

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

October 17, 2024

[REDACTED], ADMINISTRATOR
ELITE CARE GROUP LLP

RE: LIZA'S HOUSE
1357 BLUE MOUNTAIN DRIVE
DANIELSVILLE, PA, 18038
LICENSE/COC#: 21477

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/07/2024 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.

[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: LIZA'S HOUSE License #: 21477 License Expiration: 09/02/2024
 Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038
 County: NORTHAMPTON Region: NORTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: ELITE CARE GROUP LLP
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/24/1999 Issued By: L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/07/2024

Inspection Dates and Department Representative

08/07/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 20
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 5
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 2

Inspections / Reviews

08/07/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/07/2024

09/13/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/07/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/20/2024

Inspections / Reviews *(continued)*

10/01/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/03/2024

10/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

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

Resident #3's contract dated [REDACTED] is not signed by the resident.

Plan of Correction

Accept ([REDACTED] - 10/01/2024)

This regulation is important to ensure the resident knows what is expected of them and what is expected by the home and allows everyone to abide by the terms. This resident moved in on [REDACTED] and at the date of inspection [REDACTED] the contract did not have the resident's signature and did not have a notation as to why the resident did not sign. Contract was signed by resident's POA and Liza's House Administrator. This resident is Legally Blind and can see shadows. [REDACTED] is cognitively intact. Administrator had not had the resident sign the contract due to [REDACTED] inability to see what [REDACTED] was signing. After inspectors left on 8/7/2024, Administrator spoke to daughter in law who was present with the resident. Daughter in law and Administrator explained to the resident what [REDACTED] was signing and daughter in law aided resident in signing. Daughter in law signed as witness.

At the time of inspection, resident had been present in the home 32 days. Administrator had not audited chart or completed it due to the amount of recent discharges and admissions and Administrator was behind on file audits. Typically they are done within 30 days of admission. Immediate problem was fixed on 8/7/2024 and Administrator completed an audit of all other resident contracts on 9/20/2024 to ensure compliance. Administrator will continue ongoing audits of resident records within 30 days of admission.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented ([REDACTED] - 10/17/2024)

28f Resident's Funds and 30 day Refund

2. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #4's designated person received a timely refund including a check issued to the designated person on [REDACTED] however, the resident's designated person did not receive an itemized written account of the resident's funds.

Plan of Correction

Accept ([REDACTED] - 10/01/2024)

This regulation is important to ensure resident funds are returned to them in a timely manor and there is a detailed explanation for complete understanding of resident funds. Resident had been discharged and issued a refund check with no explanation of why there was a refund or what was refunded.

During the inspection on 8/7/2024, Administrator updated the discharge form a resident or their designated person signs when they are releasing the room. A section was added noting the monthly rate, daily rate and the number of days being refunded. Form was shown to inspectors and approved.

The home has been issuing refund checks the same way for over 7 years and has them checked every inspection. Home was under the assumption they were in compliance but going forward will ensure the family receives a copy of the discharge form with the explanation with their refund check when it is mailed. Home has used said form for any discharges since 8/7/2024. Form is completed by resident/responsible party and Administrator. Administrator

28f Resident's Funds and 30 day Refund (continued)

sends copy to the person who issues the refund checks and they mail the copy with the refund check. Original will be kept in resident file and copy of canceled check will be attached. Form completed for former resident in question and will be mailed with explanation letter to family on 9/27/2024. Administrator will continue to follow for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/27/2024

Implemented () - 10/17/2024)

51 - Criminal Background Check

3. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired by the home on [redacted] The staff member's criminal background check was not requested was not requested until [redacted]

Plan of Correction

Accept () - 10/01/2024)

This regulation is important to protect the safety of the residents in our home. It is important to insure the safety of our vulnerable residents. Background checks have consistently been done by the administrator within the first 30 days of employment, and have been checked annually by DHS inspectors. Home has been cited for doing background checks outside of 30 days and never made aware they had to be on or before the first day of work, so Administrator had been doing them in the first 30 days of employment.

Starting 8/8/2024 and going forward background checks will be done by Administrator prior to first day of employment. Administrator audited all employee files from last 6 months on 9/24/2023 and all employee files on 9/26/2024 to ensure all files had a background check.

