



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 14, 2025

[REDACTED]
Authorized Signatory
Watermark Bellingham, LLC
[REDACTED]

RE: The Watermark at Bellingham
1615 East Boot Road
West Chester, PA 19380
License #: 146881

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspection July 22, 2024 and November 4, 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 refuses to renew your certificate of compliance 146880 dated February 11, 2024 to February 11, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026(b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(4) relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 14, 2025 to September 14, 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 Section:	Class of Violation	Census at Inspection	Fine Per Resident X Per day	Calculated Fine = Per Day	Mandated Correction Date (to avoid Fine)
65f	III	40	\$3	\$120	15 calendar days from mailing date of this letter
65g	III	40	\$3	\$120	15 calendar days from mailing date of this letter
107d	III	40	\$3	\$120	15 calendar days from mailing date of this letter
132a	II	40	\$5	\$200	5 calendar days from mailing date of this letter
185a	II	40	\$5	\$200	5 calendar days from mailing date of this letter
190a	II	40	\$5	\$200	5 calendar days from mailing date of this letter
236	III	40	\$3	\$120	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 FIRST 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.

[REDACTED]

If you decide to appeal your FIRST 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
[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,



Juliet Marsala
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: *THE WATERMARK AT BELLINGHAM* License #: *14688* License Expiration: *02/11/2025*
Address: *1615 EAST BOOT ROAD, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WATERMARK BELLINGHAM LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: <i>01/23/2023</i>	Issued By: <i>East Goshen Township</i>
Type: <i>I-2</i>	Date: <i>01/06/2021</i>	Issued By: <i>East Goshen Township</i>
Type: <i>C-2 LP</i>	Date: <i>02/09/2001</i>	Issued By: <i>L&I</i>

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *64* Waking Staff: *48*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *07/23/2024*

Inspection Dates and Department Representative

07/22/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *44*

Secured Dementia Care Unit

In Home: *Yes* Area: *The Gardens* Capacity: *24* Residents Served: *12*

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>41</i>
Diagnosed with Mental Illness: <i>8</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>20</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

07/22/2024 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/19/2024*

10/07/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/01/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *10/12/2024*

10/15/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/01/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *10/28/2024*

01/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/01/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On July 22, 2024, the home's current license, a copy of the current licensing inspection summary issued by the Department dated January 26, 2024, and a copy of 55 Pa. Code Chapter 2600 were not posted in a conspicuous and public place in the home.

Plan of Correction

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

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/02/2024 by the Administrator to post current license and LIS.

To enhance the currently compliant operations:

- 1. on 09/02/2024 the Administrator will copy license when received and post copy, with a completion date of 09/02/2024.
- 2. on 09/02/2024 the Administrator will will copy the LIS when received and post, with a completion date of 09/02/2024.

The overall completion date is 09/02/2024.

Effective 09/02/2024 the Administrator will perform weekly walk through to monitor through 10/31/2024 to maintain ongoing compliance with posting the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented ([redacted] - 01/09/2025)

5a1 - DHS Access

2. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On July 22, 2024, at 9:00 am, an agent of the Department, requested access to reportable incidents, 2024 staff training plan, quality management meeting minutes for 2024, agency staff list, and 2024 fire logs. Staff person A provided the fire logs at 3:35 pm. Staff person A provided the reportable incidents, 2024 staff training plan, quality management meeting minutes for 2024, agency staff list requested via email on July 23, 2024.

On July 22, 2024, at 9:36 am, an agent of the Department, requested access to resident list of sliding scale, enablers, self-administering medication. Staff person A provided the documents at 11:00 am.

5a1 - DHS Access (continued)

On July 22, 2024, at 11:36 am, resident records and specific staff records were requested, the documents were provided at 2:18 pm. On July 22, 2024, during the onsite inspection an agent of the Department, requested access to a list of CPR certified staff. Staff person A provided the documents via email on July 23, 2024.

Plan of Correction

Accept () - 10/07/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/01/2024 by the Administrator to file requested documents in an accessible area.

To enhance the currently compliant operations:

1. on 09/01/2024 the Administrator will designate the Director of Health Services as back ups to the Administrator to have access to all requested documents, with a completion date of 09/01/2024.
2. on 09/01/2024 the Administrator will conduct a mock survey once a month with designated back ups to ensure all records are up to date and easily accessible, with a completion date of 09/01/2024.

The overall completion date is 09/01/2024.

Effective 09/01/2024 the Administrator will perform monthly reviews through 12/01/2024 to maintain ongoing compliance with providing, upon request, immediate access to the home, the residents and records to agents of the Department. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented () - 01/09/2025)

18 - Compliance With Laws

3. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

34 Pa. Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by Department of Labor and Industry). If a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry. Upon expiration of the certificate, boilers must be inspected, and if they pass inspection, they will be issued a new certificate.

On July 22, 2024, during the physical site inspection the boiler or pressure vessel operation certificate expired on September 4, 2022.

Personal care and assisted living homes must post the required influenza information in a public place in the home year-round as required by the Influenza Awareness Act (HB 1785).

On July 22, 2024, during the physical site inspection the Influenza awareness poster was not observed posted in the home.

18 - Compliance With Laws (continued)

Personal care homes are considered "public places" under the Clean Indoor Air Act (35 P.S. § 637.1 – 637.11) and thus are subject to those regulations as well. According to the act, personal care homes must post a sign at each entrance that states "Smoking Permitted in Designated Areas Only" or "No Smoking." The international "No Smoking" symbol is also permitted. Staff person A stated that the home is a no smoking property. On July 22, 2024, there was no "smoke free" community signage observed.

Plan of Correction

Directed () - 10/15/2024

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/26/2024 by the Regional Director of Plant Operations to schedule the boiler inspection. Inspection was scheduled and completed on 8/6/24.

A copy of current Certificate of Boiler Or Pressure Vessel Operation, dated 8/29/2004 is attached.

To enhance the currently compliant operations, the Plant Operations Director will utilize the community's maintenance system (TELS) to notify director when certificates are due for inspection. Additionally, the community will utilize the management company's docket system to track upcoming renewals and inspections.

Effective 09/01/2024 the Director of Plant Operations will perform monthly audits. This monthly review will enable us to maintain ongoing compliance with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Proposed Overall Completion Date: 10/11/2024

Directed Completion Date: 10/22/2024

Implemented () - 01/09/2025

25b - Contract Signatures

4. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract dated (), for resident #1 was not signed by the resident and there is no notation as to why () did not sign. Repeat violation: 7/24/2023 et al.

