

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

November 21, 2024

[REDACTED], ASSOCIATE
HARRISBURG AL OPERATIONS LLC
[REDACTED]

RE: VIVA SENIOR LIVING AT
HARRISBURG
150 KEMPTON AVENUE
HARRISBURG, PA, 17111
LICENSE/COC#: 33805

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/30/2024, 07/31/2024, 08/01/2024 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: VIVA SENIOR LIVING AT HARRISBURG **License #:** 33805 **License Expiration:** 07/01/2024
Address: 150 KEMPTON AVENUE, HARRISBURG, PA 17111
County: DAUPHIN **Region:** CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: HARRISBURG AL OPERATIONS LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 10/31/1997 **Issued By:** Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 129 **Waking Staff:** 97

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Incident **Exit Conference Date:** 08/01/2024

Inspection Dates and Department Representative

07/30/2024 - On-Site: [REDACTED]
 07/31/2024 - On-Site: [REDACTED]
 08/01/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 96 **Residents Served:** 87

Secured Dementia Care Unit

In Home: Yes **Area:** Sweet Memories **Capacity:** 24 **Residents Served:** 15

Hospice

Current Residents: 12

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 86
Diagnosed with Mental Illness: 4 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 42 **Have Physical Disability:** 1

Inspections / Reviews

07/30/2024 Full

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

Inspections / Reviews (*continued*)

08/22/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/29/2024

09/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/15/2024

11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/21/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

42b - Abuse

1. 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

During the overnight shift on [REDACTED], a staff member responded to a call bell activated by Resident 1, a verbal confrontation occurred and Staff E stated, "be careful or I'll slap you." The resident stated the incident was upsetting and made [REDACTED] feel vulnerable.

Repeated Violation - 1/17/24

Plan of Correction

Accept ([REDACTED] - 09/05/2024)

RCD notified protective services via phone on [REDACTED]
RCD filed written report on [REDACTED]
Report filed with DHS by RCD on [REDACTED]
Employee was terminated on [REDACTED] following investigation.
RCD provided abuse training on [REDACTED] for all staff.
BOM will ensure all new employees will continue to have abuse training upon hire.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([REDACTED] 09/24/2024)

63a - First Aid/CPR Training

2. 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

During the month of July 2024, there were more than 50 and fewer than 100 residents present in the home requiring two staff persons with current training in CPR and first aid.

- on 7/20/24 from 11:00 pm - 7:00 am, there was only one person on duty with current CPR and first aid training
- on 7/15/24 from 11:00 pm - 7:00 am, there was only one person on duty with current CPR and first aid training
- on 7/14/24 from 3:00 pm - 11:00 pm, there was only one person on duty with current first aid training and from 3:00 pm - 7:00 pm, only one person on duty with current CPR training

Repeated Violation - 8/15/23

Plan of Correction

Accept ([REDACTED] - 09/05/2024)

BOM performed audit of employee files for staff that needed CPR/First Aid and other yearly trainings on 8/2/24.
BOM scheduled 2 CPR/First Aid classes, 8/26/24 from 9A-3P and 9/9/24 from 1P to 6P.

63a First Aid/CPR Training (continued)

BOM will continue to audit all employee files monthly starting 8/2/24 to ensure employees have CPR/First Aid and other required yearly trainings. RCD will ensure staff are scheduled to meet regulatory requirements of DHS for CPR/First Aid certified employees. RCD will provide a copy of schedule to ED for review prior to publishing to ensure CPR/First Aid compliance is met starting 8/3/24.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented (█) - 09/24/2024)

65f - Training Topics

3. Requirements

2600.

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

- 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 A and Staff B did not receive training in the following topics during the training year January 2023 through December 2023:

personal care service needs of the resident
safe management techniques
infection control and general principles of cleanliness and hygiene
caring for residents with mental illness or intellectual disabilities

Plan of Correction

Accept (█) - 09/05/2024)

BOM performed audit of employee volunteers, and ancillary employee files for staff that needed required yearly trainings on 8/2/24.

BOM will schedule training 3 times per week for the next 6 weeks on the topics of 2600.65(f) beginning 8/6/24 ensuring the following topics are covered.

- 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.

