

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

November 18, 2024

[REDACTED]  
CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.

[REDACTED]  
Suite 215  
[REDACTED]

RE: CRESCENT FIELDS AT  
HUNTINGDON VALLEY  
2507 PHILMONT AVE  
HUNTINGDON VALLEY, PA, 19006  
LICENSE/COC#: 15005

[REDACTED],  
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/24/2024, 09/12/2024 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: CRESCENT FIELDS AT HUNTINGDON VALLEY License #: 15005 License Expiration: 06/28/2025  
 Address: 2507 PHILMONT AVE, HUNTINGDON VALLEY, PA 19006  
 County: MONTGOMERY Region: SOUTHEAST

**Administrator**

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

**Legal Entity**

Name: CSW ARBOUR SQUARE V HUNTINGDON VALLEY, L.P.  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 04/17/2023 Issued By: Township of Lower Moreland

**Staffing Hours**

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

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint, Incident Exit Conference Date: 09/12/2024

**Inspection Dates and Department Representative**

07/24/2024 - On-Site: [REDACTED]  
 09/12/2024 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 149 Residents Served: 60

**Secured Dementia Care Unit**  
 In Home: Yes Area: SCDU Capacity: 19 Residents Served: 12

**Hospice**  
 Current Residents: 6

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 60  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 39 Have Physical Disability: 0

**Inspections / Reviews**

07/24/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/28/2024

10/21/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/25/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 10/25/2024

Inspections / Reviews *(continued)*

11/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/25/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

## 25b - Contract Signatures

## 1. 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 10/6/2023, for resident [REDACTED] was not signed by the resident.

## Plan of Correction

Accept [REDACTED] 10/21/2024)

Under the former management company, the home failed to obtain the resident's signature on the resident-home contract at the time of Resident [REDACTED] physical move-in.

At the time of inspection, Resident [REDACTED] signature was not attainable as the resident no longer resides in the community.

On 9/25/24, the Regional Director of Operations educated the Business Office Manager/designee on Regulation 2600.25b, Contract Signatures, utilizing the resident business file audit tool.

On 9/25/24, the Administrator and Business Office Manager audited all resident contracts; no further errors were noted.

Beginning 9/25/24, the Administrator/designee will review the resident-home contract with new residents before or within 24 hours of a new admission and obtain a resident signature.

Beginning 9/25/24 and ongoing, the Administrator/designee shall review all new admission files within 30 days of admission to ensure compliance with Regulation 2600.25b, Contract Signatures. Ongoing compliance will be maintained, and documentation will be retained.

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented [REDACTED] - 11/18/2024)

## 42b - Abuse

## 2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

On [REDACTED], at approximately 9:45 pm, resident [REDACTED] struck staff person A in the face. Staff person A tried to redirect the resident when resident [REDACTED] attempted to strike at staff person A again and fell back on [REDACTED] [REDACTED]. Staff person A assessed resident [REDACTED] for injuries and resident [REDACTED] showed no signs of pain. Resident [REDACTED] then grabbed [REDACTED] bag and walker and began to walk away to another bench where resident [REDACTED] then slid down the bench and onto the floor. Resident [REDACTED] began to grab onto the bench and refused to get up. Resident [REDACTED] sat there with [REDACTED] legs spread open for about 5 minutes. Staff person A and staff person B got the resident up and began assisting them to walk to their room. At some point resident [REDACTED] got tired and sat down on their rollator walker. Both staff person A and staff person B pushed the resident on the rollators to [REDACTED] room where staff assisted resident [REDACTED] onto the bed. Staff person B tells the resident to stand up and the resident responds with "I can't. My leg isn't there. Resident expressed they can't move.

**42b - Abuse (continued)**

Staff person B told them "Your leg is perfectly healthy and there is nothing wrong with it." Staff person A and staff person B continue with getting ██████ into bed. The resident tells them it hurts, and staff person B tells the resident to stretch out and proceeds to move ██████ leg in a stretched-out position causing more pain to the resident. Both staff person A and staff person B cover the resident up with a blanket and tell them to go to sleep and leaves the room. Resident ██████ family shows up at the home and observes the resident in pain in their room. No care was being provided to the resident. Staff had not called EMS services to take the resident to the hospital for the pain from their fall. EMS was called and arrived at 11:26 pm almost 90 minutes after the first fall. Resident ██████ was admitted to the hospital with a ██████ and needed surgery. Resident ██████ passed away from complications related to their injury.

