

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

September 3, 2024

[REDACTED], PCHA  
HOSPICE OF CENTRAL PENNSYLVANIA INC  
[REDACTED]

RE: THE CAROLYN CROXTON SLANE  
RESIDENCE-HOSPICE OF CENTRAL  
PA  
1701 LINGLESTOWN ROAD  
HARRISBURG, PA, 17110  
LICENSE/COC#: 36222

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/08/2024 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: *THE CAROLYN CROXTON SLANE RESIDENCE-HOSPICE OF CENTRAL PA* License #: 36222 License Expiration: 06/20/2025

Address: 1701 LINGLESTOWN ROAD, HARRISBURG, PA 17110

County: DAUPHIN Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: *HOSPICE OF CENTRAL PENNSYLVANIA INC*

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-3 SP	Date: 04/03/2001	Issued By: Department of Labor and Industry
Type: C-3 SP	Date: 11/18/1996	Issued By: Department of Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 12 Waking Staff: 9

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:

Reason: Renewal Exit Conference Date: 08/08/2024

**Inspection Dates and Department Representative**

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

**Resident Demographic Data as of Inspection Dates**

General Information

License Capacity: 6 Residents Served: 6

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
-------------	-------	-----------	-------------------

Hospice

Current Residents: 6

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 6
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 6	Have Physical Disability: 0

**Inspections / Reviews**

08/08/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/24/2024

08/23/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/06/2024

09/03/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/03/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 183e - Storing Medications

## 1. 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 08/08/2024 at 2:57PM, a loose round red pill was found in the bottom of the medication cabinet.

## Plan of Correction

Accept ( [REDACTED] ) - 08/23/2024)

- The pill, a laxative, was discarded immediately.
- By the end of day on 8/8/24, the nurse on duty had made sure that the medication room was clean and organized
- The PCHA administrator added weekly cleaning of the medication room to the chore list for nurses, effective immediately. The PCHA will monitor that this is being done by night shift nurses.
- The monthly facility inspection audit, completed by the PCHA, was updated to include a visual inspection of the medication room to ensure cleanliness and adherence to 2600.183.e; this will help to avoid future reoccurrence of this issue on an ongoing basis. The first inspection with this new entry was completed on 8/19/24.
- Verbal reminders to nurses have been provided by PCHA during shift changes since the time the issue was discovered; written education was posted on 8/19/2024 for all nurses to sign off during their next scheduled shift. Due to vacations and per diem schedules, all education of nurses is expected to be complete by 8/31/24.

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

Implemented ( [REDACTED] ) - 09/03/2024)

## 184a - Resident's Meds Labeled

## 2. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

## Description of Violation

Resident 1 is prescribed [REDACTED]. The resident's medication administration record (MAR) states "[REDACTED]".

However, the pharmacy label states to [REDACTED].

## Plan of Correction

Accept ( [REDACTED] ) - 08/23/2024)

- The facility policy is that any prescription with a changed order will have a green label applied to the supply – "Direction change Refer to med sheet". The nurse on duty added the label to that bottle by the end of that shift. The next shift completed a review of all medications on hand to ensure there were no additional omissions.
- PCHA has verbally provided education to all nurses during their shift change of the importance of 2600.184.a and the use of the label indicating a change in the directions. Written education was posted on 8/19 for all nurses to sign off on during their next shift. With vacations and per diem staff, full education for all nurses is expected to be complete by 8/31/24.
- Nurses currently complete a 24 hour chart check to ensure that new orders have been addressed and added to the MAR and narcotic count book. The PCHA updated the procedure to include daily monitoring of the use of the

**184a - Resident's Meds Labeled (continued)**

label to avoid future occurrences. That change was effective 8/19/24. IT will add an option in the electronic TAR to mark off that the 24 hour check was completed rather than having it documented on paper. This is expected to be completed during the week of 8/26/24.

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

Implemented ( ) - 09/03/2024)

**185a - Implement Storage Procedures****3. Requirements**

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**Description of Violation**

Resident 2 is prescribed [REDACTED]. However, on 08/08/2024, this medication was not available in the home.

**Plan of Correction**

Accept ( ) - 08/23/2024)

- Since the resident had not required the use of the medication, the nurse conferred with the physician and the order was discontinued that same day.
- Hospice of Central PA Clinical Director investigated the root cause of the error. The medication was not ordered from the pharmacy at the time of admission. The nurse involved was educated on the importance of ensuring that all ordered medications are present in the facility or ordered from the contracting pharmacy for delivery.
- Since the nurses already complete a 24 hour chart check, they will audit medications to ensure that all orders for medication have a supply on hand. The PCHA updated the procedure to avoid future occurrences. That change was effective 8/19/24. IT will add an option in the electronic TAR to mark off that the 24 hour check was completed rather than having it documented on paper. This is expected to be completed during the week of 8/26/24.
- The PCHA added updated language into the Medication Administration Procedure that there should be a supply of medication on hand for all active orders.
- RN will complete a medication reconciliation every week when completing the resident's Comprehensive Assessment and that is checked off in the Resident's electronic record.
- PCHA has verbally educated the nurses at their shift changes as to the importance of 2600.185.a. Written education was posted on 8/19/24 for all nurses to read and sign off on during their next scheduled shift. Due to vacations and per diem schedules, all education of the nurses is to be completed by 8/31/24.

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

Implemented ( ) - 09/03/2024)