Plan of Correction

Accept () - 10/15/2024

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/02/2024 by the Administrator to have resident #1 sign the resident-home contract.

To enhance the currently compliant operations, the Executive Director/designee audited resident files in early September. As of September 16, all new resident files are reviewed prior to move in to ensure contracts are properly signed by the Administrator/designee and the resident or payer, if different from the resident, and cosigned by the resident's designated person, if any, if the resident agrees.

Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

25b - Contract Signatures (continued)

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ([REDACTED] - 01/09/2025)

51 - Criminal Background Check

5. 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 A was hired on [REDACTED]. The criminal background check for Staff person A was completed on 7/22/24.

Plan of Correction

Accept ([REDACTED] - 10/07/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the Human Resources Director to complete background check for Staff person A.

To enhance the currently compliant operations, on 08/01/2024 the Human Resources Director will update the new hire tracker to check that all background checks completed prior to start date, with a completion date of 11/01/2024.

Effective 08/01/2024 the Administrator will perform weekly reviews through 11/01/2024 to maintain ongoing compliance with having criminal history checks and hiring policies that are 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). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Not Implemented ([REDACTED] - 01/09/2025)

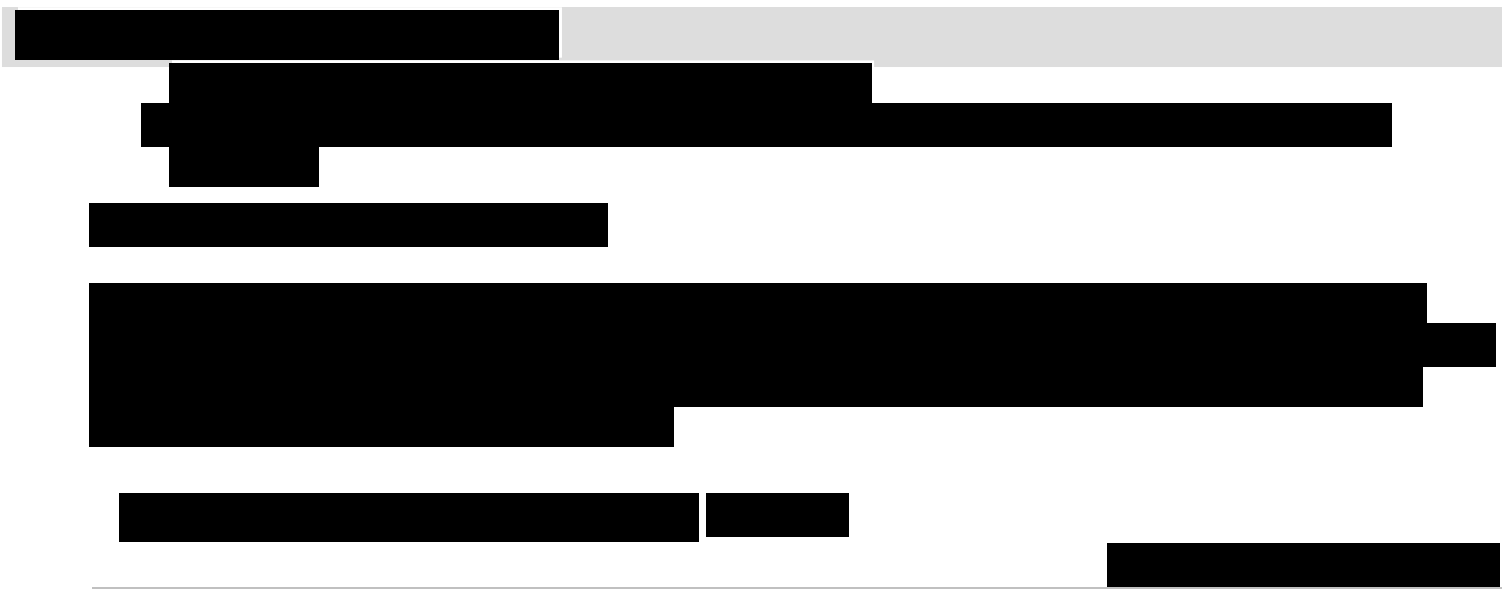
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] WITHDRAWN [REDACTED] 2/28/25 [REDACTED]



63a - First Aid/CPR Training

7. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

There was no staff trained in first aid and certified in obstructed airway techniques and CPR at the home on the following dates and times:

- July 7, 2024, for 11pm-7am.
- July 8, 2024, for 11pm-7am.
- July 10, 2024, for 7am-3pm.
- July 11, 2024, for 11pm-7am.
- July 12, 2024, for 11pm-7am.
- July 13, 2024, for 3pm-11pm.
- July 13, 2024, for 11pm-7am.

Plan of Correction

Accept ([redacted] - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 07/22/2024 by the Human Resources Director to audit staff schedule to ensure a staff person trained in first aid and certified in obstructed airway techniques and CPR is scheduled on each shift.
2. on 07/26/2024 by the Administrator to schedule a CPR/first aid training course through American Red Cross for staff. Training was completed on 7/26/24.

63a - First Aid/CPR Training (continued)

To enhance the currently compliant operations, on 08/01/2024 the Administrator, Director of Health Services or designee will review schedule to ensure there is a staff person scheduled on each shift that is trained in first aid and certified in obstructed airway techniques and CPR, with a completion date of 08/01/2024.

Effective 08/01/2024 the Administrator and Director of Health Services will perform biweekly reviews to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█) - 01/09/2025)

64a - Admin Training

8. Requirements

2600.

64.a. Prior to initial employment as an administrator, a candidate shall successfully complete the following:

1. An orientation program approved and administered by the Department.
2. A 100-hour standardized Department-approved administrator training course.
3. A Department-approved competency-based training test with a passing score.
4. Paragraphs (1), (2) and (3) do not apply to an administrator hired or promoted prior to October 24, 2005.

Description of Violation

Staff person █ who was the home's administrator from 6/26/24 - 7/19/24, has not successfully completed the Department-approved competency-based training test. Home could not provide verification.

Plan of Correction

Accept (█) - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the administrator to Staff person █ no longer working in the community as of █

To enhance the currently compliant operations, on 07/22/2024 the Human Resources Director obtained the required documentation for home's administrator upon hire, with a completion date of 07/22/2024.