**Plan of Correction****Accept (█████ - 10/21/2024)**

Due to the incident occurring on 11/15/23, under the prior management company, Staff Persons A & B were not questioned about the incident by the current management company.

Staff Person B was terminated from employment on 3/21/24.

On 8/6/24, Staff Person A was retrained by the Administrator, Healthcare Director, and Business Office Manager on Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect, Alzheimer's Disease, and Older Adult Protective Services.

On 9/20/24, the Healthcare Director retrained all current direct care staff on Regulation 42b, Resident Abuse/Neglect.

Additionally, by 10/15/24, current staff will have continued education provided by the PA Department of Aging "Learning Management System." Documentation shall be kept.

Effective 9/25/24, and as part of our ongoing commitment to staff development and resident safety, all staff will receive training on preventing abuse and neglect upon hire, annually, or as needed. This training will be provided through Relias and face-to-face sessions led by the Administrator, Customer Service Associate, or Healthcare Director. Documentation shall be kept.

Residents are regularly informed of their rights (upon admission and during resident council). They are and will continue to be encouraged to report if someone is allegedly mistreating or neglecting them promptly.

Adherence to 2600.42b, Abuse, will be rigorously monitored during our regularly scheduled Quality Assurance meetings for three months, beginning 10/30/24. This is a critical step in ensuring compliance with regulations and the safety of our residents. Comprehensive documentation of these meetings will be maintained for reference.

**Licensee's Proposed Overall Completion Date: 10/17/2024**

**Implemented (█████ - 11/18/2024)****54a - Direct Care Staff**

**3. Requirements**

2600.

54.a. Direct care staff persons shall have the following qualifications:

1. Be 18 years of age or older, except as permitted in subsection (b).
2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

**Description of Violation**

*Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

**Plan of Correction**

**Accept** [redacted] - 10/21/2024)

*Under the prior management company, the home failed to ensure that Staff Person B had a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry on file.*

*During the 7/24/24 inspection, it was identified that Staff Person B did not have the required employment documentation. Staff Person B was suspended on 03/18/24 and terminated from employment on 3/21/24. This employment file was pulled due to the 11/15/23 incident, and deficiency in this area does not reflect the new management company.*

*The Business Office Manager audited all employment files on 8/1/24; no further incidents were identified. The audit will be kept.*

*On 9/25/24, the Regional Director of Operations retrained the Business Office Manager/designee on Regulation 54a, Direct Care Staff, so that they understand what employment qualifications must be on file before direct care staff provide any unsupervised care.*

*Beginning 9/25/24, the Administrator will review all new hire documentation, approve the completion of the new hire checklist, and report any variance during the regularly scheduled Quality Assurance meeting for three months starting 10/30/24.*

**Licensee's Proposed Overall Completion Date: 09/28/2024**

**Implemented** [redacted] - 11/18/2024)

**65a - FS Orientation 1st Day**

**4. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

## 65a - FS Orientation 1st Day (continued)

**Description of Violation**

Staff person A, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

Staff person B, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

Staff person C, whose first day of work was [REDACTED], did not receive orientation on the following topics: evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.

**Plan of Correction**

Accept [REDACTED] - 10/21/2024)

Under the prior management company, the home failed to provide Staff Persons A, B, and C with the topics for the first work day.

Staff Person B was terminated on [REDACTED].

The Business Office Manager audited all staff files on 8/1/24 to ensure that all staff had received evacuation procedures, staff duties, and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking safety procedures, the home's smoking policy and location of smoking areas training. No additional deficiencies were noted. Documentation shall be kept.

The Administrator trained Staff Person A and C on 8/6/24 on evacuation procedures, staff duties, and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location, if applicable, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking safety procedures, the home's smoking policy and location of smoking areas.

On 9/25/24, the Regional Director of Operations educated the Business Office Manager/designee on Regulation 2600.65a, FS Orientation, utilizing the staff file audit tool.

