

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

September 30, 2024

[REDACTED], EXECUTIVE DIRECTOR
UNITED ZION RETIREMENT COMMUNITY, INC.
722 FURNACE HILLS PIKE
LITITZ, PA, 17543

RE: UNITED ZION RETIREMENT
COMMUNITY
722 FURNACE HILLS PIKE
LITITZ, PA, 17543
LICENSE/COC#: 32181

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/29/2024 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: UNITED ZION RETIREMENT COMMUNITY License #: 32181 License Expiration: 08/15/2025
 Address: 722 FURNACE HILLS PIKE, LITITZ, PA 17543
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: UNITED ZION RETIREMENT COMMUNITY, INC.
 Address: 722 FURNACE HILLS PIKE, LITITZ, PA, 17543
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 09/22/1995 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 25 Waking Staff: 19

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/29/2024

Inspection Dates and Department Representative

08/29/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 49 Residents Served: 25
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 25
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

08/29/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/14/2024

09/16/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/30/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/23/2024

Inspections / Reviews *(continued)*

09/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/23/2024

09/16/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/02/2024

09/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

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 [REDACTED] for Resident #1 was not signed by the payor.

The resident-home contract dated [REDACTED], for Resident #2 was not signed by the resident.

The resident-home contract dated [REDACTED] for Resident #3 was not signed by the payor.

Plan of Correction

Accept ([REDACTED] - 09/16/2024)

PCHA placed calls to payors for Resident #1 & #3 requesting their signatures on 09/10/2024. Payors stated they will be in by 09/27/2024 to sign.

Resident #2 was approached to sign agreement on 09/12/2024 by PCHA. Resident requested that POA be present when signing. POA will be in during the week of 09/16/2024. All contracts will be audited by 09/27/2024 by PCHA to ensure all required signatures are accounted for.

**Quarterly audits to be completed by PCHA on all resident documents beginning 09/01/2024. PCHA will ensure all signatures are present as per 2600.25(b)

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented ([REDACTED] - 09/30/2024)

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

On 8/18/24, from 2:00 PM to 10:00 PM, 25 residents were present in the home. During this time no staff persons were present in the home who were certified in first aid.

Plan of Correction

Accept ([REDACTED] - 09/16/2024)

Audit was completed on 08/29/2024 on all staff files by PCHA. Only one staff person was out of compliance with first aid training per scheduled hours. This staff person was asked to complete first aid training. That training was completed on 09/09/2024. See attached

**Monthly audits are being put in place to review all staff training dates, and materials. All staff are to complete annual training at anniversary of hire. This will be conducted by PCHA. This was initiated on 09/01/024.

63a - First Aid/CPR Training (continued)

Proposed Overall Completion Date: 09/13/2024

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented (█) - 09/30/2024)

65f - Training Topics

3. 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.

Description of Violation

Direct care staff persons A and B did not receive training in the following topics during training year 2023:

- medication self-administration
- instructions on meeting the needs of residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Plan of Correction

Accept (█) - 09/16/2024)

PCHA conducted audit of staff training. Out of compliance staff will have scheduled training with PCHA during the week of 09/16/2024. PCHA will have all staff up to date with training by 09/20/2024

**Monthly audits are in place to review all staff training dates and required materials. All staff are to complete annual training at anniversary of hire beginning 10/01/2024. This will be conducted by PCHA. This was initiated on 09/01/2024, to include 2600.65(f)

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented (█) - 09/30/2024)

184a - Resident's Meds Labeled

4. 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

On 7/18/24, Resident #3's Stomach Relief was changed from 30ml by mouth every 8 hours as needed to every 4 hours as needed. On 8/29/24, the original container's label did not reflect the changed order.

On 7/18/24, Resident #3's Calcium antacid 500mg chew was changed from 1 tablet by mouth as needed to 2 tablets by mouth every 4 hours as needed. On 8/29/24, the original label did not reflect the changed order.

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept () - 09/16/2024

PCHA reviewed medications for Resident #3. "See EMAR" stickers were applied on 08/29/2024 over existing instructions until new medication with corrected labels were sent from pharmacy depicting correct dosage and administration instructions.

**An already implemented cart audit was completed on 08/30/24 by 3rd shift medication technician [redacted] to ensure that all medication labels were accurate for all residents. Monthly cart audits include medication label audits and are completed monthly by 3rd shift Med techs. This process was re educated to all med tech staff on 08/29/2024 by PCHA. Current cart and label audit process was reviewed by PCHA and will continue as it has previously. Re-education to med tech staff will occur annually by PCHA unless otherwise warranted beginning 10/01/2024

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented () - 09/30/2024

187d - Follow Prescriber's Orders

5. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 did not receive the following medications per the physician's orders as the medications were not available in the home:

- 8/27/24 at 4:00 PM Famotidine (20mg) tab-take 1 tab by mouth twice daily for Gastroesophageal Reflux Disease.
- 8/27/24 at 7:00 PM Simvastatin (40mg) -take 1 tab by mouth at bedtime for Hyperlipidemia
- 8/29/24 at 7:00 AM Pantoprazole (40mg)-take 1 tab by mouth once daily for Gastroesophageal Reflux Disease

Plan of Correction

Accept () - 09/16/2024

Audit was done by PCHA for Resident #2 on 08/30/2024. All medications were on hand at that time. Medications were delayed from pharmacy due to technical errors with re-ordering medications. Re-education was provided by PCHA to all Medication technicians on 08/30/2024 on importance of proper ordering procedures. PCP had been notified of all missed administrations at each time of missed dose.

**Monthly audits are in place and audit was completed on 08/29/2024 on 3rd shift. The 3rd shift Medication Technician completes all monthly cart audits. [redacted] Night shift medication technician is to go through the carts weekly to ensure that all medications are present, and reorder medications when needed. This was already an audit in place however re-education was provided on 08/29/2024 to all Medication technicians on importance of timely medication ordering by PCHA. Medication audits and ordering process was reviewed by PCHA and will continue on as previously implemented. Re Education to all medication technicians to occur annually by PCHA unless otherwise warranted beginning 10/01/2024

Licensee's Proposed Overall Completion Date: 09/16/2024

187d - Follow Prescriber's Orders (*continued*)

Implemented ([REDACTED] - 09/30/2024)