BOM will continue to audit all employees, volunteers, and ancillary employee files monthly starting 8/2/24 for 3 months to ensure employees are compliant with all required yearly trainings.

BOM will audit files quarterly to ensure ongoing compliance beginning 9/18/24.

BOM will submit completed trainings to ED for review to ensure all staff requiring yearly training are compliant starting 8/6/24.

65f Training Topics *(continued)*

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented () - 11/19/2024

65g - Annual Training Content

4. 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:

3. Resident rights.

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

Description of Violation

Staff A did not receive training in the Older Adult Protective Services Act during the training year January 2023 through December 2023.

Staff B did not receive training in Resident Rights or the Older Adult Protective Services Act during the training year January 2023 through December 2023.

Plan of Correction

Accept () - 09/05/2024

BOM performed audit of employee, volunteers, and ancillary employee files for all required yearly trainings on 8/2/24.

BOM will schedule training 3 times per week for the next 6 weeks on the topics of 2600.65(f) beginning 8/6/24 ensuring the following topics are covered.

3. Resident rights.

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

BOM will continue to audit all employees, volunteers, and ancillary employee files monthly starting 8/2/24 for 3 months to ensure employees are compliant with all required yearly trainings.

BOM will audit files quarterly to ensure ongoing compliance beginning 9/18/24.

BOM will submit completed trainings to ED for review to ensure all staff requiring yearly training are compliant starting 8/6/24.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented () - 11/19/2024

81b - Resident Personal Equipment

5. 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

There is a large U shaped bedside mobility device attached to Resident 1's bed. The device has no covering and the opening is more than 10" wide. This device poses a risk of entrapment.

There is a large U shaped bedside mobility device attached to Resident 2's bed. The device has no covering and the opening is more than 10" wide. This device poses a risk of entrapment.

81b Resident Personal Equipment (continued)

Plan of Correction

Accept () - 09/05/2024)

RCD immediately notified family of resident 2 family that U shaped bar must be covered per regulation to prevent entrapment. Family covered U shaped bar on 8/5/24. RCD placed a cover on resident 1 U shaped bar on 8/2/24. RCD performed an audit of all resident rooms on 8/3/24 for mobility devices. ED sent communication to all families on 8/29/24 asking they not bring any mobility devices to loved ones without speaking to RCD/ED prior. Resident rooms will be audited weekly X 4 weeks then monthly by RCD/Designee for mobility devices. RCD/Designee will ensure mobility devices are covered if they do not meet safety requirements of the Department beginning 8/9/24.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented () - 09/24/2024)

89b - Hot Water Temperature

6. Requirements

2600.

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

Description of Violation

On 8/1/24 at 9:22 am, the hot water at the bathroom sink in Resident 2's room measured 126.0 degrees Fahrenheit.

On 8/1/24 at 10:32 am, the hot water at the bathroom sink in Resident 3's room measured 127.7 degrees Fahrenheit. At 10:36 am, the water measured 127.4 degrees Fahrenheit.

Repeated Violation 8/15/23

Plan of Correction

Accept () - 08/22/2024)

Maintenance Director called vendor to have mixing valve replaced. Valve was replaced on 8/15/24. Maintenance Director will take daily water temps until we have had two weeks of constant temp readings under 120 degrees. Maintenance Director will test water temps weekly thereafter.

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

Implemented () - 09/24/2024)

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 a fire drill conducted on [redacted] at [redacted], there were [redacted] residents in the home, however, only 16 evacuated. During a fire drill conducted on [redacted] at [redacted], there were [redacted] residents in the home, however, only 13 evacuated.

132h Designated Meeting Place (continued)

During a fire drill conducted on [redacted] at [redacted], there were 82 residents in the home, however, only 10 evacuated.
During a fire drill conducted on [redacted] at [redacted], there were 74 residents in the home, however, only 8 evacuated.
During a fire drill conducted on [redacted] there were 65 residents in the home, however only 16 evacuated.

