

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

September 16, 2024

[REDACTED], ADMINISTRATOR
DISCOVERY READING LEASING LLC
[REDACTED]
[REDACTED]

RE: RITTENHOUSE VILLAGE AT
MUHLENBERG
2900 LAWN TERRACE
READING, PA, 19605
LICENSE/COC#: 22802

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2024, 07/24/2024 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: RITTENHOUSE VILLAGE AT MUHLENBERG License #: 22802 License Expiration: 05/01/2025
 Address: 2900 LAWN TERRACE, READING, PA 19605
 County: BERKS Region: NORTHEAST

Administrator

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

Legal Entity

Name: DISCOVERY READING LEASING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 11/17/2009 Issued By: PA Dept. L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 99 Waking Staff: 74

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 07/24/2024

Inspection Dates and Department Representative

07/23/2024 - On-Site: [REDACTED]
 07/24/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 104 Residents Served: 89

Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:

Hospice
 Current Residents: 9

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 89
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 10 Have Physical Disability: 1

Inspections / Reviews

07/23/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/16/2024

08/22/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 08/29/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/27/2024

Inspections / Reviews (*continued*)

09/16/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/29/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

16c - Written Incident Report

1. 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

Resident #6 is prescribed metoprolol TAR Tab 50mg. twice daily (morning and dinner). Review of the resident’s Medication Administration Record (MAR) indicates that on the morning of 7/19/24; the medication was not administered because the resident was out of the building. The error was not reported to the Department.

Plan of Correction

Accept ([redacted] - 08/22/2024)

- Resident #6 was out of the community and did not receive medication prior to leaving and did not take the medication along to the appointment.
- Executive Director will re-educate Director of Health and Wellness by 8/23/2024 to send a reportable incident to DHS for any medication errors.
- Executive Director/Designee will re-educate all staff to report to the Director of Health and Wellness or med tech supervisor medications that were not administered due to a resident out of the community.
- Director of Health and Wellness/Designee will review medication exception report from the EMAR system weekly to ensure that any medication errors are reported to DHS.
- Director of Health and Wellness will review with all residents to check in with the nursing department prior to leaving the community by 8/30/2024.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented ([redacted] - 09/16/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1) has a bed enabler bar with an opening approximately 8 inches by 12 inches. The bed enabler was not covered, to reduce the risk of injury.

Plan of Correction

Accept ([redacted] - 08/22/2024)

- Resident #1 has bed enabler attached to bed.
- Bed enabler was not covered.
- Care staff removed bed enabler cover when removing linens to launder.
- Director of Health and Wellness placed a covering on Resident #1 enabler on 7/24/24 the day of inspection.
- Director of Health and Wellness will re-educate the staff on covering enabler bars by 8/30/2024.
- Director of Health and Wellness will audit all residents to ensure devices and covers are clean, in good repair and free of hazards by 8/30/24.

81b - Resident Personal Equipment (continued)

- Staff assignments were updated on 8/1/2024 to include checking bed enabler coverings for residents that utilize them.
- Director of Health and Wellness and/or Med tech supervisor will weekly monitor enabler bars are covered.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 09/16/2024

100a - Exterior - Free of Hazards

3. Requirements

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

The 3ft. by 3ft. section of the exterior walkway surrounding the dining room is broken into several pieces posing a tripping hazard.

A cement section of the exterior walkway leading to the patio in the rear of the building is raised approximately 3 inches off the ground posing a tripping hazard.

Plan of Correction

Accept () - 08/22/2024

- Concrete walkway around the dining room is elevated and cracked due to weather and ground shifting.
- Maintenance assistant on 7/25/2024, used bright paint and painted the edge of the elevated sidewalk and the area of the sidewalk that is cracked to help prevent any tripping or falling.
- Executive Director will notify residents and families by 8/21/2024 of the sidewalk hazard located around the dining room, and the plan to get the area repaired.
- Director of Facilities contacted several contractors to obtain quotes remove, replace and repair the concrete that is elevated and cracked.
- Concrete will be repaired and replaced by 11/22/2024.
- Director of Facilities completed an initial community and grounds walk through to identify any hazards on 8/16/2024.
- Director of Facilities will due a walk around the community weekly to identify and repair any hazards.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented () - 09/16/2024

124 - Notice to Fire Department

4. Requirements

2600.

124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home notified the local fire department with a list of residents that require assistance in the event of evacuation.

124 - Notice to Fire Department (continued)

Resident #2 was noted by the home to be immobile, however, was not included on the letter to the fire department.

Plan of Correction

Accept () - 08/22/2024

- Executive Director updated the letter to the fire company listing resident immobile issues on 7/2/2024.
- Resident #2 was assessed by Director of Health and Wellness on 7/10/2024, and assessed Resident #2 as a mobile resident.
- Resident #2 moved into the community on the afternoon of [REDACTED] and the DME on move in stated immobile.
- DHS inspection 7/23/2024 and 7/24/2024.
- Executive Director updated the letter to the fire company on 7/24/2024 adding Resident #2 to the list of resident's with immobile issues.
- Executive Director verified all residents are listed on the letter to the fire company on 7/24/2024.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented () - 09/16/2024

125a - Combustible Storage

5. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

A towel was found behind the washer and dryer in the second-floor laundry room, near the dryer's exhaust vent.