In the future, any potential Administrator's credentials will be verified by the Human Resources Director prior to hire to maintain compliance with ensuring that prior to initial employment as an administrator, a candidate successfully completes, including an orientation program approved and administered by the Department, and a 100-hour standardized Department-approved administrator training course, and a Department-approved competency-based training test with a passing score, and except when an administrator hired or promoted prior to October 24, 2005.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█) - 01/09/2025)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

WITHDRAWN 1/22/25

[Redacted]

[Redacted]

[Redacted]

[Redacted]

65d - Initial Direct Care Training

10. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.
 - ix. Gerontology.
 - x. Staff person supervision, if applicable.
 - xi. Care and needs of residents with special emphasis on the residents being served in the home.

65d - Initial Direct Care Training (continued)

- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person C, hired on [REDACTED], did not complete initial direct care staff training. The home could not provide documentation.

Direct care staff person D, hired on [REDACTED] did not complete initial direct care staff training. The home could not provide documentation.

Direct care staff person E, hired on [REDACTED] did not complete initial direct care staff training. The home could not provide documentation.

Plan of Correction**Accept ([REDACTED] - 10/15/2024)**

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/13/2024 by the Human Resources Director to enroll staff person C, D, and E into Relias training plan to complete initial direct care staff training.

To enhance the currently compliant operations, on 08/13/2024 the Human Resources Director will enroll direct care staff into Relias training plan to meet initial direct care staff training upon hire, with a completion date of [8/31/24].

As part of the new staff onboarding process, new employees are enrolled in the proper Relias training classes. Effective 09/01/2024 the Administrator or designee will perform monthly audits to maintain ongoing compliance with ensuring direct care staff persons hired after April 24, 2006, do not provide unsupervised ADL services until completion of, including training that includes a demonstration of job duties, followed by supervised practice, and successful completion and passing the Department-approved direct care training course and passing of the competency test, and initial direct care staff person training including, and safe management techniques, and ADLs and IADLs, and personal hygiene, and care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities, and the normal aging-cognitive, psychological and functional abilities of individuals who are older, and implementation of the initial assessment, annual assessment and support plan, and nutrition, food handling and sanitation, and recreation, socialization, community resources, social services and activities in the community, and gerontology, and staff person supervision, and care and needs of residents with special emphasis on the residents being served in the home, and safety management and hazard prevention, and universal precautions, and the requirements of this chapter, and infection control, and care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/11/2024

Not Implemented ([REDACTED] - 01/09/2025)

65e - 12 Hours Annual Training

11. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

1. Staff person orientation shall be included in the 12 hours of training for the first year of employment.
2. On the job training for direct care staff persons may count for 6 out of the 12 training hours required annually.

Description of Violation

Direct care staff person D (date of hire [REDACTED]), direct care staff person E (date of hire [REDACTED]), direct care staff person F (date of hire [REDACTED]), did not complete the required 12 hours of annual training in training year 2023.

Repeat Violation: 7/24/23 et al.

Plan of Correction

Accept ([REDACTED] - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/13/2024 by the Director of Human Resources to enrolled staff person D and E in training plan to complete annual training.

To enhance the currently compliant operations, on 08/13/2024 the Human Resources Director enrolled the direct care staff into Relias training plan to meet 12 hour annual training requirements, with a completion date of [9/12/2024].

Effective 09/01/2024 the Administrator/designee will perform monthly audits to maintain ongoing compliance with ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties, and ensuring Staff person orientation is included in the 12 hours of training for the first year of employment, and ensuring on the job training for direct care staff persons counts for 6 out of the 12 training hours required annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/28/2024

Not Implemented ([REDACTED] - 01/09/2025)

65f - Training Topics

12. Requirements

2600.

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

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

65f - Training Topics (continued)

Description of Violation

Direct care staff person D date of hire (), direct care staff person E date of hire (), and direct care staff person F date of hire () did not receive the following annual training topics during training year 2023:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

Repeat Violation: 7/24/23 et al.

Plan of Correction

Accept () - 10/15/2024

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/13/2024 by the Human Resources Director to Staff person D, E, and F enrolled in Relias training plan to complete required annual training topics.

To enhance the currently compliant operations, on 08/13/2024 the Human Resources Director will direct care staff auto-enrolled in Relias annual training to meet training topic requirements, with a completion date of 08/13/2024.

Effective 09/01/2024 the Administrator/designee will perform monthly audits to maintain ongoing compliance with ensuring training topics for the annual training for direct care staff persons include, including medication self-administration training, and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with dementia and cognitive impairments, and infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, and personal care service needs of the resident, and safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/30/2024

Not Implemented () - 01/09/2025

65g - Annual Training Content

13. 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:

65g - Annual Training Content (continued)

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person D (date of hire [REDACTED]), did not receive the following training for 2023:

Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Emergency preparedness procedures and recognition and response to crises and emergency situations.

Resident rights.

The Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102).

Falls and accident prevention.

New population groups that are being served at the home that were not previously served, if applicable

Staff person E (date of hire [REDACTED]) and staff person F (date of hire [REDACTED]) did not receive the following training for 2023:

Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Emergency preparedness procedures and recognition and response to crises and emergency situations.

Falls and accident prevention.

Repeat Violation: 7/24/23 et al

Plan of Correction

Accept ([REDACTED] - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/13/2024 by the Human Resources Director to enrolled staff person D and E in Relias training plan to meet training requirements.

To enhance the currently compliant operations, on 08/13/2024 the Human Resources Director will enroll staff in Relias training plan to meet training requirements, with a completion date of 08/13/2024.

Effective 09/01/2024 the Administrator/designee will perform monthly audits to maintain ongoing compliance with ensuring direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers are trained annually in, including fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert, or videos prepared by a fire safety expert and accompanied by an onsite staff person trained by a fire safety expert, and emergency preparedness procedures and recognition and response to crises and emergency situations, and resident rights, and the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention, and new population groups that are being served at the home that were not previously served, if applicable. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

65g - Annual Training Content (continued)

Licensee's Proposed Overall Completion Date: 10/11/2024

Not Implemented (█ - 01/09/2025)

82c - Locking Poisonous Materials

14. 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

According to resident #2's DME dated █ the resident is unable to safety use or avoid poisonous materials. On July 22, 2024, during the bedroom inspection a bottle of Aveeno daily moisturizer sunscreen was observed unlocked and unattended on the resident's bathroom sink with the manufacture's label indicating "if swallowed get medical help or contact a poison control center right away".

