

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

October 8, 2024

[REDACTED]
ET 141 OPERATIONS LLC

[REDACTED]
SUITE 400
[REDACTED]

RE: ELIZABETHTOWN PERSONAL CARE
141 HEISEY AVENUE
ELIZABETHTOWN, PA, 17022
LICENSE/COC#: 33881

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/11/2024 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: ELIZABETHTOWN PERSONAL CARE License #: 33881 License Expiration: 02/23/2025
 Address: 141 HEISEY AVENUE, ELIZABETHTOWN, PA 17022
 County: LANCASTER Region: CENTRAL

Administrator

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

Legal Entity

Name: ET 141 OPERATIONS LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/07/1992 Issued By: Dept of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 26 Waking Staff: 20

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Fine Exit Conference Date: 09/11/2024

Inspection Dates and Department Representative

09/11/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 39 Residents Served: 25
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 21
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 3
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

09/11/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/30/2024

09/27/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 10/07/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/02/2024

Inspections / Reviews (*continued*)

10/04/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/14/2024

10/08/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/07/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/04/2024)

On [REDACTED] when DHS were in to the facility, Resident [REDACTED] medical evaluation, and DME were in the PCP folder waiting to be complete. On [REDACTED] at 2:20 pm when PCP came to the facility [REDACTED] did complete the med eval and DME.

Beginning 10/14/24, the Administrator will check the charts weekly to see when the med eval and DME's are due to keep them in compliance. Once these are complete the paper in the front of the charts that was created by the PCHA will be filled out to stay current with due dates. This paper is checked weekly by the PCHA. Attached is the updated DME and Med Eval. Along with the paper that PCHA has place in the front of all chart, this paper gets checked weekly and the forms are completed in the month they are due. The month paper hangs in the med room for an extra reminder of when each DME and RASP are due.

Proposed Overall Completion Date: 10/14/2024

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented [REDACTED] - 10/08/2024)

144c1 - Smoking Area Guidelines

2. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On [REDACTED] at approximately [REDACTED] there was a [REDACTED] cup filled with cigarette butts observed on the front porch near a wooden bench. This area was not identified as a designated smoking area as evidenced by the No Smoking signage posted.

Repeated Violation: 4/2/24

Plan of Correction

Accept [REDACTED] - 10/04/2024)

On 09/13/2024, The PCHA had a verbal discussion with all the smokers that live on the 2nd floor of the facility, that would be going out on the porch to smoke. PCHA made them all aware that the upstairs porch is a nonsmoking area. Smoking up there could result to the facility becoming a smoke free facility.

On 09/13/2024 PCHA gave all the residents the smoking rules for them to read and sign, that they acknowledge the rules of smoking. These same rules were given to them at admission. PCHA made them aware that if the smoking continues in non-smoking areas that we would be a non-smoking facility, and they would have to go off property

144c1 - Smoking Area Guidelines (continued)

to smoke.

Starting on 10/1/2024 The first shift med tech will check the front porch which is a non smoking area and is marked as a non smoking area, for any evidence of smoking. This check will be made after the 0700 med pass. The med tech will check daily for 4 weeks then weekly for 4 weeks then monthly for 4 weeks. Maintenance will also check the area when he does his daily walk arounds, this will have no end date.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 10/08/2024)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at [redacted] there were 2-0.5oz bottles of [redacted] unlocked, unattended, and accessible on Resident [redacted] nightstand. Resident [redacted] Medical Evaluation Dated [redacted] and Assessment dated [redacted] states the resident cannot self-administer medications.

On [redacted] at [redacted] there were [redacted] in a plastic cup, identified as [redacted] was unlocked, unattended, and accessible on Resident [redacted] nightstand. Resident [redacted] Medication Administration Record (MAR) shows that Resident [redacted] is prescribed [redacted] Tab Take two tablets ([redacted]) by mouth every 6 hours (6:00am, 2:00pm and 10:00pm) routinely for pain. Resident [redacted] DME dated [redacted], and RASP dated [redacted] states Resident [redacted] cannot self-administer medications.

