

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

October 17, 2024

[REDACTED], CEO
THE ALLIANCE HOME OF CARLISLE, PA, INC.
770 SOUTH HANOVER STREET
CARLISLE, PA, 17013

RE: CHAPEL POINTE AT CARLISLE
770 SOUTH HANOVER STREET
CARLISLE, PA, 17013
LICENSE/COC#: 34337

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/05/2024 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: CHAPEL POINTE AT CARLISLE **License #:** 34337 **License Expiration:** 06/03/2025

Address: 770 SOUTH HANOVER STREET, CARLISLE, PA 17013

County: CUMBERLAND **Region:** CENTRAL

Administrator

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

Legal Entity

Name: THE ALLIANCE HOME OF CARLISLE, PA, INC.

Address: 770 SOUTH HANOVER STREET, CARLISLE, PA, 17013

Phone: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 09/12/2014 **Issued By:** Borough of Carlisle

Type: I-2 **Date:** 02/28/2018 **Issued By:** Borough of Carlisle

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 56 **Waking Staff:** 42

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 09/05/2024

Inspection Dates and Department Representative

09/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 61 **Residents Served:** 46

Secured Dementia Care Unit

In Home: Yes **Area:** Garden View **Capacity:** 12 **Residents Served:** 12

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 46

Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0

Have Mobility Need: 10 **Have Physical Disability:** 0

Inspections / Reviews

09/05/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/20/2024

09/19/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 10/15/2024

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 09/26/2024

Inspections / Reviews *(continued)*

09/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/18/2024

10/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 9/5/24, the home's most recent licensing inspection summary from the 5/11/23 inspection, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████ - 09/25/2024)

On September 5, 2024 the 2023 License Inspection Summary was immediately posted. On 9/20/24, the administrator will be educated on the timely posting of the summary. Starting 9/25/24 the administrator, or designee, will ensure the posting is done immediately upon receipt of the summary and a signed form with date of posting will be posted with the annual license renewal summary. A copy of the education and form are attached.

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented (████ - 10/17/2024)

15a Resident Abuse Report

2. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On █████ at approximately █████ Resident #1 grabbed the arm of and pushed Resident #2 into the wall. This allegation of abuse was not reported to the Area Agency on Aging in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse)

Plan of Correction

Directed (████ - 09/25/2024)

Starting 9/30/24 and completing on or before, 10/11/24, Personal care licensed staff will be educated on the reporting requirements as listed in the RCG Pg. 175 "Abuse and Abuse Reporting" and Pg. 176 "Suspected Resident Abuse Reporting and Investigation Requirements. The regulation will be posted in the front of the Reportable Incidents binder for reference. The office of aging was made aware of deficiency on 9/5/24 with the Ombudsman present at survey exit. The monthly log in the reportable binder was updated on 9/17/24 with a column for Administrator, or designee, to sign off that a reportable was completed and reported according to regulation. Starting on 9/30/24, the shift leader will daily review any reportable that it is done at shift change. A copy of the education, revised log book form and daily reportable review are attached.

Proposed Overall Completion Date: 10/11/2024

[Directed]

- Administrator or designee will complete an Act 13 form for the incident that occurred on 7/18/24 by 10/11/24.

Directed Completion Date: 10/11/2024

15a Resident Abuse Report (continued)

Implemented () - 10/17/2024)

25b Contract Signatures

3. 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 () for Resident #3, was not signed by the resident.

Plan of Correction

Accept () - 09/25/2024)

Resident 3's contract was signed by the resident on (). All resident contracts will be reviewed by Director of Marketing and Communications by () to ensure contain the required signatures. Any missing signatures will be obtained on or before (). The Director of Marketing and Communications or designee will review all new resident contracts starting () within 24 hours of resident moving in to ensure they contain the required signatures. Staff will be re-educated by the administrator or designee starting 9/30/24 and completed by 10/11/24 on the requirement for contract signatures. A copy of the education and audit form are attached.

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented () - 10/17/2024)

63a First Aid/CPR Training

4. 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 () from () until () on (), and on () from (), there were no staff persons present in the home who are certified in first aid and CPR.

Plan of Correction

Accept () - 09/25/2024)

Starting 9/30/24 and completing on or before, 10/11/24, all licensed staff will be educated that when doing regular scheduling, and scheduling for call-off's, consideration must be taken to ensure that there is at least one CPR and First Aid certified staff person on at all times. CPR and first aid certified staff will be indicated on the schedule. Administrator, or designee, will audit the schedule weekly for 12 weeks starting 9/30/24 to ensure it is done according to regulation. A copy of the education and audit form are attached.

