

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

September 9, 2024

[REDACTED], EXECUTIVE DIRECTOR
PAPPUS HOUSE
[REDACTED]

RE: PAPPUS HOUSE
66 BIG MOUNT RD
THOMASVILLE, PA, 17364
LICENSE/COC#: 33954

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/23/2024 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: PAPPUS HOUSE License #: 33954 License Expiration:

Address: 66 BIG MOUNT RD, THOMASVILLE, PA 17364

County: YORK Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: PAPPUS HOUSE

Address: [REDACTED]

Certificate(s) of Occupancy

Type: R-4 Date: 08/10/2023 Issued By: Jackson Township

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 4 Waking Staff: 3

Inspection Information

Type: Partial Notice: Announced BHA Docket #: 0

Reason: New Exit Conference Date: 07/23/2024

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: 2

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 2

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

Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

07/23/2024 Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/09/2024

08/08/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/02/2024

Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/15/2024

Inspections / Reviews *(continued)*

08/12/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/02/2024

09/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/02/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

96a - First Aid Kit

1. Requirements

2600.

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

Description of Violation

The first aid kit in the dining room cabinet does not include a breathing shield.

Plan of Correction

Accept () - 08/12/2024

To immediately correct this violation on 7/23/24, the Executive Director / Administrator located a CPR breathing shield and placed it in the designated First Aid kit.

To ensure future compliance, Executive Director/Administrator or designee will check contents of the First Aid kit to ensure all items are included. A record of this check will be kept. This check will take place monthly, to ensure any supplies used or missing will be replaced. In addition, the check lists will be included in the Quality Management Plan.

The Executive Director and Care Coordinator will train all staff on the necessary contents of the First Aid Kit and the corresponding procedure by 8/31/24.

The first monthly check was conducted by the Executive Director on 8/6/24.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 09/03/2024

103f - Refrigerator/Freezer Temps

2. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the white chest freezer.

Plan of Correction

Accept () - 08/12/2024

To immediately correct this violation on 7/23/24, the Executive Director / Administrator located a thermometer and added it to the white box freezer.

To ensure future compliance, a weekly log will be kept to ensure the thermometers are in the fridge and both freezers, and temperatures are correct. This log will be part of the weekly duties of night shift caregiving staff or designee.

The Executive Director and Care Coordinator will train all staff on this procedure by 8/31/24.

The first weekly check was conducted by night shift staff on 8/5/24.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 09/03/2024

103f - Refrigerator/Freezer Temps (continued)

109b - Rabies Vaccination

3. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

On 7/23/24, a cat named Azlyn was present at the home. The home does not have a current certificate of rabies vaccination for Azlyn.

Plan of Correction

Accept () - 08/12/2024

Aslan is a resident therapy cat at Pappus House. He was scheduled for his yearly veterinary checkup on 7/30/24, but it was not in time for the initial inspection and therefore, he did not have an up-to-date rabies vaccination certificate.

The Executive Director took Aslan to Compassion Animal Hospital on 7/30/24 and had Aslan's rabies vaccination updated. A copy of this vaccination record is kept in Aslan's "staff" file. The animal hospital has Aslan on their reminder schedule for 2025 to ensure future compliance with this regulation. The Executive Director / Administrator is responsible for Aslan's healthcare.

The Executive Director will provide training to all staff on the animal policy by 8/31/24.

Licensee's Proposed Overall Completion Date: 08/31/2024

Implemented () - 09/03/2024

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 does not have documentation of written notification to the local fire department of the address of the home, location of the bedrooms, and the assistance needed to evacuate in an emergency.

Plan of Correction

Directed () - 08/12/2024

On 8/7/24, the Executive Director sent an email with the information required in 2600.124 to Brad Dunham, fire chief of Nashville Volunteer Fire Company, the local fire department in Jackson Township, York County.

The Executive Director will be responsible for ensuring that the fire department has an updated copy of this documentation annually.

The Executive Director will train all staff on the policies and procedures for updating emergency personnel, the location & contents of the Emergency Binder with updated census, and all emergency procedures by 8/31/24.

124 - Notice to Fire Department (continued)

Proposed Overall Completion Date: 08/31/2024

[Directed]

Beginning no later than 8/31/24, the Executive Director or designee will update the fire department if any of the following changes:

- the total capacity of the home
- A description of the general layout of the home (number of floors, wings, etc). A diagram or blueprint of the home is acceptable.
- A general description of the mobility needs of the residents served. This need not be resident-specific; a description of the mobility needs of residents the home is willing to serve will suffice.