Beginning 9/25/24 and continuing, the Maintenance Director/designee will conduct the fire safety training with all

65a - FS Orientation 1st Day (continued)

*new staff and agency or contracted labor on their first day of work. This ongoing training ensures that everyone is well-prepared for any fire safety situation.*

*Beginning 9/25/24 and continuing, the Business Office Manager/designee shall review all completed new hire files to ensure the Maintenance Director completes the Fire Safety Training on their first day of work, and annually.*

*Beginning 9/25/24, compliance monitoring on adherence to 2600.65a, FS Orientation, will be conducted during regularly scheduled Quality Assurance meetings for three months. Documentation shall be kept.*

**Licensee's Proposed Overall Completion Date: 09/28/2024**

**Implemented [REDACTED] - 11/18/2024)**

65b - Rights/Abuse 40 Hours

**5. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

**Description of Violation**

*Staff person A completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), emergency medical plan, reporting of reportable incidents and conditions.*

*Staff person B completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), emergency medical plan, reporting of reportable incidents and conditions.*

*Staff person C completed [REDACTED] 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training in the following topics: resident rights, mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), emergency medical plan, reporting of reportable incidents and conditions.*

**Plan of Correction**

**Accept [REDACTED] - 10/21/2024)**

*Staff Persons A, B, and C failed to receive training from the former management company on Resident Rights, Emergency Medical Plan, Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and Reporting of reportable incidents and conditions within 40 scheduled working hours.*

*Staff Person B was terminated on 3/21/24.*

65b Rights/Abuse 40 Hours (continued)

The Business Office Manager audited all staff files on 8/1/24 to ensure that all staff had received training on Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and Reporting of reportable incidents and conditions. No further errors were noted.

The Business Office Manager and Healthcare Director trained Staff Person A and C on 8/6/24 on Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and Reporting of reportable incidents and conditions.

On 9/25/24, the Regional Director of Operations educated the Business Office Manager/designee on Regulation 2600.65b, Rights/Abuse 40 Hour, utilizing the staff file audit tool.

Beginning 9/25/24 and continuing, the Healthcare Director/designee will conduct the Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and Reporting of reportable incidents and conditions training with all new staff and agency or contracted labor on their first day of work. This ongoing training ensures that all staff working in the home are familiar with residents' rights, mandated reporting, and the procedures for responding to a medical emergency.

Beginning 9/25/24 and continuing, the Business Office Manager/designee shall review all completed new hire files to ensure the Healthcare Director/designee completes the 2600.65b, Rights/Abuse 40 Hours, training within their first forty hours of employment.

Beginning 9/25/24, compliance monitoring on adherence to 2600.65b, Rights/Abuse 40 Hour, will be conducted during regularly scheduled Quality Assurance meetings for three months. Documentation shall be kept.

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented [redacted] - 11/18/2024)

65e - 12 Hours Annual Training

6. 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 A received only 0 hours of annual training in training year 2023.

Plan of Correction

Accept [redacted] - 10/21/2024)

Under the prior management company, Staff Persons A had 2023 training records accessible via Relias Online Learning. At the time of the inspection, the home could not pull those records from the online database because the former management company had stopped their services with an impending change of ownership.

**65e 12 Hours Annual Training (continued)**

*The Business Office Manager trained Staff Person A on 8/6/24 on evacuation procedures, staff duties, and responsibilities during fire drills, as well as during emergency evacuation, transportation, and at an emergency location, the designated meeting place outside the building or within the fire safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency services, smoking safety procedures, the home's smoking policy and location of smoking areas.*

*The Healthcare Director/Business Office Manager trained Staff Person A on 8/6/24 on Resident Rights, Emergency Medical Plan, Mandatory Reporting of Abuse and Neglect under the Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102), and Reporting of reportable incidents and conditions by the Administrator.*

*Staff Person A will continue to receive annual training throughout 2024. All training documentation shall be kept.*

*On 9/25/24, the Regional Director of Operations educated the Business Office Manager/designee on Regulation 2600.65e, 12 Hours Annual Training, utilizing the staff file audit tool.*

*Beginning 9/25/24 and continuing, the Business Office Manager/designee shall review all completed new hire files to ensure the Healthcare Director/designee completes the 2600.65e 12 Hours of Annual Training.*

