

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

January 31, 2025

[REDACTED]
QUALITY LIFE SERVICES-MERCER, LLC
[REDACTED]

RE: QUALITY LIFE SERVICES-MERCER
8221 LAMOR ROAD
MERCER, PA, 16137
LICENSE/COC#: 45542

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2024, 09/23/2024, 09/24/2024, 09/25/2024 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: *QUALITY LIFE SERVICES-MERCER* License #: *45542* License Expiration: *09/01/2025*
 Address: *8221 LAMOR ROAD, MERCER, PA 16137*
 County: *MERCER* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *QUALITY LIFE SERVICES-MERCER, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-1* Date: *02/04/1997* Issued By: *DOH*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *09/26/2024*

Inspection Dates and Department Representative

09/18/2024 - On-Site: [REDACTED]
 09/23/2024 - Off-Site: [REDACTED]
 09/24/2024 - Off-Site: [REDACTED]
 09/25/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *64* Residents Served: *30*

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *30*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

09/18/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/19/2024*

Inspections / Reviews *(continued)*

10/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 10/28/2024

10/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/15/2024

01/31/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

23a ADL assistance

1. Requirements

2800.

23.a. A residence shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

Resident [REDACTED] most recent assessment and support plan, dated [REDACTED] indicated "staff will provide level of assistance needed" with care needs, to include, turning and positioning in bed/chair, transferring in/out of bed/chair, and toileting. Staff interviews indicate resident [REDACTED] requires assistance after toileting with redressing and transferring back to the wheelchair, where the resident is able to self-propel. Resident [REDACTED]'s physical therapy notes indicate [REDACTED] was using an ankle brace in therapy sessions to assist with [REDACTED] ankle inversion, noted to have a 5 minutes standing tolerance, unable to weight shift, difficulty advancing lower leg extremities, and has loss of balance when turning 90 degree turns. On [REDACTED], at approximately 9:00 p.m., direct care staff person A elected to have the residents wheelchair removed from the bathroom and have the resident walk out of the bathroom and into the residents bedroom. Resident [REDACTED] moved forward approximately 2-3 feet towards the door, with the assistance of direct care staff person A. Resident [REDACTED]'s feet were dragging on the floor, as the resident was holding herself upright with [REDACTED] arms on [REDACTED] wheeled walker. Suddenly, the resident and direct care staff person A heard a "popping" sound and the resident report [REDACTED] shoulder was broken. Resident [REDACTED] then collapsed, reportedly caught about 6-12 inches from the floor by direct care staff person who was holding the resident up still yelling for the resident to stand up and walk. Direct care staff person A then released the resident and the resident fell to the ground.

Plan of Correction

Accept ([REDACTED]) - 10/21/2024)

The PCHA will be responsible for this plan of correction. Upon receipt of allegation on [REDACTED] the facility immediately initiated an investigation. Resident [REDACTED] was assessed by a Registered Nurse and the resident's physician and responsible party were notified by the Nursing Home Administrator. Resident [REDACTED] was immediately sent to the ER via ambulance on [REDACTED]. Resident [REDACTED] was interviewed by Nursing Home Administrator. Resident [REDACTED] could not recall what took place with Staff member A. Staff member A was interviewed by the Nursing Home Administrator on [REDACTED]. Staff member A was placed on Administrative Leave pending the outcome of the investigation on [REDACTED]. Staff member B is no longer with Quality Life Services. Staff member A was terminated from position with Quality Life Services on [REDACTED].

All staff members in the home will receive training from the PCHA/designee by 10/31/24 on providing each resident with assistance with ADL's when indicated in the resident's assessment and support plan. Education from the PCHA by 10/31/24 will also train staff on the expectation that staff treat residents with respect and preserve resident's dignity. The training will be kept on file.

The PCHA will have a three-ring binder that will include all residents RASP by 10/31/24. All staff members will review each RASP for any resident that needs assistance with ADL's. After review of each residents RASP, all staff members will initial the RASP which will indicate the staff member reviewed the residents RASP that is in the three-ring binder. All RASP will be reviewed by the staff members by 10/31/24. The PCHA/designee will review each RASP to ensure each staff member has initialed the RASP by 10/31/24. If found by the PCHA/designee that a staff member didn't review a RASP, the PCHA/designee will get with that staff member within 48hrs. to review the RASP with that staff member. Results of the audits will be reviewed at the monthly QAPI meeting.

23a ADL assistance (continued)

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

Implemented () - 01/31/2025)

42b Abuse/Neglect

2. Requirements

2800.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

The resident most recent assessment and support plan, dated [REDACTED], and physical therapy did not note any changes in the resident ambulation status. Staff interviews indicated resident [REDACTED] is able to self transfer from [REDACTED] recliner to [REDACTED] wheelchair, self propel independently with [REDACTED] wheelchair as well as self transfer onto the toilet but requires assistance with hygiene care, redressing, and transferring back to the wheelchair upon completion.