Repeated Violation: 4/2/24, 6/4/24

Plan of Correction

Directed [redacted] 10/04/2024)

Immediately on [redacted] when DHS found the [redacted] in the resident's room, med tech removed these pills On [redacted], PCHA re-educated the med tech staff on the importance of watching all resident take their medications . That they can not carry the medications into the resident rooms and just sit them on a night stand believing that the resident will remember to take them. Med techs are aware that if the resident say " sit them down I will take them then" The med tech must take the pills with them and ask that resident again within the 2 hour window if they are ready to take them, if again they are not then the medication must be documented as refused and the medication must be destroyed. On [redacted] PCHA showed up at the facility at 5am and went through the room where the pills were left and there were no pills.

Immediately on [redacted] the moisturizing eye drops were removed from resident [redacted] room .Resident must have purchased these when [redacted] was out. staff was unaware that [redacted] had these drops. PCHA spoke with the resident and explained to [redacted] that [redacted] could have / use the eye drops if we had a doctors order, and if [redacted] wanted to administers on [redacted] own that [redacted] would need to have an order that states that [redacted] can self administer them and that [redacted] would have to purchase a lock box to store them in. On 9/11/2024 the med tech faxed the PCP to see if we could get an order for these eye drops and if the resident could self administer them.

183b - Meds and Syringes Locked (continued)

(Directed)

-In addition to the above POC, beginning 10/14/214 the Medication Technicians will monitor rooms on a daily basis to ensure that no medication are accessible in resident rooms.

Directed Completion Date: 10/14/2024

Implemented [REDACTED] - 10/08/2024)

185a - Implement Storage Procedures

4. 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 [REDACTED] is prescribed [REDACTED], take 1 Capsule by mouth twice daily for 7 days is listed on the MAR but was not available in the home.

Resident [REDACTED] is prescribed the following medications which were not found in the home:

- [REDACTED] TAB Take one tablet by mouth every 6 hours as needed for nausea and/or vomiting.
- [REDACTED] Apply topically to [REDACTED] as needed Open area resolved.

Resident [REDACTED] is prescribed [REDACTED] Take as directed for Bowel Prep ([REDACTED]). However, the medication was not found in the home.

Repeated Violation: 4/2/24, 6/4/24

Plan of Correction

Accept [REDACTED] 10/04/2024)

On [REDACTED] PCHA re-educated the med tech staff on the importance of having the medication in the building, and when the medications are down to 7 pills to reorder immediately. When staff are doing the weekly cart audits medications will be checked for refills, expirations, and discontinued. Results will be taken care of immediately. Cart audit are currently in place and have been in place since May 2024.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [REDACTED] - 10/08/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] Tab Take two tablets [REDACTED] by mouth every 6 hours (6:00am,

187d - Follow Prescriber's Orders (continued)

2:00pm and 10:00pm) routinely for pain. There were [REDACTED] labeled [REDACTED] observed in a cup on the resident's nightstand. The medication is identified at [REDACTED]. The resident's MAR shows [REDACTED] was administered to resident at 6:00am. On [REDACTED] at [REDACTED] as the medication was observed on the Resident [REDACTED] nightstand, and not properly administered to the resident, the prescriber's orders were not followed.

Resident [REDACTED] is prescribed [REDACTED] into 4 to 8 ounces of liquid and drink once daily as needed dx: [REDACTED] ([REDACTED]) filled 11/19/23. This medication was observed in the medication cart but is not listed on the MAR and no other documentation was provided showing that the medication has been administered to the resident from 09/01/24 to 09/11/24.