Plan of Correction

Accept () - 08/22/2024

- Towel fell behind washer and dryer as staff was doing laundry.
- Towel was removed by Director of Facilities at the time of inspection on 7/23/2024.
- Executive Director will re-educate staff members in nursing, housekeeping and maintenance on the importance of checking behind the washer and dryers after each use and fire safety by 8/30/2024.
- Nursing and housekeeping staff will check behind washers and dry after each time the washer and dryer are used.
- Director of Facilities will monitor daily during daily walk through.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 09/06/2024

130e - Hearing Impairment

6. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

130e - Hearing Impairment (continued)

Description of Violation

Resident #3 reported that they are unable to hear the fire alarm at night, after removing their hearing aids. The resident stated that staff must physically wake them up to evacuate during a fire drill.

Plan of Correction

Accept () - 08/22/2024)

- Resident #3 moved into the community [redacted] and has never mentioned any concern with not hearing the fire alarm.
- At the time of unannounced fire drills Resident #3 followed community evacuation plan and evacuating apartment.
- Resident #3 never expressed to community staff the inability to hear the alarm during a drill.
- During interview with DHS inspector, Resident #3 stated [redacted] was unable to hear the fire alarm during a drill.
- Director of Facilities contacted the community fire alarm company for estimate to have strobe light installed.
- Estimate was received for approval on 8/13/2024.
- Strobe light will be installed by 9/13/2024.
- Executive Director will re-educate all staff on procedure for hearing impaired residents in the event of a fire drill or a real event by 8/30/2024.
- Director of Facilities will monitor hearing impaired residents during monthly drills to ensure they are able to hear the alarm.
- Executive Director will monitor for compliance.

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

Implemented () - 09/06/2024)

132c - Fire Drill Records

7. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

Based on review of the home's fire drill logs and information provided by Staff Person "A", it was determined that Staff Person "A", who conducts the drills, is being counted in the number of staff participating.

Plan of Correction

Accept () - 08/22/2024)

- Staff person A conducted a fire drill on 7/3/2024 at 1:21am.
- Staff person A documented on fire drill log and counted self in the number of staffing.
- Executive Director re-educated Director of Facilities and maintenance assistant on 7/25/2024 on conducting fire drills and documentation.
- Director of Facilities will monitor monthly documentation of fire drills.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/16/2024

Implemented () - 09/06/2024)

181c - Self-administration Assessment

8. 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 #8's MAR indicates a prescription for Hydrocort 2.5% cream with instructions to apply 2x daily and "may keep at bedside". Review of Resident #8's RASP and DME indicate the resident cannot self-administer medications.

Plan of Correction

Accept (█) - 08/22/2024)

- Resident #8 has order for Hydrocort 2.5% cream per MD order kept at bedside.
- Hydrocort 2.5% cream was removed by Med tech supervisor on 7/24/2024.
- Hydrocort 2.5% cream was placed in the medication cart and administered by med tech trained staff.
- Director of Health and Wellness will re-educate nursing staff to check resident rooms for any medications by 8/30/2024.
- Director of Health and Wellness/Designee will review any residents that have medications at bedside by 8/30/2024 to ensure they are assessed by physician regarding ability to self-administer medications.
- Nursing staff will monitor resident rooms daily for any medications kept in room
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/06/2024)

187a - Medication Record

9. 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

The Medication Administration Record (MAR) for Resident # 4 indicates a prescription for Jardiance 1/2 - 25 mg tablet (12.5mg) once daily. The bottle of medication in the med cart is labeled with only the generic name "Empagliflozin" and does not match the information on the MAR.

Resident # 9 is prescribed Quetiapine 25 mg tablet PRN for agitation. The PRN Effective Sheet indicates the medication was administered on 7/23/24 at 10:46 am, however the MAR was not initialed by the med tech who administered the medication.

Plan of Correction

Accept (█) - 08/22/2024)

- Resident #4 medication administration record indicates a prescription for Jardiance 1/2 - 25mg tablet once daily, as per the order from the physician.
- Resident #4 receives medications from the VA and received the generic medication for Jardiance.
- Director of Health and Wellness will re-educate med tech supervisor and medication trained staff by 8/30/2024 to compare medication labels to the MAR and notify Director of Health and Wellness/Med tech supervisor to correct.
- Director of Health and Wellness/Med tech/Designee will audit MAR and medications weekly.
- Executive Director will monitor for compliance.