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented () - 10/17/2024)

185a - Implement Storage Procedures

5. 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

The following blood glucose readings for Resident #5 were incorrectly recorded in the Medication Administration Record (MAR).

<u>Date and Time</u>	<u>Glucometer reading</u>	<u>Recorded on MAR</u>
[REDACTED]	[REDACTED]	[REDACTED]

The MAR for Resident #6 has a blood glucose reading of [REDACTED] recorded for [REDACTED]. This reading does not appear on the resident's glucometer.

Plan of Correction

Accept [REDACTED] - 09/25/2024)

Starting [REDACTED] and completing on or before, [REDACTED], Med Tech's and licensed staff will be educated in the correct recording of blood glucose readings in the Medication Administration Record (MAR). Blood glucose readings on the glucometer and the MAR entries must match the date, time and reading for all testing. Glucometers will be audited against the MAR weekly for 12 weeks, starting 9/30/24, by the RN, or designated licensed nurse. A copy of the education and audit form are attached.

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented [REDACTED] - 10/17/2024)

227d - Support Plan Medical/Dental

6. 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 most recent support plan for Resident #8, dated [REDACTED] does not indicate the need for the enabler bar attached to the resident's bed, the intended use and any risks associated with the use, and the resident's ability to use the device safely for the purpose it was intended.

Plan of Correction

Accept [REDACTED] - 09/25/2024)

Starting 9/30/24 and completing on or before, 10/11/24, licensed staff will be educated the bed mobility devices must be on the RASP. The RASP will be updated for all residents who have/get a bed mobility device and each will

227d - Support Plan Medical/Dental (continued)

be audited by Administrator or designee. The RASP for Resident #8 was updated on [redacted] by LPN. The RASPs for all residents were audited on [redacted] and updated to reflect the use of a bed mobility device, if applicable. RASPs will be audited quarterly by the RN or designee starting [redacted] monitoring for bed mobility devices being reflected in the resident's RASP. A copy of the education and audit log is attached.

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

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

231b - Medical Evaluation

7. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

Description of Violation

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. However, the resident's medical evaluation was completed with an exam date of [redacted].

Plan of Correction

Accept ([redacted]) - 09/25/2024)

Starting 9/30/24 and completing on or before, 10/11/24, licensed staff will be educated that when completing a DME for a resident being admitted to SDU needs to have been seen by their PCP within 60 days prior to admission as stated in the regulation. All SDU DMEs will be audited on 9/23/24 by the RN. The administrator or designee will audit DMEs within 72hrs prior to the DME being sent to the PCP for signature for admission into an SDU starting 9/30/24 to ensure completion is within compliance. Copy of education and log attached.

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

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

231e - No Objection Statement

8. 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 #3 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #4 was admitted to the Secure Dementia Care Unit (SDCU) on [redacted]. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

231e No Objection Statement (continued)

Plan of Correction

Accept ([redacted] - 09/25/2024)

An acknowledgement form was created for residents and their designated persons to sign acknowledging they have no objections to the resident's admission or transfer to the Secured Dementia Care Unit (SDCU). The acknowledgement form will be signed by Residents #3 and #4, and their designated persons, on [redacted]. Acknowledgement forms for the remaining residents in the SDCU, with the resident and their designated person's signature, will be obtained starting on 9/30/24 and by 10/11/24. Starting on 9/30/24, The Director of Marketing and Communications or designee will review all new records for residents being admitted or transferring to the SDCU within 48 hours of resident moving into the SDCU to ensure the acknowledgement form, with the required signatures was obtained. Staff will be re educated by the administrator Starting 9/30/24 and completing on or before, 10/11/24 on the requirement for 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. A copy of the education and updated form are attached..

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

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

252 - Record Content

9. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

The resident record for Resident #7, who passed away in the home, does not contain a copy of the death certificate.

Plan of Correction

Accept ([redacted] - 09/25/2024)

Administrator contacted the family of Resident #7 on [redacted]. On [redacted] administrator obtained a copy of Resident #7 death certificate and placed it in their file. On [redacted] the files of the residents that passed away in the home in the last year were audited by the Executive Director. Families were contacted by the administrator on [redacted] requesting copies of death certificates for their files. Starting [redacted] and completing on or by [redacted] licensed staff will be educated that a copy of the death certificate of a resident who dies in the home must be in the chart prior to archiving. Starting [redacted], the administrator, or designee, will audit for death certificate prior to archiving. When a resident passes away in the home, the administrator, or designee, will audit the chart to confirm a copy of the death certificate is in the chart before archiving. A copy of education and log attached.

Proposed Overall Completion Date: 10/11/2024

Licensee's Proposed Overall Completion Date: 10/11/2024

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