Documentation of these updates to the fire department will be kept and available for review by the Department.

Directed Completion Date: 08/31/2024

Implemented (redacted) - 09/03/2024)

132a - Monthly Fire Drill

5. 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 during the months of March, April, May and June of 2024.

Plan of Correction

Accept (redacted) - 08/12/2024)

The Executive Director reviewed the regulation 2600.132 on 7/23/24 and will ensure that unannounced monthly fire drills are conducted. The drill logs will be reviewed as part of the Quality Management Plan

The Executive Director will educate the Care Coordinator on the procedures for conducting fire drills by 8/31/24.

The Executive Director (ED) or Care Coordinator (CC) will be responsible for conducting unannounced monthly fire drills. The ED and/or CC will schedule/plan for a fire drill at least one day prior to the actual drill. The ED or DC will record details of the drill in the Fire Drill log. The ED and the CC will review the log within one week following the fire drill to ensure compliance. All fire drill logs will be reviewed as part of the Quality Management Plan.

An unscheduled fire drill will be conducted by the ED and/or CC by 8/31/24.

The log will be reviewed by 9/7/24 to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/07/2024

Implemented (redacted) - 09/03/2024)

132d - Evacuation

6. Requirements

2600.

132d Evacuation (continued)

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 drill conducted on 7/15/24 at 10am.

Plan of Correction

Accept (████) - 08/12/2024)

The Executive Director will educate the Care Coordinator on the procedures for conducting fire drills by 8/31/24.

The Executive Director (ED) or Care Coordinator (CC) will be responsible for conducting unannounced monthly fire drills. The ED and/or CC will schedule/plan for a fire drill at least one day prior to the actual drill. The ED or DC will record details of the drill in the Fire Drill log. The ED and the CC will review the log within one week following the fire drill to ensure compliance with state recommended evacuation time of 2 1/2 minutes. All fire drill logs will be reviewed as part of the Quality Management Plan.

An unscheduled fire drill will be conducted by the ED and/or CC by 8/31/24.
The log will be reviewed by 9/7/24 to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/07/2024

Implemented (████) - 09/03/2024)

132h - Designated Meeting Place

7. 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 7/15/24 at 10 AM, there were 2 residents in the home. However, no residents were evacuated.

Plan of Correction

Accept (████) - 08/12/2024)

On 7/23/24, the Executive Director has reviewed regulation 2600.132h as well as 2600.29 regulations pertaining to residents under the care of a hospice agency. In alignment with the mission of Pappus House, all residents have a prognosis of 3 months or less. On 8/5/24, the Executive Director had a planning discussion with one partnering hospice agency to determine fire drill evacuation procedures for actively dying hospice residents. Residents with both written documentation from their physician that participation in a fire drill may suffer bodily injury or a hastened death AND written informed consent from the residents' healthcare representative will be exempt from participating in the drill. This documentation will be kept on file with the fire drill logs.

The Executive Director is working on completing this paperwork and will submit prior to the end of the August and will have on hand prior to the next unannounced fire drill (August 2024). It will be the responsibility of the ED and/or CC to ensure this paperwork is reviewed and up to date monthly prior to each drill.

The Executive Director will educate the Care Coordinator on the procedures for conducting fire drills by 8/31/24.

132h - Designated Meeting Place (continued)

The ED and CC will train all staff on how to participate in fire drills by 8/31/24.

The Executive Director (ED) or Care Coordinator (CC) will be responsible for conducting unannounced monthly fire drills according to the attached Fire Drill Procedures. The ED and/or CC will schedule/plan for a fire drill at least one day prior to the actual drill. The ED or DC will record details of the drill in the Fire Drill log. The ED and the CC will review the log within one week following the fire drill to ensure compliance with state recommended evacuation time of 2 1/2 minutes. All fire drill logs will be reviewed as part of the Quality Management Plan.

An unscheduled fire drill will be conducted by the ED and/or CC by 8/31/24.

The log will be reviewed by 9/7/24 to ensure compliance.

Licensee's Proposed Overall Completion Date: 09/07/2024

Implemented ([REDACTED] /09/2024)