE ROBERT PACKER HOSPITAL*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *01/07/2021* Issued By: *Dept. PA L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *82* Waking Staff: *62*

Inspection Information

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

Reason: *Renewal, Incident* Exit Conference Date: *07/25/2024*

Inspection Dates and Department Representative

07/18/2024 - On-Site: [REDACTED]

07/25/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *94* Residents Served: *82*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *23* Are 60 Years of Age or Older: *81*

Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *3*

Have Mobility Need: *0* Have Physical Disability: *1*

Inspections / Reviews

07/18/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/16/2024*

Inspections / Reviews (*continued*)

08/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/09/2024
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/14/2024

08/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 08/09/2024
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/14/2024

08/09/2024 - Document Submission

Submitted By: [REDACTED] Date Submitted: 08/09/2024
Reviewer: [REDACTED] Follow-Up Type: Not Required

89b - Hot Water Temperature

1. Requirements

2600.

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

Description of Violation

Resident #1's bathroom sink water temperature measures at 125 degrees.

Plan of Correction

Accept (█) - 08/09/2024)

Administrator/designee, will monitor/audit the water temperatures monthly with the maintenance department. A log will be kept with the location of the water checks and with the initials of the designee confirming the water temp. does not go above 120 degrees F. Administrator/designee educated the maintenance department regarding the DHS regulations and had staff sign in agreement they understood the regulation. Date of education was on 07/30/2024.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented (█) - 08/09/2024)

96a - First Aid Kit

2. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit located on the first floor of the facility does not have adhesive tape.

Plan of Correction

Accept (█) - 08/09/2024)

Fix upon inspection. Administrator/designee will audit the 1st aid kits (monthly) on all floors to ensure when an item is removed it is also replaced. Administrator / designee provided education regarding the DHS requirements of items that belong in the first aid kits. Education was completed on 07/26/2024.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented (█) - 08/09/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

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:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information (continued)

Description of Violation

Resident #2's medical diagnosis of [REDACTED] is not listed on their most recent DME dated 6/6/24.

Resident #3's most recent DME dated [REDACTED] does not indicate whether they can self-administer their own medications.

Plan of Correction

Accept [REDACTED] - 08/09/2024

Corrected upon inspection. Administrator/designee will complete audits every 30 days to ensure the providers complete the appropriate documentation. The administrator/designee will alert the provider of any significant changes that need to be updated. Administrator/designee will educate the staff and providers for the appropriate information to be documented on the DME per DHS regulations. Education was completed on 07/30/2024.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented [REDACTED] - 08/09/2024

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #9 is prescribed Mupirocin 2% ointment PRN with instructions "may keep at bedside". Review of the resident's DME and RASP indicate they cannot self-administer their own medications.

Plan of Correction

Accept [REDACTED] - 08/09/2024

Administrator/designee will complete audits every 30 days to ensure all residents who can self administer medications are at bedside. Administrator/designee completed education with staff and nurses to ensure all residents that can self administer medications are up to date with the DME/RASPS Education completed on 07/30/2024.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented [REDACTED] - 08/09/2024

183f - Discontinued Medications

5. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

A bottle of ear wax removal drops (DEROX) prescribed for Resident #8 was noted in the med cart. The bottle had an open date of 5/2024 and was to be used for 7 days. Staff confirmed that the Resident #8 no longer uses the ear drops.

Plan of Correction

Accept [REDACTED] - 08/09/2024

Administrator/Designee removed the medication upon inspection from the medication cart.

183f - Discontinued Medications (continued)

Administrator/Designee will complete monthly audits to ensure medications that are completed are not in the med.cart. Administrator/Designee completed education with staff on the importance of removing medications and destroying them once the course is complete, and when the administrator/designee receives and order to discontinue a medication, they will be responsible to remove it from the medication cart immediately. Education was completed on 07/30/2024.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented (█) - 08/09/2024)

187a - Medication Record**6. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Review of Resident #6's glucometer and MAR indicated the following:

- On 7/17/24 at 9:45pm; the meter indicated a blood sugar level of 149; 49 was documented on the MAR.
- On 7/16/24 at 11:37 pm; the meter indicated a blood sugar level of 166; this was not documented on the MAR.
- On 7/14/24 at 9:36 pm; the meter indicated a blood sugar level of 95; this was not documented on the MAR.

Plan of Correction

Accept (█) - 08/09/2024)

See attached.

Administrator/designee will provide education to staff regarding the importance of the MAR and completing them appropriately. Education completed on 07/30/2024. Administrator/designee will completed monthly audits with the glucometers to ensure the BS are recorded correctly.

Licensee's Proposed Overall Completion Date: 08/09/2024

Implemented (█) - 08/09/2024)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident' #4's is prescribed Tresiba Flex pen 100 units twice daily. The resident's MAR indicates the medication was held on 6/16/24 due to a blood sugar level of 81; however, there is no sliding scale with instructions to hold the medication based on a low blood sugar level.

Resident #5 is prescribed morphine 0.5ml every 4 hours for pain. On 4/15/24, Staff Person "A" administered 0.75ml of morphine to the Resident #5 at 2:00pm, 6:00pm and 10:00pm.

Resident #6 is prescribed Metformin 500mg. twice daily. The resident's MAR is not initialed by staff to indicate the medication was administered on 7/12/24 at 8:00pm.

indicate the medication was administered on 7/12/24 at 8:00pm.

Resident #7 is prescribed Isosorbide Mon ER 30 mg. once daily with instructions to hold for heart rate less than 55. The resident's MAR indicates that on 7/19/24 at 8:00am, their heart rate was 73, however the medication was not administered.

187d - Follow Prescriber's Orders (continued)

Resident #7 is prescribed Lisinopril 20 mg. tab once daily with instructions to hold if blood pressure is less than 90. The resident's MAR indicates that on 7/24/24 at 8:00am, their blood pressure was measured at 121/76, however the medication was not administered.

Plan of Correction**Accept ([REDACTED] - 08/09/2024)**

Administrator/designee will educate staff regarding the DHS regulation 2600.187d. To follow direction of the prescriber. Administrator/designee will complete monthly audits on the medication cart with employees to ensure the providers orders are being followed. Education completed with all staff on 07/30/2024.

Licensee's Proposed Overall Completion Date: 08/09/2024**Implemented ([REDACTED] - 08/09/2024)**