On [REDACTED], approximately 9:00 p.m., direct care staff person A and direct care staff person B responded to this resident call bell. Resident [REDACTED] was sitting on the toilet and required assistance with care and transferring into the resident's wheelchair. Direct care staff person A directed direct care staff person B to remove the wheelchair from the bathroom and bring in the residents wheeled walker so the resident could walk from the toilet to the wheelchair now positioned outside of the bathroom. Resident [REDACTED] was able to stand up, using the assistive bar, next to the toilet, and with maximum assistance from direct care staff person A, who then assisted the resident from the grab bar to the wheel walker. Resident [REDACTED] while crying, repeatedly stated [REDACTED] could not do this and requested [REDACTED] wheelchair multiple times. Direct care staff person A repeatedly was shouting at the resident to get up and walk to the wheelchair. Resident [REDACTED] moved forward approximately 2-3 feet towards the door, with the assistance of direct care staff person A. Resident [REDACTED] feet were dragging on the floor, as the resident was holding herself upright with [REDACTED] arms on the walker. Suddenly, the resident and direct care staff person A heard a "popping" sound and the resident report [REDACTED] shoulder was broken. Resident [REDACTED] then collapsed, reportedly caught about 6-12 inches from the floor by direct care staff person who was holding the resident up still yelling for the resident to stand up and walk. Direct care staff person A then released the resident and the resident fell to the ground. The radiology report confirmed a subtle nondisplaced periprosthetic fracture of the right humerus.

Plan of Correction

Accept () - 10/21/2024)

The PCHA will be responsible for this plan of correction. Upon receipt of allegation on [REDACTED] the facility immediately initiated an investigation. Resident [REDACTED] was assessed by a Registered Nurse and the resident's physician and responsible party were notified by the Nursing Home Administrator. Resident [REDACTED] was immediately sent to the ER via ambulance on [REDACTED]. Resident [REDACTED] was interviewed by Nursing Home Administrator. Resident [REDACTED] could not recall what took place with Staff member A. Staff member A was interviewed by the Nursing Home Administrator on [REDACTED]. Staff member A was placed on Administrative Leave pending the outcome of the investigation on [REDACTED]. Staff member B is no longer with Quality Life Services. Staff member A was terminated from position with Quality Life Services on [REDACTED].

Resident [REDACTED] is not a resident in our Assisted Living program. Resident [REDACTED] is in a SNF program for rehabilitation. If resident would return to our Assisted Living Program, we would update [REDACTED] assessment and support plan.

The PCHA will have a three ring binder that will include all residents RASP by 10/31/24. All staff members will

42b Abuse/Neglect (continued)

review each RASP and pay particular attention for resident’s ambulation status. After review of each residents RASP, the staff member will initial the RASP’s which indicates that the staff member reviewed the residents RASP, that are in the three-ring binder. All RASP will be reviewed by all staff members by 10/31/24. The PCHA/designee will review each RASP to ensure each staff member has initialed the RASP by 10/31/24. If found by the PCHA/designee that a staff member didn't review a RASP, the PCHA/designee will get with that staff member within 48hrs. to review the RASP with that staff member.

The PCHA/designee will conduct training by 11/15/24 with all staff members on the importance that a resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way. The audit and training will be kept and maintained to be in accordance with Regulation 42b. Results of the audits will be reviewed at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█ - 01/31/2025)

225a Assessment - RN/form

3. Requirements

2800.

225.a. The administrator or administrator designee, or an LPN, under the supervision of an RN, or an RN shall complete additional written assessments for each resident. A residence may use its own assessment form if it includes the same information as the Department’s assessment form. Additional written assessments shall be completed as follows:

Description of Violation

Resident █s most recent assessment was dated 5/29/23.

Plan of Correction

Accept (█ - 10/21/2024)

The PCHA will be responsible for this plan of correction. Resident █ is not a resident in our Assisted Living program. Resident █ on 09/07/24 went into a SNF program for rehabilitation. Nursing home administrator Ryan Didomenico was the person responsible for the move of this resident. If resident would return to our Assisted Living Program, we would update █ assessment and support plan.

The PCHA/designee will create an audit tool by 11/15/24 that will list each resident's name and when their assessment is due. The PCHA/designee when reviewing the resident's assessment, will ensure that all assessments are done annually or when the resident's ADL's have changed. If any resident is found not to have an updated assessment (if needed) or an annual assessment, the PCHA/designee will update that resident's assessment within 24hrs.