Administrator will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented () - 10/17/2024)

81b - Resident Personal Equipment

4. 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 #2 has two 1/2 bed rails attached to the residents bed that are not covered. The rails have openings measuring more than 4.75 inches wide, posing a possible limb or head entrapment.

Plan of Correction

Accept () - 10/01/2024)

This regulation is important to protect residents in our home. Bed rails can cause bodily harm to residents if not properly used. Home requested laundry bags from family upon admission to cover rails. Home uses laundry bags fastened with zip ties to cover rails and transfer devices if they do not come with a cover of their own. Family provided laundry bags but put in a drawer and did not advise staff. Resident is quite ornary with people entering her room and disturbing her so staff did not look in her drawers for the bags. Staff purchased 2 other types of laundry

81b - Resident Personal Equipment (continued)

bags and attempted to cover but purchased bags would not fit.

Administrator had not done quarterly bed rail audit for 3rd quarter at the time of inspection and failed to notice the rails were not covered yet.

Family was in visiting day of inspection (8/7/2024) and assisted administrator in covering bedrails prior to inspectors leaving. Administrator showed DHS inspectors and inspectors were satisfied.

This is the only resident with any type of enabler in the home at this time.

Administrator will continue to monitor for ongoing compliance with quarterly audits and any issues will be corrected immediately.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 10/17/2024)

82b - Poisonous Material Storage**5. Requirements**

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

2 bottles of blue liquid identified as Windex was located in the homes laundry area. The bottles did not have the original manufacturers label attached.

A bottle of clear liquid was located in the homes basement. The bottle did not have the original manufacturers label attached.

Plan of Correction

Accept [REDACTED] - 10/01/2024)

This regulation is important in order to ensure the safety of all staff and residents. Keeping products in the original bottles helps minimize the risk that someone will mistake a poisonous material for something non-harmful.

Staff put chemicals into an unmarked bottle. Chemicals were disposed of, along with the bottles and new bottles were obtained by 8/9/2024.

On 8/19/2024 staff was given a training on safe cleaning and chemical storage. Packet was also provided in spanish for the staff member who's native language is Spanish to ensure understanding of material. Staff training logs have been returned and added to staff training binder.

Building was checked for any other possible issues on 8/9/2024.

To ensure ongoing compliance, home will not buy plain spray bottles for use to help ensure poisonous materials are kept in their original packaging and have the appropriate information on the labels.

Administrator will continue to monitor for ongoing compliance by checking home for any possible issues.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented [REDACTED] - 10/17/2024)

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

The bathroom of resident room 32 had a hot water temperature measuring 127.0 degrees on the date of inspection.

89b - Hot Water Temperature (continued)

Plan of Correction

Accept (█ - 10/01/2024)

This regulation is important for the safety of the residents. Resident accessible water temperatures should not reach over 120 degrees. Plumbing company had been at Liza's 8/6/2024 because of concerns of low water temperatures. Temperatures were not checked by facility after they left.

Maintenance set valve to a lower temp to bring water temperatures down on 8/8/2024.

Liza's hot water is provided via boiler in the original structure of the home where room #32 is located. Water has to reach the back of the building while maintaining temperatures. Plumber set temperature higher because of complaint of low temperatures.

At this time Administrator is working with owners and plumbing company to separate the original structure of the home onto its own hot water system to allow for better temperature control of water. As of 9/23/2024 when owner last spoke to plumbing company, they were still working on a suitable solution as our water system is complicated. Administrator will continue to work with owner and plumbing company to execute a system that will be safe for all. Water Temp audits will be completed daily for 1 week, if water temp stays stable in that week, audit will be switched to twice weekly until a new system is established. If temp continues to fluctuate, daily audits will continue until temperatures are stable for 1 week. Maintenance will be advised of any issues and asked to adjust. Administrator will monitor for ongoing compliance.