*Effective 9/25/24, and as part of our ongoing commitment to staff development and resident safety, all direct care staff will receive annual training to ensure that they receive high quality training to continue to develop their knowledge of regulatory requirements and best practices in resident care. This training will be provided through Relias and face to face sessions led by the Administrator, Business Office Manager, or Healthcare Director. Documentation shall be kept.*

*Proposed Overall Completion Date: 09/28/2024*

**Licensee's Proposed Overall Completion Date: 09/28/2024**

**Implemented (█ - 11/18/2024)**

**65f - Training Topics****7. 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.

**Description of Violation**

*Direct care staff person A did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, safe management techniques , personal care service needs of the resident,*

**65f - Training Topics (continued)**

*care for residents with dementia and cognitive impairments, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, medication self-administration training, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 2023.*

*Direct care staff person B did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, safe management techniques , personal care service needs of the resident, care for residents with dementia and cognitive impairments, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, medication self-administration training, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 2023.*

*Direct care staff person C did not receive training in care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, safe management techniques , personal care service needs of the resident, care for residents with dementia and cognitive impairments, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, medication self-administration training, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration during training year 2023.*

**Plan of Correction****Accept [REDACTED] - 10/21/2024)**

*Under the prior management company, Staff Persons A, B, and C had 2023 training records accessible via Relias Online Learning. At the time of the inspection, the home could not pull those records from the online database because the former management company had stopped their services with an impending change of ownership.*

*The Healthcare Director trained Staff Person A and C on 8/6/24 on medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan, care for residents with dementia and cognitive impairments, Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, care for residents with mental illness or an intellectual disability, or both if the population is served in the home.*

*Staff Person B was terminated on [REDACTED].*

*On 9/25/24, the Regional Director of Operations educated the Business Office Manager/designee on Regulation 2600.65f, Training Topics, utilizing the staff file audit tool.*

*Beginning 9/25/24 and continuing, the Customer Service Associate or designee shall review all completed new hire files to ensure the Administrator/designee completes the 2600.65f Training Topics training when necessary.*

*Our commitment to high standards is evident in our compliance monitoring of adherence to 2600.65f, Training Topics. This will be conducted during regularly scheduled Quality Assurance meetings beginning 10/30/24 for three months, and meticulous documentation will be kept.*

## 65f - Training Topics (continued)

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented (█) - 11/18/2024)

## 65g - Annual Training Content

## 8. 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:

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 A did not receive training in 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, 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 during training year 2023 to 2024.*

*Staff person B did not receive training in 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, 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 during training year 2023 to 2024.*

*Staff person C did not receive training in 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, 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 during training year 2023 to 2024.*

**Plan of Correction**

Accept (█) - 10/21/2024)

*Under the prior management company, the home failed to provide Staff Persons A, B, and C with fire safety training provided by a fire safety expert.*

*Staff Person B was terminated on 3/21/24.*

65g - Annual Training Content (continued)

Staff Person A and C received fire safety training from the Maintenance Director, a Fire Safety Expert, on 8/19/24; that included evacuation procedures, staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation, the designated meeting place outside the building or within the fire-safe area in the event of an actual fire, smoking safety procedures, the home's smoking policy and location of smoking areas, the location and use of fire extinguishers, smoke detectors and fire alarms, telephone use and notification of emergency service.

On 9/25/24, the Regional Director of Operations educated the Maintenance Director/Business Office Manager/designee on Regulation 2600.65a, FS Orientation, utilizing the staff file audit tool.

Beginning 9/25/24 and continuing, the Maintenance Director/designee will conduct the fire safety training with all new staff and agency or contracted labor on their first day of work. This ongoing training ensures that everyone is well-prepared for any fire safety situation.

Beginning 9/25/24 and continuing, the Business Office Manager/designee shall review all completed new hire files to ensure the Maintenance Director completes the Fire Safety Training on their first day of work.

Compliance monitoring on adherence to 2600.65a, FS Orientation, will be conducted during regularly scheduled Quality Assurance meetings starting 10/30/24 for three months. Documentation shall be kept.