Plan of Correction

Accept ([redacted] - 09/05/2024)

ED re educated Maintenance Director on regulation 2600.132i.
Maintenance Director will ensure fire alarms are set off for each fire drill effective 8/2/24.
ED will provide training to all staff and residents on 132.h on 8/29/24 and 9/3/24.
Maintenance Director will monitor resident room evacuations ensure those residents on the cold side of the building are preparing to evacuate in the event of a real fire beginning 8/2/24.
ED will perform a post drill assessment with maintenance director monthly for 4 months to ensure compliance.
Quality Management Team will review fire drill records at quarterly meetings starting 9/19/24.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([redacted] - 11/19/2024)

141b1 - Annual Medical Evaluation

8. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident 3's most recent medical evaluation was completed on [redacted]
Resident 4's most recent medical evaluation was completed on [redacted]
Resident 5's most recent medical evaluation was completed on [redacted]. The previous medical evaluation was completed on [redacted].
Resident 6's most recent medical evaluation was completed on [redacted].

Plan of Correction

Accept ([redacted] - 09/05/2024)

RCD immediately notified PCPs for residents 3, 4, 5, and 6 to obtain current DMEs on [redacted].
RCD performed audit on DMEs in resident files on 8/4.
RCD will track DMEs and RASPs with a spread sheet beginning 8/12/24.
RCD/Designee will review DMEs monthly beginning 8/12/24 for those due the following month to ensure they are completed within guidelines to assure ongoing compliance.

Licensee's Proposed Overall Completion Date: 08/29/2024

Implemented ([redacted] - 11/19/2024)

171b4 - Staff Training

9. Requirements

2600.
171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2600.65 (relating to direct care staff training and orientation).

Description of Violation

Staff C stated that [redacted] transported residents to medical appointments, alone, on [redacted] Staff C has not completed

171b4 - Staff Training (continued)

the Department's online direct care training course.

Plan of Correction

Accept () - 08/22/2024)

BOM performed an audit on all approved transporter files on 8/1/24.

BOM had staff C complete direct care competency on 8/1/24.

BOM will ensure all future transporters hired have completed the direct care competency as a part of orientation beginning 8/1/24.

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

Implemented () - 11/19/2024)

182c - Medication Administration

10. Requirements

2600.

182.c. Medication administration includes the following activities, based on the needs of the resident:

6. Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in subsection (b)(4).

Description of Violation

Resident 7 is not assessed to self-administer medications, however, on the morning of (), () had two large red pills in () possession at the dining room table. Staff D administered these pills, however, failed to watch Resident 7 ingest them.

Plan of Correction

Accept () - 09/05/2024)

RCD re-educated staff D on medication administration procedures on 7/30/2024.

RCD will re-educate Med Techs on proper med administration procedure for ongoing compliance on 9/5/24.

RCD/Train the Trainer will monitor med passes weekly X 4 then, monthly X 4 to assure ongoing compliance beginning 8/6/24

Licensee's Proposed Overall Completion Date: 09/06/2024

Implemented () - 11/19/2024)

183d - Prescription Current

11. Requirements

2600.

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

Description of Violation

On (), three () inhalers prescribed for Resident 8 were in the medication cart, however, they had expired ().

On (), a tube of () prescribed for Resident 9 had expired ().

Plan of Correction

Accept () - 08/22/2024)

RCD disposed of expired medications on 7/31/24.

On 7/31/24 resident 8 inhalers were discontinued by PCP due non use.

RCD reordered resident 9 () from pharmacy on 8/1/24.

RCD/Designee will audit med carts weekly X 4 and then monthly X 4 for compliance beginning 8/19/24.

RCD will retrain med techs on procedures for dating applicable medications upon opening and monitoring

183d Prescription Current (continued)

expiration dates on 9/1/24.

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

Implemented (█ - 11/19/2024)

183e - Storing Medications**12. 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 █, Resident 10's █ was not marked as to when it was first opened. The directions state that the unused portion should be discarded 30 days after the first use.

On █, Resident 11's blister card of █ had a punctured blister and a tablet had been reinserted and taped over.

Repeated Violation 8/15/23

Plan of Correction

Accept (█ - 09/05/2024)

RCD dated resident 10 Fluticasone to fill date on 8/1/24.

RCD will retrain med techs on procedures for dating applicable medications upon opening and monitoring expiration dates on 9/5/24.