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

Implemented (█ - 10/17/2024)

121a - Unobstructed Egress

7. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The emergency exit near Room #20 needed much force to open the door, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept (█ - 10/01/2024)

This regulation is important to ensure the safe evacuation of residents in an emergency. Door seals need to maintain a level of tightness in order to keep the elements and pests out of the home while still being easy to open in an emergency. This door seal has been noted to stick when there is a lot of rain or humidity. Once the door is opened initially, door is more easily opened. Administrator has also noted door frame seems to be shifting.

Supplies such as hinge grease and new weather stripping have been ordered were delivered 9/21/2024. Door hinges were greased on all doors on 9/23/2024

Door frame was fixed on 9/24/2024 with the exception of a hinge needing replacement. Door opens and closes with ease at this time.

On 9/18/2024 an audit of all exterior doors was completed and any issues were reported to the owner. All other doors open with ease, but some will need to have weather stripping replaced to prevent further incidents of the weather stripping being tacky.

Administrator will continue to monitor and open door regularly when humidity is high.

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

Implemented (█ - 10/17/2024)

125a Combustible Storage

8. Requirements

2600.

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

Description of Violation

A honda gas powered power washer was located next to the homes back up hot water heater in the basement.

A propane blow torch was noted ontop of a pile of cardboard boxes in the basement.

These items pose a possible fire hazard.

Plan of Correction

Accept () - 10/01/2024)

This regulation is important to ensure the safety of the residents. Maintenance personel use the basement for storage and the powerwasher was drained of gasoline and the back up hot water heater is not currently in use. Power washer was removed from basement and torch put in a cabinet for safety on 8/8/2024. Administrator discussed situation with the owner and maintenance was advised on proper storage of flamible materials on 8/8/2024.

Facility owner had a dumpster delivered on 9/3/2024 and picked up on 9/16/2024. Basement has been cleaned and will be reorganized to ensure ability to store materials properly.

Administrator and owner will continue to monitor for ongoing compliance.

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

Implemented () - 10/17/2024)

132c Fire Drill Records

9. 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

The home conducted a fire drill on 9 26-23 at 11:18am The home's fire drill log notes 18 residents were in the home and 17 were evacuated. Through staff interviews there were only 17 resides in the home and 1 was out of the home. The fire drill log did not accurately reflect the number of residents in the home

Plan of Correction

Accept () - 10/01/2024)

This regulation is important to ensure the safe evacuation of all residents in the event of an emergency. Staff must be ready to take action at any time of day or night. Upon further review, it was noted that the person running the fire drill did not have staff evacuate someone on hospice which is not usually allowed when doing fire drills. All residents need to be evacuated during a fire drill unless there is a physician order in place noting the person is actively dying and evacuating could cause harm or hasten death. Responsible party must also be aware.

Starting 8/8/2024 and going forward, staff will evacuate all residents with the exception of someone who may be caused bodily harm or unless it may hasten their death. In that situation, the fire drill will either be rescheduled or proper documentation will be obtained. Staff will be reminded at staff meeting on 9/26/2024 that all residents must be evacuated unless told otherwise by administrator.

On 9/26/2024 Administrator contacted Fire and Life Safety Solutions and let them know about the documentation

132c - Fire Drill Records (continued)

going forward. Everyone was evacuated in the August Drill.

Administrator will monitor for ongoing compliance by requesting hospice document prior to fire drill and checking fire drill logs for compliance.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█) - 10/17/2024)

141a 1-10 Medical Evaluation Information**10. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's Documentation of Medical Evaluation dated █ does not have anything noted for weight or allergies.

Plan of Correction

Accept (█) - 10/01/2024)

This regulation is important to ensure residents are receiving the medical care they need and that the home can continue to meet their needs. It is important for them to have a minimum of yearly visits with a health care practitioner. This DME form was completed for the physician with the exception of the allergies and weight. Administrator failed to notice the missing information.

A new DME was completed by the physician upon next visit on █. Liza's has had 12 admissions and 12 discharges this calendar year and administrator has not been able to fully audit all charts as it is an ongoing process.

As of 9/23/2024, Administrator is in the process of auditing files and will continue to audit DME's for completeness and have new DME's completed as needed.

Administrator monitor for ongoing compliance by auditing resident files within 30 days of admission and whenever a new DME is needed.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented (█) - 10/17/2024)

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.