Repeated Violation: 4/2/24, 6/4/24

Plan of Correction

Accept ([REDACTED] - 10/04/2024)

On [REDACTED], PCHA re-educated the med tech staff on the importance of watching all resident take their medications. That they can not carry the medications into the resident rooms and just sit them on a night stand believing that the resident will remember to take them. Med techs are aware that if the resident say "sit them down I will take them then" The med tech must take the pills with them and ask that resident again within the 2 hour window if they are ready to take them, if again they are not then the medication must be documented as refused and the medication must be destroyed. Med tech staff were also educated on not signing off on the medications until they see the resident take the medication.

On 9/16/24 PCHA showed up at the facility at 5am and went through the room where the pills were left and there were no pills.

On 9/13/2024 Med tech were educated on the medications being discontinued and to send the discontinued order to the pharmacy immediately, so it can be removed from the MAR, and to document in the 24 hours for other Med techs to be aware of the discontinued order. Cart audits continue weekly, when doing a cart audit med techs will look at the 24 hour and the PCP orders to make sure all discontinued meds are removed from the cart.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented ([REDACTED] - 10/08/2024)

190a - Completion Medication Course**6. Requirements**

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff member B, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- Resident [REDACTED] On 09/07/24, 09/09/24 and 09/10/24 at 08:00am, [REDACTED] Tablet, [REDACTED] Capsule, and [REDACTED]
- Resident [REDACTED] On 09/07/24, 09/09/24 and 09/10/24 at 08:00am, [REDACTED] Tablet, [REDACTED] Tablet
- Resident [REDACTED] On 09/07/24, 09/09/24 and 09/10/24 at 07:00am, [REDACTED], inject 37 units.
- Resident [REDACTED]: On 09/02/24, 09/07/24, 09/09/24 and 09/10/24 at 08:00am, [REDACTED] Senior Tablet

190a - Completion Medication Course (continued)

- Resident [REDACTED]: On 09/02/24, 09/03/24, 09/07/24, 09/09/24 and 09/10/24 at 08:00am, [REDACTED] Tablet
- Resident [REDACTED]: On 09/02/24, 09/03/24, 09/07/24, and 09/10/24 at 08:00am, [REDACTED] Tablet; [REDACTED]; [REDACTED].

Staff Member C, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- Resident [REDACTED]: On 09/08/24 at 08:00am, [REDACTED] Tablet, [REDACTED] Capsule, and [REDACTED].
- Resident [REDACTED]: On 09/08/24 at 08:00am, [REDACTED] Tablet, [REDACTED] Tablet and [REDACTED] Capsule
- Resident [REDACTED]: On 09/02/24 through 09/06/24, 09/09/24 at 8:00pm, [REDACTED] Kwikpen, Inject [REDACTED]; [REDACTED] Tablet; [REDACTED] Tab.
- Resident [REDACTED]: On 09/08/24 at 08:00am, [REDACTED] Tablet, [REDACTED] Tab; [REDACTED] Tablet

Staff Member D, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- Resident [REDACTED] On 09/10/24 at 08:00pm, [REDACTED] Tablet.
- Resident [REDACTED]: On 09/10/24 at 10:00pm, and 09/11/24 at 06:00am, [REDACTED] Tablet, and [REDACTED]
- Resident [REDACTED] On 09/10/24 at 8:00pm, [REDACTED] Tablet, [REDACTED] Tablet,
- Resident [REDACTED]: On 09/10/24 at 08:00pm, [REDACTED] Tablet, [REDACTED], [REDACTED] Tablet.
- Resident [REDACTED]: On 09/08/24 at 7:00am, [REDACTED] Kwikpen, inject [REDACTED].
- Resident [REDACTED]: On 09/08/24 at 08:00am, [REDACTED]
- Resident [REDACTED] On 09/08/24 at 08:00am, [REDACTED] Tablet
- Resident [REDACTED]: On 09/10/24at 8:00pm, [REDACTED] Tablet, [REDACTED] Tablet; [REDACTED] Tablet.