On July 22, 2024, in the memory care unit kitchenette under the sink was a can of Ajax cleaner unlocked and unattended.

On July 22, 2024, in the memory care unit in room B11, crest toothpaste was observed under bathroom sink with the manufacture's label indicating "if swallowed get medical help or contact a poison control center right away". The door to room B11 was unlocked.

Repeat Violation: 10/4/23 et al, 7/24/23 et al

Plan of Correction

Accept (█ - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the Administrator to remove the crest toothpaste from room B11.

To enhance the currently compliant operations, on 09/02/2024 the Director of Health Services will purchase safety locks for bathroom drawer in memory care room, with a completion date of 09/02/2024.

Effective 09/02/2024 the Director of Health Services will perform weekly inspections to maintain ongoing compliance with keeping poisonous materials locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/15/2024

Not Implemented (█ - 01/09/2025)



WITHDRAWN 1/22/25

85e - Trash Outside Home

16. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

On July 22, 2024, at 1:10 pm, during the physical site inspection a green dumpster was observed to be left uncovered with trash inside of it.

Plan of Correction

Accept (- 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the Administrator to assign a maintenance technician to close the dumpster.

To enhance the currently compliant operations, on 07/22/2024 the Administrator/designee will assign a maintenance technician to complete a daily check that dumpsters are closed, with a completion date of 07/22/2024.

Effective 09/02/2024 the Director of Plant Operations is performing weekly checks to maintain ongoing compliance with keeping trash outside the home in covered receptacles that prevent the penetration of insects and rodents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/11/2024

85e - Trash Outside Home (continued)

Implemented () - 01/09/2025)

88a - Surfaces

17. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On July 22, 2024, during the preliminary physical site inspection, a ceiling box for a light fixture was observed to be unsecured and hanging from the ceiling in the memory care hallway.

Plan of Correction

Accept () - 10/07/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the Administrator to assign a maintenance technician to repair the light fixture hanging from the ceiling in the memory care unit.

To enhance the currently compliant operations, on 09/02/2024 the Director of Plant Operations will update the monthly safety checklist to include inspection of light fixtures, with a completion date of 09/30/2024.

Effective 09/02/2024 the Director of Plant Operations will perform monthly inspections through 12/01/2024 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented () - 01/09/2025)

105g - Lint Removal and Duct Cleaning

18. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On July 22, 2024, there was an accumulation of lint in the lint trap in one of the dryers on the first floor of personal care. There were no clothes in the dryer at the time. Repeat violation: 7/24/2023 et al.

Plan of Correction

Accept () - 10/07/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the Housekeeping Director to clean the lint trap in dryers.

To enhance the currently compliant operations, on 09/13/2024 the Director of Health Services will complete training with staff on the importance of cleaning the lint traps in the dryers, with a completion date of 09/13/2024.

105g - Lint Removal and Duct Cleaning (continued)

Effective 09/02/2024 the Director of Health Services will perform weekly checks through 12/01/2024 to maintain ongoing compliance with reducing the risks of fire hazards, by removing lint from lint traps and drums of clothes dryers after each use, and to ensure lint is cleaned from vent ducts and internal and external ductwork of clothes dryers according to the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/13/2024

Implemented (█ - 01/09/2025)

107d - Procedure Emergency Management Agency Submission

19. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been updated since 2018. The resident information, including the resident designated person contact information has changed since the last update.

Plan of Correction

Repeat Violation: 7/24/23 et al.

Accept (█ - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/01/2024 by the Administrator to updated the home's written emergency procedures and the resident information, including the resident designated person contact information.

To enhance the currently compliant operations, on 08/01/2024 the administrator will update the home's written emergency procedures annually. update the resident information, including the resident designated person contact information monthly, with a completion date of 08/01/2024.

Effective 08/01/2024 the administrator will perform monthly reviews to maintain ongoing compliance with reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/22/2024

Not Implemented (█ - 01/09/2025)

132a - Monthly Fire Drill

20. Requirements

2600.

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

Description of Violation

An unannounced fire drill was not held in Personal Care during the month of January, February, March, and April of 2024.

Repeat Violation: 7/24/23 et al.

132a - Monthly Fire Drill (continued)

Plan of Correction

Accept (█ - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the administrator to recognize that fire drills were not completed during the month of January, February, March, and April of 2024.

To enhance the currently compliant operations, on 08/01/2024 the administrator will schedule monthly unannounced fire drills, with a completion date of 08/01/2024.

On September 26, 2024 the annual fire/life safety evaluation was conducted by Croker Fire Safety Corporation. The Croker representative conducted fire drills in our Personal Care and Memory Care units as part of the evaluation. Copies of the inspection report and fire drills are attached.

Director of Plant Operations has scheduled an October fire drill with the Croker representative and will continue to schedule unannounced monthly drills with the company. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/11/2024

Not Implemented (█ - 01/09/2025)

132b - Safety Inspection/Fire Drill

21. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last safety inspection observed by a fire safety expert was conducted on August 19, 2022.

Plan of Correction

Accept (█ - 10/07/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2024 by the Administrator to contacted Croker Fire Safety to schedule safety inspection observed by a fire safety expert.

To enhance the currently compliant operations, on 09/09/2024 the Director of Plant Operations will schedule yearly safety inspection observed by a fire safety expert, with a completion date of 09/09/2024.

Effective 09/09/2024 the Director of Plant Operations will perform annual inspections through 09/09/2024 to maintain ongoing compliance with ensuring a fire safety inspection and fire drill conducted by a fire safety expert is completed annually, and to keep documentation of each fire drill and fire safety inspection. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented (█ - 01/09/2025)

132b - Safety Inspection/Fire Drill (*continued*)

132d - Evacuation

22. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the following drills in Memory Care: March 29, 2024, April 23, 2024, and June 28, 2024.

Plan of Correction**Accept (█ - 10/15/2024)**

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the administrator to contact fire safety inspector for documentation in writing of the maximum safe evacuation time.

To enhance the currently compliant operations, on 08/01/2024 the administrator will schedule yearly fire safety inspection with fire safety expert, with a completion date of 08/01/2024.