Proposed Overall Completion Date: 09/28/2024

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented [redacted] - 11/18/2024)

65i - Training Record

9. Requirements

2600.

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

Description of Violation

The home does not have a training record for Staff Person A.

The home does not have a training record for Staff Person B.

The home does not have a training record for Staff Person C.

Plan of Correction

Accept [redacted] - 10/21/2024)

Under the prior management company, Staff Persons A, B, and C had training records accessible via Relias Online Learning. At the time of the inspection, the home could not pull those records from the online database because the former management company had stopped their services with an impending change of ownership.

Effective 8/15/24, a new management company took over the home and regained access to Relias. On 8/16/24,

**65i Training Record (continued)**

*the Business Office Manager began pulling transcripts from Relias for current staff. The training records from 2023 are now part of Staff Person A and C's records. Staff Person B was previously terminated from the home on 3/21/24.*

*On 9/25/24, the Regional Director of Operations educated the Business Office Manager/designee on Regulation 2600.65e, 12 Hours Annual Training, utilizing the staff file audit tool.*

*Beginning 9/25/24 and continuing, the Business Office Manager/designee shall review all completed new hire files to ensure a training record is created for all new hires in compliance with 2600.65i, Training Record.*

**Licensee's Proposed Overall Completion Date:** 09/28/2024

**Implemented** [REDACTED] - 11/18/2024)

**190a - Completion Medication Course****10. 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 A, who has not successfully completed the Department approved medications administration course, administered medications to residents on 11/15/2023 and 11/16/2023.*

**Plan of Correction**

**Accept** [REDACTED] - 10/21/2024)

*Under the prior management company, Staff Person A had completed the Department approved medication administration course on 10/12/23. At the time of the inspection, the home could not pull those records from the online EHR database because the former management company had stopped its services with an impending change of ownership.*

*Effective 8/15/24, a new management company took over the home and regained access to electronic files. On 8/16/24, the Business Office Manager began pulling records from the prior EHR database for current medication administration staff. The medication administration course certificate and observations from 2023 - 2024 are now part of Staff Person A records.*

*On 9/25/24, the Regional Director of Operations educated the Business Office Manager/Healthcare Director/designees on Regulation 2600.190a, Completion Medication Course, utilizing the staff file audit tool.*

*On 9/25/24, the Regional Director of Operations educated the Healthcare Director/designee on Regulation 2600.190a, Completion Medication Course, utilizing the staff file audit tool.*

*Beginning 9/25/24 and continuing, the Healthcare Director/designee shall ensure all medication technicians have their medication administration competency test and observations on file, in compliance with 2600.190a, Completion Medication Course.*

190a - Completion Medication Course (continued)

Beginning 9/25/24, the Administrator will review all new hire documentation, approve the completion of the new hire checklist, and report any variance during the regularly scheduled Quality Assurance meeting for three months starting 10/30/24.

Proposed Overall Completion Date: 09/28/2024

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented (redacted) - 11/18/2024)

190c - Record of Training

11. 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 person A does not include documentation of successful completion of the training.

Plan of Correction

Accept (redacted) - 10/21/2024)

Under the prior management company, Staff Person A had completed the Department-approved medication administration course on 10/12/23. At the time of the inspection, the home could not pull those records from the online EHR database because the former management company had stopped its services with an impending change of ownership.

Effective 8/15/24, a new management company took over the home and regained access to electronic files. On 8/16/24, the Business Office Manager began pulling records from the prior EHR database for current medication administration staff. The medication administration course certificate and observations from 2023 - 2024 are now part of Staff Person A records.

On 9/25/24, the Regional Director of Operations educated the Business Office Manager/Healthcare Director/designees on Regulation 2600.190c, Record of Training, utilizing the staff file audit tool.

Beginning 9/25/24 and continuing, the Healthcare Director/designee shall ensure all medication technicians have their medication administration competency test and observations on file, in compliance with 2600.190c, Record of Training.

Beginning 9/25/24, the Administrator will review all new hire documentation, approve the completion of the new hire checklist, and report any variance during the regularly scheduled Quality Assurance meeting for three months starting 10/30/24.