183d Prescription Current (continued)

Description of Violation

A basket of medications was noted in the laundry area. Staff interviews indicated that the medications are a staff supply. The basket contained mucus relief 600mg tablets, robafen cough syrup, icy hot pain relief cream, calmoseptine ointment, bacitracin, biofreeze and triple antibiotic ointment. These medications had pharmacy labels attached from discharged residents of the home.

Plan of Correction

Accept (█ - 10/01/2024)

This regulation is important to ensure the health and safety of the residents and limit possible medication errors. The home may keep medications for the staff in the laundry room, they just can not be from past or present residents. Staff felt since they were over the counter and could not be returned to the pharmacy for credit, it was ok to save them for staff use.

On 8/7/2024, medications were removed and destroyed immediately. Staff was advised on 8/7/2024 and 8/8/2024 that they can no longer save left over medications and they must destroy medication when it is discontinued or the resident is discharged. Staff will also be told as a group at staff meeting on 9/26/2024 as a reminder. Administrator will monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█ - 10/17/2024)

184b - Labeling OTC/CAM

12. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident #5 has a prescription for supplement █. The bottle containing the supplement, which was brought to the home by the resident's family, was not labeled with the resident name

Plan of Correction

Accept (█ - 10/01/2024)

This regulation is important for the health and safety of the residents and ensures they are receiving the proper medications. The particular bottle is supplied by the family and comes from a specific source as it is a very little used supplement for neuropathy. Each bottle is a 90 day supply and when a new bottle is opened, family is notified and they bring another bottle. Staff failed to label the bottle when it was supplied.

Medication bottle was labeled on 8/7/2024 and additional labels were created to help reduce the risk of the bottle not being labeled again.

Administrator audited the medication cart for unlabeled bottles after DHS's departure on 8/7/2024 and found no other unlabeled medications. Staff was reminded on importance of ensuring medications are labeled and reminded at staff meeting on 9/26/2024.

Cart will be randomly audited in order to check for labeled medications by administrator or RN on staff.

Administrator will continue to monitor for ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/26/2024

Implemented (█ - 10/17/2024)

225a - Assessment 15 Days

13. Requirements

2600.

225a - Assessment 15 Days (continued)

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #3 was admitted to the home on [REDACTED]. A Resident Assessment and Support Plan was not completed.

Plan of Correction

Accept [REDACTED] - 10/01/2024)

This regulation is important to ensure the residents are receiving the care they need and deserve. The RASP allows staff to see a comprehensive profile of the needs of each resident. Resident had been present in home for 32 days at time of inspection. Administrator failed to complete the assessment in 15 days. Assessment and support plan have been completed and reviewed with resident and family on [REDACTED].

With 12 admissions this calander year and 12 discharges, administrator was behind on auditing charts for completeness and RASP completion.

as of 9/23/2024, Administrator is currently auditing resident files and RASPs. Administrator will continue to audit files for completeness and fix any problems immediately.

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/17/2024)

227d - Support Plan Medical/Dental

14. 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 #2's Resident Assessment and Support plan (RASP) dated [REDACTED] is incomplete. There is nothing noted under the description of service need or plan to meet that need under orientation, irritability, judgement, dental need, dietary need vision and hearing need.

Resident #2 utilizes 2 half bed rails for mobility. The RASP dated [REDACTED] does not note the need for the device, the intended use, any risks associated with the device, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Plan of Correction

Accept [REDACTED] - 10/01/2024)

This regulation is important to ensure residents are receiving the care they need. The RASP creates a comprehensive profile of the needs of each resident. Administrator failed to fill in sections of the resident assesement and support plan and it was missed by the family as well when they reviewed and signed.

Administrator corrected resident assessment and support plan and added notation for side rails on 8/23/2024.

Adminstrator was behind on auditing files for completeness and double checking RASP's.

As of 9/23/2024 Administrator is in the process of auditing RASPS will continue to audit files for completeness and fix any issues.

Administrator will monitor for ongoing compliance by auditing charts within 30 days of admission and whenever a new RASP is due.

227d Support Plan Medical/Dental (*continued*)

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] - 10/17/2024)