Croker Fire Safety Corporation conducted their annual fire/safety inspection on September 26, 2024. Fire drills were conducted in our Personal Care and Memory Care units. As noted in the Croker report, we were able to evacuate within the established timeframe.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█ - 01/09/2025)

132h - Designated Meeting Place

23. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on March 29, 2024, at 9:32 am, there were 10 residents in the memory care unit. Seven residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

Plan of Correction**Accept (█ - 10/15/2024)**

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the administrator to acknowledge residents did not evacuate to a designated meeting place away from the building or within the fire-safe area.

To enhance the currently compliant operations, on 08/13/2024 the Director of Human Resources assigned Relias fire safety and emergency training course to memory care staff, with a completion date of 08/13/2024.

132h - Designated Meeting Place (continued)

Effective 08/01/2024 the Director of Plant Operations will perform monthly audits to maintain ongoing compliance with ensuring residents can evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/22/2024

Not Implemented (█ - 01/09/2025)

144b - Policy on Smoking

24. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The home's rules do not indicate whether or not smoking is permitted. Staff person A stated that the home is a no smoking property. On July 22, 2024, there was no "smoke free" community signage observed.

Plan of Correction

Accept (█ - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/31/2024 by the Administrator to post a "smoke free" sign at the entrance of the community.

To enhance the currently compliant operations, on 07/31/2024 the administrator will keep "smoke free" signage posted at the entrance of the community, with a completion date of 07/31/2024.

Effective 07/31/2024 the administrator will perform quarterly checks to maintain ongoing compliance with specifying whether the home is designated as smoking or nonsmoking. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█ - 01/09/2025)

162c - Menus Posted

25. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On July 22, 2024, the menu posted in memory care was for July 14, 2024, through July 20, 2024. Current week was not posted, and the weekly menu was not posted for 1 week in advance.

On July 22, 2024, the menu posted in personal care was for week July 21, 2024, through July 27, 2024. Weekly menu was not posted for 1 week in advance.

162c - Menus Posted (continued)

Plan of Correction

Accept (█) - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2024 by the Director of F&B to post current week menu and post the weekly menu 1 week in advance in memory care and personal care.

To enhance the currently compliant operations, on 07/23/2024 the Director of F&B will post the current menus and post the weekly menu 1 week in advance, with a completion date of 07/23/2024.

Effective 09/09/2024 the Director of F&B will perform weekly checks to maintain ongoing compliance with preparing menus, stating the specific food being served at each meal for 1 week in advance and to follow the menu, and to post weekly menus 1 week in advance in a conspicuous and public place in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Current week and following week's menus are posted.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (█) - 01/09/2025)

171b2 - Staff Age

26. Requirements

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

2. The driver of a vehicle shall be 18 years of age or older and possess a valid driver's license.

Description of Violation

On July 22, 2024, copy of driver's license for staff person G was not provided.

Plan of Correction

Accept (█) - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2024 by the Director of Human Resources to acquired a copy of staff person G driver's license.

To enhance the currently compliant operations, on 07/23/2024 the Director of Human Resources will obtain a copy of driver's license prior to date of hire for transportation staff, with a completion date of 07/23/2024.

Effective 07/23/2024 the Director of Human Resources will perform monthly checks to maintain ongoing compliance with , including ensuring the driver of a vehicle is 18 years of age or older and possess a valid driver's license, whenever staff persons or volunteers of the home provide transportation for the resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

183e - Storing Medications

29. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #3 is prescribed Clonazepam .5 mg tablet one tablet twice a day. However, on July 22, 2024, a tear was observed on the back of Bubble Pack on spot 6.

Latanoprost .005%, belonging to resident #3 was observed on the medication cart. The container of Latanoprost .005% was opened on 5/28/24 and according to manufacturer's instructions should be discarded 6 weeks after opening.

Repeat Violation: 7/24/23 et al.

Plan of Correction

Accept ([REDACTED] - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the Administrator to discard Resident #3 Clonazepam .5 mg tablet and latanoprost .005%.

To enhance the currently compliant operations, on 08/13/2024 the Clinical Operations Specialist will complete a staff training reviewing medication storage, with a completion date of [8/13/24].

183e - Storing Medications (continued)

Effective 09/01/2024 the Director of Health Services will perform monthly inspections through 12/01/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/11/2024

Not Implemented (█ - 01/09/2025)

185a - Implement Storage Procedures**30. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 is prescribed Lorazepam .5 mg. On 7/21/2024, the narcotic log was not signed when one pill was removed to administer at 8:26 am.

Resident #4 is prescribed Trazadone HCL 50 mg Tablet .5 Tab by mouth twice daily as needed. On July 22, 2024, at 3:46 pm the medication was not available in the home.

The glucometer for resident #5 was not calibrated correctly. On 7/22/2024, at 4:12 pm, resident #5's glucometer read 7/23/2024 at 4:04 pm. On 7/3/2024, at 9:00 am, the medication administration record indicates the resident's blood sugar was 210 but there was no reading in the glucometer.

Resident #5 is prescribed Acetaminophen 325 mg two tablets by mouth every 6 hours as needed. On 7/22/24, the medication was not available in home. Resident #5 is prescribed Lorazepam 2mg/1ml oral concentrate orally every 4 hours as needed, the medication was not available in home on 7/22/2024.

Repeat Violation: 10/4/23 et al , 7/24/23 et al.

Plan of Correction

Accept (█ - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2024 by the Clinical Operations Specialist to called pharmacy to have medications not available delivered and calibrated glucometers.

To enhance the currently compliant operations, on 08/13/2024 the Clinical Operations Specialist will conducted staff training on medication administration, glucometers, and narcotic log policies, with a completion date of 08/13/2024.

Effective 08/12/2024 the Director of Health Services will perform weekly audits to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/11/2024

190a - Completion Medication Course (continued)

Plan of Correction

Accept (█) - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2024 by the Human Resources Director to obtain documentation Staff person E completed department approved medication administration course.

To enhance the currently compliant operations, on 08/01/2024 the Human Resources Director will obtain completed documentation for department approved medication administration course, with a completion date of 08/01/2024.

Effective 08/01/2024 the Human Resources Director will perform monthly audits to maintain ongoing compliance with ensuring that A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2024

Not Implemented (█) - 01/09/2025)

190c - Record of Training

33. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for staff persons E and J are invalid due to being completed using the paper version of the Initial Qualification and Summary form.