187a - Medication Record (continued)

- Resident #9 is prescribed Quetiapine 25mg PRN for agitation.
- Med tech administered the medication at 10:46am on 7/23/2024 but did not document administration on MAR
- Director of Health and Wellness will re-educate medication trained staff on documenting on MAR when administering medication by 8/30/2024.
- Director of Health and Wellness/Med tech/Designee will run report weekly from EMAR to check med tech documentation on MAR.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/16/2024)

187d - Follow Prescriber's Orders

10. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 has an order for Novolog INJ 100/mL, inject units subcutaneously before meals per sliding scale if blood sugar:

- 150-200: 2
- 201-250: 3
- 251-300: 4
- 301-350: 5
- 351-400:6
- 401-450:7 & call prescriber

On 7/7/24 at dinner: blood glucose measured 198, 3 units were given, but 2 units should have been administered.
 On 7/12/24 at dinner: blood glucose measured 174, 1 unit was given, but 2 units should have been administered.
 On 7/13/24 at breakfast: blood glucose measured 168, 12 units were given, but 2 units should have been administered.
 On 7/18/24 at dinner: blood glucose measured 107, 14 units were given, but 0 units should have been administered.
 On 7/21/24 at dinner: blood glucose measured 223, 2 units were given, but 3 units should have been administered.
 On 7/14/24 at lunch, there was no documentation of blood glucose measurements or insulin administered.
 On 7/17/24 at lunch, there was no documentation of blood glucose measurements or insulin administered.

Plan of Correction

Accept (█) - 08/22/2024)

- Resident #4 has order for Novolog inj 100/ml inject units subcutaneously before meals per sliding scale.
- Resident #4 per documentation on MAR did not receive insulin per MD order.
- Director of Health and Wellness will re-educate all medication administration trained staff and diabetic trained staff on administering and documenting medication administered to residents by 8/30/2024.
- Director of Health and Wellness will provide 1:1 education staff responsible for the error and complete a med pass competency prior to administering any further medications by 8/23/24.

187d - Follow Prescriber's Orders (continued)

- Director of Health and Wellness/Med tech supervisor will run medication administration report weekly for medication administration and documentation.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/16/2024)

188b - Medication Error Reporting

11. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #6 is prescribed Metoprolol TAR Tab 50mg. twice daily (morning and dinner). Review of the resident's Medication Administration Record (MAR) indicates that on the morning of 7/19/24; the medication was not administered because the resident was out of the building. The missed dose was not reported to the resident's prescriber.

Plan of Correction

Accept (█) - 08/22/2024)

- Resident #6 was out of the community and did not receive medication prior to leaving and did not take the medication along to the appointment.
- Executive Director will re-educate Director of Health and Wellness by 8/23/2024 to report any missed medications to the resident's physician.
- Executive Director/Designee will re-educate all staff to report to the Director of Health and Wellness or med tech supervisor to report any missed medications to the resident's physician by 8/30/2024.
- Director of Health and Wellness/Designee will review medication exception report from the EMAR system weekly to ensure that any missed medications were reported to the resident physician.
- Director of Health and Wellness will review with all residents to check in with the nursing department prior to leaving the community by 8/30/2024.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█) - 09/16/2024)

188c - Medication Error Documentation

12. Requirements

2600.

188.c. Documentation of medication errors and the prescriber's response shall be kept in the resident's record.

188c - Medication Error Documentation (continued)

Description of Violation

Resident # 7 is prescribed Atorvastatin 10mg at bedtime. The resident's MAR indicates that on 7/15/24 at bedtime, they refused the medication. A response from the Resident #'s physician regarding the refusal was not in the resident's records

Plan of Correction

Accept () - 08/22/2024)

- Resident #7 is prescribed Atorvastatin 10mg at bedtime.
- Resident #7 refused Atrovastatin 10mg at bedtime on 7/15/2024.
- Med tech sent refusal to Resident #7 physician but did not receive the physician signed refusal.
- Director of Health and Wellness will re-educate medication administration trained staff on sending medication refusals to physician to sign by 8/30/2024.
- Director of Health and Wellness/Med tech supervisor will run medication administration report weekly to check for any medication refusals and documentation from physician.
- Executive Director will monitor for compliance.

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented () - 09/16/2024)

227d - Support Plan Medical/Dental

13. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 and Resident #5 utilize a bedside enabler bar for transfers. However, the resident's Assessment and Support plan does not identify the need for this equipment. Additionally, the resident's chart does not reflect the specific need for the device, the intended use and any associated risks, the residents' ability to use the device safely for the purpose it was intended, and the specific device being used and whether a cover is required to meet FDA guidelines.

Repeat Violation 6/6/23-6/7/23

Plan of Correction

Accept () - 08/22/2024)

- Resident #1 and Resident #5 utilize a bedside enabler for transfers.
- Enabler bar for Resident #1 and Resident #5 was documented on RASP that it was in place, but not reflect the specific need for the device, any risk associated with use, and the ability to use the device safely for the purpose it was intended.
- Executive Director will re-educate Director of Health and Wellness on documenting specific need, risks and the ability to use assistive devices on support plans by 8/30/2024.
- Director of Health and Wellness will have all support plans updated by 8/16/2024 for any resident that has an enabler bar to reflect the specific need for the device, risks associated with use, and the ability to use the device for the purpose it is intended.
- Director of Health and Wellness will document specific need for the device, any risk associated with use, and

227d - Support Plan Medical/Dental (continued)

the ability to use the device safely for the purpose needed on any future resident RASP that has bed enabler in place.

- *Executive Director will monitor for compliance.*

Licensee's Proposed Overall Completion Date: 08/30/2024

Implemented (█ - 09/16/2024)