RCD will re educate med techs on the proper procedure of disposing medications that are not properly sealed in blister packs on 9/5/24.

RCD/Designee will audit med carts weekly X 4 and then monthly X 4 for compliance beginning 8/19/24.

Licensee's Proposed Overall Completion Date: 09/06/2024

Implemented (█ - 11/19/2024)

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

The assessment and support plan for Resident 12, dated █ does not document the need for and safe use of the bedside mobility device attached to the resident's bed.

The assessment and support plan for Resident 1, dated █, does not document the need for and safe use of the bedside mobility device attached to the resident's bed.

227d - Support Plan Medical/Dental (continued)

Plan of Correction

Accept () - 08/22/2024)

RCD added mobility devices to support plans of resident 1 and 12 on ()

RCD will review new orders/equipment weekly X 4 weeks to ensure compliance with orders and compliance with RASP as needed.

ED will send communication to family explaining regulatory compliance with mobility devices on ()

Licensee's Proposed Overall Completion Date: 08/21/2024

Implemented () - 11/19/2024)

227g -Support Plan Signatures

14. 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 7's support plan, completed on () is not signed by the resident nor is there any mark as to the resident's refusal or inability to sign.

Resident 3's support plan, completed on () is not signed by the resident nor is there any mark as to the resident's refusal or inability to sign.

Plan of Correction

Accept () - 08/22/2024)

ED acquired resident 5 signature on 7/31/24.

RCD will acquire resident 7 signature on 8/19/24.

RCD will audit all existing prescreens starting on 8/19/24 for compliance.

RCD/Designee will review all new prescreens to ensure compliance beginning 8/14/24.

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented () - 11/19/2024)

231c - Preadmission Screening

15. 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 5 was admitted to the secured dementia care unit (SDCU) on () There is no cognitive preadmission screening indicating the need for secured dementia care.

Plan of Correction

Accept () - 08/22/2024)

ED completed resident 5 cognitive prescreen on ()

RCD will audit memory support files to ensure compliance with prescreens starting 8/21/24.

ED to re-educate RCD/Marketing on proper completion of Prescreens for compliance on 8/20/24.

Licensee's Proposed Overall Completion Date: 08/22/2024

231c Preadmission Screening (*continued*)

Implemented [REDACTED] - 11/19/2024)

231e No Objection Statement

16. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident 5 was admitted to the SDCU on [REDACTED]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Plan of Correction

Accept [REDACTED] - 08/22/2024)

ED placed call to resident 5 daughter on 8/16/24. Daughter will be in to sign approval on 8/18/24.

ED to re-educate Marketing, BOM, RCD on proper procedures for admission to memory support on 8/22/24.

ED will audit all memory support files to ensure compliance on 8/22/24.

Marketing will ensure all resident admissions to memory support are compliant with required documentation beginning 8/22/24

Licensee's Proposed Overall Completion Date: 08/23/2024

Implemented [REDACTED] - 11/19/2024)

233c Key Locking Devices

17. Requirements

2600.

233.c. If key locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted at the exit doors in the lounge area of the SDCU to the courtyard or from the courtyard to the rear parking lot.

Plan of Correction

Accept [REDACTED] - 08/22/2024)

RCD posted directions for locking mechanisms on exit door and courtyard gate on 7/30/24.

Maintenance Director will monitor postings daily for 1 month and monthly after to ensure posting remain in place.

ED will train staff on the importance of the posting on 8/29/24.

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

Implemented [REDACTED] - 11/19/2024)

236 Staff Training

18. 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).

236 - Staff Training (continued)**Description of Violation**

Direct care Staff A and B work in the secured dementia care unit (SDCU) however, Staff A had only 2 hours of training in dementia care during the training year January 2023 through December 2023. Staff B had only 1 hour of training in dementia care during the January 2023 through December 2023 training year.

Plan of Correction**Accept ([REDACTED] 08/22/2024)**

BOM audited employee training files on 8/8/24.

BOM scheduled weekly dementia trainings beginning 8/12/24 for 6 consecutive weeks.

BOM will incorporate 6 hours of dementia training into orientation beginning 9/3/24.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented [REDACTED] 11/19/2024)