Staff Member E, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:

- Resident [REDACTED] On 09/03/24 through 09/06/24 at 4:00pm, [REDACTED] Tablet
- Resident [REDACTED] On 09/03/24 through 09/06/24 at 8:00pm, [REDACTED] Tablet, [REDACTED] Tablet
- Resident [REDACTED] On 09/03/24 through 09/06/24 at 10:00pm, [REDACTED] Tablet
- Resident [REDACTED]: On 09/10/24 at 8:00pm, [REDACTED] Tablet, [REDACTED] Tablet,
- Resident [REDACTED] On 09/10/24 at 08:00pm, [REDACTED] Tablet, [REDACTED], [REDACTED] Tablet.
- Resident [REDACTED]: On 09/08/24 at 7:00am, [REDACTED], inject [REDACTED].
- Resident [REDACTED]: On 09/08/24 at 08:00am, [REDACTED]
- Resident [REDACTED] On 09/08/24 at 08:00am, [REDACTED] Tablet
- Resident [REDACTED] On 09/02/24 through 09/06/24 and 09/09/24 at 5:00pm, [REDACTED] Tablet.
- Resident [REDACTED]: On 09/02/24 through 09/06/24 and 09/09/24 at 8:00pm, [REDACTED] Tablet; [REDACTED] Tablet.

190a - Completion Medication Course (continued)

Repeated Violation: 11/15/23, 4/2/24, 6/4/24,

Plan of Correction

Directed [REDACTED] - 10/04/2024)

PCHA has been enrolling all staff in the medication course. As of [REDACTED] all staff are still working on completing this course. These staff have their modified certificate. They were in a class with the previous med trainer, but the med trainer left before they were complete with the course. All staff will be complete by 9/30/2024. If there are any staff that fail the course, they will retake the course and complete by 10/08/2024. Staff member B does have a certificate from another facility, but is redoing the course.

Staff member E did take the course prior to the new course, she is also redoing the course to get the certificate.

On 9/30/2024, all staff has completed the med tech course, med trainer will do the MAR and Observations as directed in the med tech course. # months for the MAR review and every 6 months for the observation, med trainer will create a staff training date chart to check monthly to see when each staff member would be due for the MAR review and Observations. This will be ongoing with no end date. Attached are the Med tech who have completed their med tech course. PCHA has one other staff member that completed on 9/30/24 but was unable to print certificate. Two other staff members are still working on the course and will complete this week. The only staff members that are passing medications are those that have completed the med tech course. Med trainer will have MAR reviews and observations complete in the time required, ongoing with no end date.

Proposed Overall Completion Date: 10/01/2024

-In addition to the above POC, by 10/14/24, the Administrator will review all staff's medication administration training. Any staff who have not completed all steps of the Department-approved medication administration course will be removed from the schedule as medication technicians and will be verbally educated that they are not responsible for administering medications to residents until their training is completed.

Directed Completion Date: 10/14/2024

Implemented [REDACTED] 10/08/2024)

225c - Additional Assessment

7. Requirements

2600.

225.c. The resident shall have additional assessments as follows:

Description of Violation

Resident [REDACTED] most recent assessment was completed [REDACTED]. However, the previous assessment was completed [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/27/2024)

Since May 2024 when the PCHA was asked to help at the facility, she has been trying to get all assessments complete. All assessments have been incomplete for 1 to 2 years. Most all DME, MA 51 and RASP are complete but out of compliance for the 1 to 2 years that they were not complete by the previous PCHA.

In May 2024 when the now PCHA started, a form was created by the PCHA that is placed in the front of all charts documented when these forms are due. PCHA will check these monthly and keep all documents compliant. These forms will be signed off on once the forms are complete.

A monthly form was created on 8/30/2024 with all due dates for each resident and this form hangs in the chart room for PCHA to see when the forms are due this is an added reminder to complete these forms in a timely manner.

225c - Additional Assessment (continued)

PCHA continues to go through all resident charts to organize and keep in compliance. These task will be ongoing with no end date.

Licensee's Proposed Overall Completion Date: 09/25/2024

Implemented [REDACTED] - 10/08/2024)