Plan of Correction

Accept (█) - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/23/2024 by the Human Resources Director to contact med tech trainer to update online portal.

To enhance the currently compliant operations, on 07/23/2024 the Human Resources Director will obtain documentation that medication administration training record updated, with a completion date of 07/23/2024.

Effective 08/01/2024 the Human Resources Director will perform monthly audits through 11/01/2024 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/22/2024

190c - Record of Training (*continued*)*Not Implemented (█ - 01/09/2025)*

225c - Additional Assessment

34. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #2 most recent assessment was completed on █. Resident #2's assessment was not updated timely when █ was placed on hospice on █.

Plan of Correction*Accept (█ - 10/15/2024)*

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 07/22/2024 by the administrator to acknowledge Resident 3@s assessment was not updated timely.

To enhance the currently compliant operations, on 09/09/2024 the Director of Health Services will update resident assessment in a timely manner, with a completion date of 09/09/2024.

Effective 09/02/2024 the Director of Health Services will perform monthly audits to maintain ongoing compliance with ensuring each resident has additional assessments, including annually, and if the condition of the resident significantly changes prior to the annual assessment, and at the request of the Department upon cause to believe that an update is required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/05/2024

Implemented (█ - 01/09/2025)

227g -Support Plan Signatures

35. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of █ support plan on January 10, 2024. However, the resident did not sign the support plan.

Resident #2 participated in the development of █ support plan on November 21, 2023, and on July 13, 2024. However, the resident did not sign the support plan.

Resident #6 participated in the development of █ support plan on May 13, 2024. However, the resident did not sign the support plan.

227g -Support Plan Signatures (continued)

Plan of Correction

Accept (█) - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/11/2024 by the Director of Health Services to obtain appropriate signatures.

To enhance the currently compliant operations, on 09/09/2024 the Director of Health Services will obtain appropriate signatures on support plans, with a completion date of 09/09/2024.

Effective 09/02/2024 the Director of Health Services will perform monthly checks through 12/01/2024 to maintain ongoing compliance with ensuring individuals, who participate in the development of the support plan, sign and date the support plan. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/15/2024

Implemented (█) - 01/09/2025)

236 - Staff Training

36. 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).

Description of Violation

Direct care staff person D and direct care staff person F who work in the Secure Dementia Care Unit (SDCU) did not complete 6 hours of annual training related to dementia care and services for 2023.

Repeat Violation: 7/24/23 et al.

Plan of Correction

Accept (█) - 10/15/2024)

In response to the violation on 07/22/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/13/2024 by the Human Resources Director to enroll staff person D and F Relias training plan to complete 6 hours of annual training related to dementia care and services.

To enhance the currently compliant operations, on 08/13/2024 the Human Resources Director will enroll staff persons who work in the SDCU in Relias training plan to complete 6 hours of annual training related to dementia care and services, with a completion date of [].

236 - Staff Training (continued)

Staff members are enrolled in the appropriate Relias courses. Effective 09/09/2024 the Administrator will perform monthly audits to maintain ongoing compliance with ensuring that each direct care staff person working in a secured dementia care unit has 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). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/08/2024

Not Implemented (█ - 01/09/2025)

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

Facility Information

Name: *THE WATERMARK AT BELLINGHAM* License #: *14688* License Expiration: *02/11/2025*
Address: *1615 EAST BOOT ROAD, WEST CHESTER, PA 19380*
County: *CHESTER* Region: *SOUTHEAST*

Administrator

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

Legal Entity

Name: *WATERMARK BELLINGHAM LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: <i>I-1</i>	Date: <i>01/23/2023</i>	Issued By: <i>East Goshen Twp</i>
Type: <i>I-2</i>	Date: <i>01/06/2021</i>	Issued By: <i>East Goshen Twp</i>
Type: <i>C-2 LP</i>	Date: <i>02/09/2001</i>	Issued By: <i>L & I</i>

Staffing Hours

Resident Support Staff: Total Daily Staff: *45* Waking Staff: *34*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Monitoring* Exit Conference Date: *11/04/2024*

Inspection Dates and Department Representative

11/04/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *40*

Secured Dementia Care Unit

In Home: *Yes* Area: *The Gardens* Capacity: *24* Residents Served: *9*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>40</i>
Diagnosed with Mental Illness: <i>0</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>14</i>	Have Physical Disability: <i>0</i>

Inspections / Reviews

11/04/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *11/28/2024*

12/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/27/2024*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *12/09/2024*

12/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *12/09/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *01/07/2025*

01/09/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *01/07/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

WITHDRAWN [REDACTED] 1/22/25

5a1 - DHS Access

2. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 11/4/2024, at 10:52 AM, an agent of the Department, requested access to the current and previous Interim Administrators' credentials and training records, and specific staff training records. This documentation was not provided to the Department until 4:28 PM.

Plan of Correction

Accept ([REDACTED]) - 12/04/2024)

In response to the violation, the requested credentials and training records of the current and previous interim Administrators were collected and placed in confidential files for immediate Department review when requested.

Effective 11/05/2024 the Business Office Manager/Human Resource Director will maintain individual Administrator credentials and training in confidential files among the personnel records for immediate Department review as requested.

5a1 - DHS Access (continued)

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█ - 01/09/2025)

16c - Written Incident Report

3. 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 5/25/2024 and 6/6/2024, there were fires in individual apartments in the building. On 10/31/2024, the automatic fire alarm went off in the basement of the building. The fire department was active on site for all 3 incidents, however, the home did not report these incidents to the department.

Plan of Correction

Accept (█ - 12/13/2024)

In response to this violation, records were reviewed and staff were interviewed. Bellingham West Chester offers Independent Living, Personal Care, and Memory Care in separate and designated buildings. Incidents occurring in the Personal Care and Memory Care areas of the community, that require the services of the fire department, will be reported to the office of Human Services Southeast Region.

The Executive Director, Director of Health Services, or designee will report all Personal Care and Memory Care incidents requiring the services of an emergency management agency, fire department, or law enforcement agency. The Bureau of Human Services Licensing Incident Reporting Form shall be completed and retained in the community reportable incident binder.

Effective 11/05/2024 the Executive Director will perform monthly audits of the reportable incident binder to assure Personal Care incidents requiring the fire department are reported as required. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█ - 01/09/2025)

51 - Criminal Background Check

4. 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 A was hired on █. The home did not complete criminal background check for Staff person A as of 11/4/2024.