The PCHA will complete training with the Wellness Coordinator on the importance of ensuring that all residents have an annual assessment and that when a residents ADL changes, the assessment needs to be updated to support the change in ADL status. This training will be done by 11/15/24. The audit and training will be kept and maintained to be in accordance with Regulation 225.a

Results of the audits will be reviewed at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█ - 01/31/2025)

225a Assessment - RN/form (continued)

227c Final support plan - revision

4. Requirements

2800.

227.c. The final support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident’s needs as indicated on the current assessment. The residence shall review each resident’s final support plan on a quarterly basis and modify as necessary to meet the resident’s needs.

Description of Violation

Resident [redacted]’s final assessment and support plan (ASP), dated [redacted], most recent quarterly review was completed [redacted]. Additionally, the resident was receiving physical therapy services; however, the contact information and services being provided were not included in the ASP.

Plan of Correction

Accept ([redacted] - 10/21/2024)

The PCHA will be responsible for this plan of correction. Resident [redacted] is not a resident in our Assisted Living program. Resident [redacted] on [redacted] went into a SNF program for rehabilitation. Nursing home administrator [redacted] was the person responsible for the move of this resident. If resident would return to our Assisted Living Program, we would update [redacted] final assessment and support plan.

The PCHA/designee will create an audit tool by 11/15/24 that will list each resident’s name and when their final assessment and support plan (ASP) are due. While reviewing the final assessment and support plans with this audit tool, the PCHA/designee will ensure each resident’s final support plan is being reviewed on a quarterly basis and that any resident receiving physical therapy services, that this service is included in the ASP. If the PCHA/designee find any resident is found not to have a final assessment and support plan and if they have physical therapy services which are not included on the ASP, the PCHA/designee will update that resident’s final assessment and support plan within 24hrs.

The PCHA will complete training with the Wellness Coordinator on the importance of ensuring that all residents have a final assessment and support plan that includes physical therapy if the resident has that as a service. This training will be done by 11/15/24 by the PCHA/designee. The audit and training will be kept and maintained to be in accordance with Regulation 227.c

Results of the audits will be reviewed at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented ([redacted] - 01/31/2025)

227d Support plan – med/dental

5. Requirements

2800.

227.d. Each residence shall document in the resident’s final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Resident [redacted]’s most recent support plan, dated [redacted], did not include dental need, dietary need, hearing,

227d Support plan – med/dental (continued)

communication, olfactory, and tactile, as all of this section is blank. Additionally, multiple care needs in the support plan, to include the following, indicated "staff will provide level of assistance needed" in the plan to meet service need section: Turning and positioning in bed/chair, transferring in/out of bed/chair, toileting, and bladder management.

Plan of Correction**Accept (█ - 10/21/2024)**

The PCHA will be responsible for this plan of corrections. Resident █ is not a resident in our Assisted Living program. Resident █ on 09/07/24 went into a SNF program for rehabilitation. Nursing home administrator █ was the person responsible for the move of this resident. If resident would return to our Assisted Living Program, we would update █ final assessment to include dietary, medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident.

The PCHA/designee will create an audit tool by 11/15/24 that will list each resident's name and when their final assessment and support plan (ASP) are due. While reviewing the final assessment and support plans with this audit tool, the PCHA/designee will ensure that the ASP include dental need, dietary need, hearing, communication, olfactory, and tactile. The PCHA/designee will review the ASP's to also ensure that multiple care needs in the support plan, to include the following, indicated "staff will provide level of assistance needed" in the plan to meet service need section: Turning and positioning in bed/chair, transferring in/out of bed/chair, toileting, and bladder management. If the PCHA/designee find any resident is found not to have dental need, dietary need, hearing, communication, olfactory, and tactile completed on the ASP, or does not have multiple care needs in the support plan, to include the following, indicated "staff will provide level of assistance needed" in the plan to meet service need section: Turning and positioning in bed/chair, transferring in/out of bed/chair, toileting, and bladder management, the PCHA/designee will update that resident's final assessment and support plan within 24hrs.

The PCHA will complete training with the Wellness Coordinator by 11/15/24 on the importance of ensuring that all residents ASP's include dental need, dietary need, hearing, communication, olfactory, and tactile. The PCHA will also review with the Wellness Coordinator that multiple care needs need to be in the support plan, to include the following, indicated "staff will provide level of assistance needed" in the plan to meet service need section: Turning and positioning in bed/chair, transferring in/out of bed/chair, toileting, and bladder management The audit and training will be kept and maintained to be in accordance with Regulation 227.d.

Results of the audits will be reviewed at the monthly QAPI meeting.

Licensee's Proposed Overall Completion Date: 11/15/2024

Implemented (█ - 01/31/2025)