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented (redacted) - 11/18/2024)

224a - Preadmission Screen Form

12. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted to the home on [REDACTED] however, the resident's preadmission screening form is missing the date of the prescreen.

Plan of Correction

Accept [REDACTED] - 10/21/2024)

Under the former management company, the home failed to complete a full preadmission screening form for Resident [REDACTED]. The deficiency occurred because the records were not verified.

At the time of the inspection, Resident [REDACTED] no longer resides in the community, so the preadmission screening could not be updated.

The Business Office Manager audited resident files on 8/1/24; we are pleased to report that no other deficiencies were discovered, providing reassurance about the overall soundness of our operations.

On 9/25/24, the Regional Director of Operations educated the Healthcare Director/designee on Regulation 2600.224a, Preadmission Screen Form, utilizing the resident file audit tool.

Our commitment to maintaining high standards is evident in our compliance monitoring of adherence to 2600.224a, Preadmission Screen Form. Beginning 10/30/24, this will be conducted during regularly scheduled Quality Assurance meetings for three months, and meticulous documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented [REDACTED] - 11/18/2024)

231c Preadmission Screening

13. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on 10/6/2023. However, resident [REDACTED] written cognitive preadmission screening was not completed.

Plan of Correction

Accept [REDACTED] - 10/21/2024)

Under the former management company, Resident [REDACTED] was admitted to the Secure Dementia Care Unit (SDCU) on 10/6/23. However, Resident [REDACTED] written cognitive preadmission screening was not completed.

At the time of the inspection, Resident [REDACTED] no longer resides in the community, so the cognitive preadmission screening could not be updated.

The Regional Director of Operations audited resident files on 8/22/24, and we are pleased to report that no other deficiencies were discovered, reaffirming our commitment to quality care.

231c Preadmission Screening (continued)

On 9/25/24, the Regional Director of Operations educated the Healthcare Director/designee on Regulation 2600.231c, Preadmission Screening, utilizing the resident file audit tool.

Our commitment to maintaining high standards is evident in our compliance monitoring of adherence to 2600.231c, Preadmission Screening. This will be conducted during regularly scheduled Quality Assurance meetings beginning 10/30/24 for three months, and meticulous documentation will be kept.

Licensee's Proposed Overall Completion Date: 09/28/2024

Implemented [REDACTED] - 11/18/2024)

236 - Staff Training

14. 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 A, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in [REDACTED] care during the 2023 to 2024 training year.

Direct care staff person B, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in [REDACTED] care during the 2023 to 2024 training year.

Direct care staff person C, who works in the Secure Dementia Care Unit (SDCU) had 0 hours of training in [REDACTED] care during the 2023 to 2024 training year.

Plan of Correction

Accept [REDACTED] - 10/21/2024)

Under the prior management company, Staff Persons A, B, and C did not receive the full scope of their dementia training. However, we have completed this crucial training under the new management, marking a significant achievement.

The new management company could not produce the 2023 Training for Staff Person A, B, and C at the time of inspection, so the Administrator trained Staff Person A and C on 8/6/24 on dementia care and services that included meeting the needs of people with dementia and how symptoms might affect them. Staff members were trained to recognize body language and verbal and non verbal cues to establish the residents' needs, and other specialized training was employed in dealing with residents of the secured dementia care unit. This may help persons with dementia show more significant improvement in behavior and emotion as they interact with staff members who have been specially trained to deal with their diagnosis.

Staff Person B was terminated on [REDACTED]

On 9/25/24, the Regional Director of Operations educated the Healthcare Director/designee on Regulation 2600.236, Staff Training, utilizing the staff file audit tool.

Starting from 9/25/24, the Customer Service Associate or their designee will be responsible for reviewing all completed new hire files. This ensures that the Administrator/designee completes the 2600.236 Dementia Training

**236 - Staff Training (continued)**

*as part of our commitment to comprehensive training with all SDCU staff.*

*Our commitment to high standards is evident in our compliance monitoring of adherence to 2600.236, Dementia Training. This will be conducted during regularly scheduled Quality Assurance meetings for three months beginning 10/30/24, and documentation will be kept.*

**Licensee's Proposed Overall Completion Date: 09/28/2024**

**Implemented [REDACTED] - 11/18/2024)**