Staff person B was hired on █. The home did not complete criminal background check for Staff person B as

51 - Criminal Background Check (continued)

of 11/4/2024.

Plan of Correction

Accept (█) - 12/04/2024)

In response to this violation, immediate action was taken by the Business Office Manager/Human Resources Director to obtain copies of the completed background checks for Staff person A and B.

To enhance the currently compliant operations, the Business Office Manager/Human Resources Director will continue to update the new hire tracker to check that all background checks are completed prior to start.

The Business Office Manager/Human Resources Director will continue to perform weekly reviews through 12/31/24 to maintain ongoing compliance with having criminal history checks and hiring policies that are in accordance with the Older Adult Protective Services Act. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 01/09/2025)

62 - Contact List

5. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person █ the administrator, maintains a list of staff persons that does not include the administrator, agency staff, or addresses and telephone numbers of staff persons listed.

Plan of Correction

Accept (█) - 12/04/2024)

In response to the violation, immediate action was taken by the Business Office Manager/Human Resources Director to obtain the names, addresses, and phone numbers of staff persons including substitute (agency) personnel, and volunteers.

Effective 11/5/2024 the Business Office Manager/Human Resources Director will acquire and retain the names, addresses, and phone numbers of staff persons including substitute (agency) personnel, and volunteers. The Business Office Manager/Human Resources Director will perform monthly checks to assure contact lists are up to date. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (█) - 01/09/2025)

65i - Training Record

6. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training does not include source, and/or length of the training.

Plan of Correction

Accept ([redacted] - 12/16/2024)

In response to this violation, effective 12/5/2024 our community will include the date, source, content, and length of each training course into our training records.

The Administrator, or designee, will educate department heads and trainers on the requirement to include the staff person trained, date, content, and length of each training course into each training session. In-services to be done in small groups and one to one sessions by 12/15/2024. Furthermore, the training sign-in form will be revised to include this training record requirement.

The Director of Health Services, or designee, will perform weekly reviews of all educational inservices through 12/31/24 to maintain ongoing compliance with having training records include the required information.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented ([redacted] - 01/09/2025)

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

WITHDRAWN [redacted] 2/28/25

[redacted]

[redacted]

[redacted]

132d - Evacuation

8. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home is completing separate fire drills, at different times, for the Personal Care Unit and the Memory Care Unit, which are both located in the same building. Fire drills have been conducted as follows:

- 9/20/24:
 - PC- 4:56 am - 5:00 am, 20 residents in unit, 20 evacuated, 3 staff participated
 - MC- 5:08 am - 5:14 am, 10 residents in unit, 10 evacuated, 2 staff participated
- 9/26/24:
 - PC- 12:45 pm - 12:50 pm, 20 residents in unit, 20 evacuated, 4 staff participated
 - MC- 1:02 pm - 1:04 pm, 10 residents in unit, 10 evacuated, 8 staff participated
- 10/23/24:
 - MC- 2:46 pm - 2:49 pm, 9 residents in unit, 9 evacuated, 2 staff participated
 - PC- 2:56 pm - 3:01 pm, 32 residents in unit, 32 evacuated, 3 staff participated

The home is not evacuating the entire building, at the same time, during fire drills.

Plan of Correction

Accept (█ - 12/16/2024)

In response to this violation, a review of the most recent fire safety expert report was completed. Reports indicated that areas evacuated to included: exterior exits, patio exits, exits remote from the kitchen, wing exits, and third floor exits. Designated evacuation areas are marked with signage stating such and located on the exterior of the buildings.

The Director of Plant Operations, or designee will educate department directors, receptionists, and nurses on the evacuation procedures in accordance with the fire safety expert and community policy. In-services to be done in small groups and one to one sessions by 12/15/2024. Furthermore, and effective 12/2024, the Director of Plant Operations, in coordination with the fire safety expert, will perform monthly fire drills observing compliance to evacuating the building. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█ - 01/09/2025)

183d - Prescription Current

9. Requirements

2600.

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

183d - Prescription Current (*continued*)**Description of Violation**

On 11/4/2024, Acetaminophen 650 mg suppository, and Ondansetron ODT 4 mg tab, prescribed for resident 2, was in the home's Memory Care medication cart; however, the medication was discontinued on 8/8/2024.

On 11/4/2024, Amlodipine Bsyla 10 mg tab, prescribed for resident 3, was in the home's Memory Care medication cart; however, the medication was discontinued on 10/29/2024.

On 11/4/2024, Ondansetron ODT 4 mg tab, prescribed for resident 4, was in the home's Memory Care medication cart; however, the medication was discontinued on 11/2/2024.

Plan of Correction

Accept (█) - 12/16/2024)

In response to the violation on 11/4/24, immediate action was taken by the Director of Health Services to remove Acetaminophen 650 mg suppository, the Amlodipine Bsyla 10 mg tab, and the Ondansetron ODT 4 mg tabs from the med cart.

The Director of Health Services or designee will continue to perform weekly inspections through 12/31/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Furthermore, Med Techs were trained on 11/13/24 and on-going regarding destruction of medications. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█) - 01/09/2025)

183e - Storing Medications

10. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 11/4/2024:

- 2 loose pills were observed in the 2nd floor medication cart
- resident 5's Tramadol HCL 50mg tablet prescription bubble pack was observed to have a tear at spot 5.
- resident 6's Oxycodone 5mg tab prescription bubble pack was observed to have tears at spots 7, 9 and 12.
- resident 7's Lorazepam .5 mg tab prescription bubble pack was observed to have a tear at spot 23.

Repeat violation: 7/24/23 et al.

183e - Storing Medications (continued)

Plan of Correction

Accept (█) - 12/16/2024)

In response to this violation, immediate action was taken by the Director of Health Services to discard the 2 loose pills, the Tramadol HCL 50mg tablet prescription bubble pack, the Oxycodone 5mg tab prescription bubble pack, and the Lorazepam .5 mg tab prescription bubble pack.

The Director of Health Services or designee will perform weekly inspections through 12/31/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM will be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Furthermore, Med Techs were trained on 11/13/24 and on-going regarding proper storage in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█) - 01/09/2025)

185a - Implement Storage Procedures

11. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 11/4/2024:

- Resident 2's glucometer was not calibrated; on 11/4 at 2:12 pm the glucometer read 11/5, 3:06 pm
- the following readings were recorded in Resident 2's medication administration record, however these readings were not in Resident 2's glucometer: 9/18, 6:37 pm, 223; 10/14, 5:13 pm, 250; and 10/28, 6:38 pm, 132.
- Resident 8's prescription of Chloraseptic Spray 1.4%, one spray every 2 hours as needed for throat pain, was not available in the home.
- Resident 9's prescription of Tramadol 50 mg tablet, 1 tablet by mouth four times daily as needed for pain, was not available in the home.

Repeat violation: 12/7/23, 10/4/23 et al, 7/24/23 et al.

Plan of Correction

Accept (█) - 12/04/2024)

In response to the violation on 11/4/24, immediate action was taken by the Director of Health Services who called the pharmacy to have medications not available delivered and to include calibrated glucometers.

The Director of Health Services or designee will perform weekly audits through 12/31/2024 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

185a - Implement Storage Procedures (*continued*)

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█ - 01/09/2025)

187b - Date/Time of Medication Admin.

12. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 3 is prescribed Alprazolam .25 mg tablet, 1 tablet by mouth twice daily as needed. On 10/10 at 11:30 am, one Alprazolam .25 mg tablet was signed out on the controlled substance log, however, Resident 3's October 2024 medication administration record does not include the initials of the staff person who administered Alprazolam .25 mg tablet on 10/10 at 11:30 am.

Resident 8 is prescribed Mucus Relief ER 600 mg Tab ER 12H, 1 tablet by mouth every 12 hours. Resident 8's October 2024 medication administration record does not include the initials of the staff person who administered Mucus Relief ER 600 mg Tab ER 12H on 10/16 and 10/24 at Bedtime.

Resident 9 is prescribed Acetaminophen 500 mg tablet, 2 tablets by mouth twice a day, and, Ensure Oral Liquid, 1 can by mouth, three times daily with meals. Resident 9's October 2024 medication administration record does not include the initials of the staff person who administered Acetaminophen 500 mg tablet and Ensure Oral Liquid on 10/14 at Dinner Time. Repeat Violation: 10/4/23 et al, 7/24/23 et al.

Plan of Correction

Accept (█ - 12/16/2024)

In response to this violation, immediate action was taken by the Director of Health Services who educated all medication Techs on 11/13/24 regarding the proper medication administration procedures. Medications were given.

Effective 11/5/2024 the Director of Health Services or designee will perform weekly audits through 12/31/2024 to maintain ongoing compliance with ensuring proper documentation of medication administration including date and time. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█ - 01/09/2025)

187d - Follow Prescriber's Orders

13. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed Insulin Lispro Kwikpen 100unit/1ml insulin on a sliding scale. However, resident 2 was administered 4 units of Insulin Lispro on 9/18/2024 and 10/14/2024 at 5 pm. There are no glucometer readings for these dates and times. There is no evidence a blood sugar check was completed prior to administering sliding scale medication.

187d - Follow Prescriber's Orders (continued)

Repeat violation: 7/24/23 et al.

Plan of Correction

Accept (█) - 12/16/2024)

In response to this violation, action was taken by the Director of Health Services who contacted the pharmacy to have the medication delivered. In regards to the 9/18/24 and 10/14/24 undocumented glucometer readings, Medication Techs were educated on 11/13/24 regarding proper glucometer use and documentation including the availability of house glucometers.

The Director of Health Services or designee will perform weekly audits through 12/31/24 to ensure documented blood sugars are recorded, documented correctly on eMAR, and prescribed insulin per sliding scale is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█) - 01/09/2025)

190a - Completion Medication Course

14. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- Januvia F/C 100 mg tablet, and Meteropolo Succ ER 25 mg Tab ER 24H to Resident 2 at 9:00 am on 10/18/2024, 10/21/2024, 10/23/2024, and 10/30/2024.
- Omeprazole 40 mg capsule, and Furosemide 20 mg tablet to Resident 3 at 8 am on 10/3/2024.
- Gabapentin Oral Capsule 100 mg to Resident 3 at 9 am and 12 pm on 10/3/2024.

Repeat violation: 10/4/23 et al.

Plan of Correction

Accept (█) - 12/16/2024)

In response to this violation, immediate action was taken by the Business Office Manager/Human Resources Director to obtain documentation that Staff person C completed department approved medication administration course.

To enhance the currently compliant operations, the Human Resources Director has obtained

190a - Completion Medication Course (continued)

completed documentation for department approved medication administration course. On 12/18/24, [REDACTED] PA DHS Certified Trainer will provide Medication Techs the required training.

The Human Resources Director will perform monthly audits to maintain ongoing compliance with ensuring that C staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies. Furthermore, Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented ([REDACTED] - 01/09/2025)

190b - Insulin Injections

15. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 10/18, 10/21, 10/23, 10/24, and 10/30/2024 at 8 am, staff person C, who has not successfully completed a Department-approved diabetes patient education program with in the last 12 months , and has not successfully completed the Department-approved medications administration course, administered insulin to resident 2.

Plan of Correction

Accept ([REDACTED] - 12/16/2024)

In response to this violation, staff were interviewed and competency records were reviewed. It is the practice of this community that only individuals permitted to administer insulin injections that have successfully completed a Department-approved DM medications administration course, including successful completion of a written performance-based competency test, can administer insulin. Staff person C was removed from administering insulin until competency can be confirmed or obtained. On 12/18/24, Randal Evans, PA DHS Certified Trainer will provide Medication Techs training on diabetes patient education.

The Director of Health Services, or designee, will retain in a designated binder of all medication training records and/or certifications of our Medication Techs. Furthermore, the Director of Health Services, or designee, will perform monthly audits of training competencies ensuring that C staff person, and others, have successfully completed the Department-approved medications administration courses. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented ([REDACTED] - 01/09/2025)

190c - Record of Training

16. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration electronic training record for staff person C does not include the date.

The home's medication administration electronic training record for staff person D does not include the date.

Plan of Correction

Accept (█ - 12/04/2024)

In response to this violation, action was taken by the Human Resources Director to contact the Medication Tech trainer to update online portal. To enhance the currently compliant operations, the Human Resources Director/Business Office Manager will obtain documentation that medication administration training record updated.

The Business Office Manager/Human Resources Director will continue to perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring A record of the training must be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Not Implemented (█ - 01/09/2025)