

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

November 18, 2024

[REDACTED], ADMIN
QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY
[REDACTED]
[REDACTED]

RE: QUARRYVILLE PRESBYTERIAN
RETIREMENT COMMUNITY
LONG AND THOMPSON BUILDINGS
625 ROBERT FULTON HIGHWAY
QUARRYVILLE, PA, 17566
LICENSE/COC#: 32180

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2024, 10/09/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY **License #:** 32180 **License Expiration:** 10/07/2025

Address: LONG AND THOMPSON BUILDINGS, 625 ROBERT FULTON HIGHWAY, QUARRYVILLE, PA 17566

County: LANCASTER **Region:** CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: QUARRYVILLE PRESBYTERIAN RETIREMENT COMMUNITY

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 05/01/2001 **Issued By:** Dept of Labor and Industry

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 82 **Waking Staff:** 62

Inspection Information

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

Reason: Renewal, Incident **Exit Conference Date:** 10/09/2024

Inspection Dates and Department Representative

10/08/2024 - On-Site: [REDACTED]

10/09/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 100 **Residents Served:** 60

Secured Dementia Care Unit

In Home: Yes **Area:** Garden View **Capacity:** 26 **Residents Served:** 22

Hospice

Current Residents: 0

Number of Residents Who:

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

Diagnosed with Mental Illness: 1 **Diagnosed with Intellectual Disability:** 1

Have Mobility Need: 22 **Have Physical Disability:** 0

Inspections / Reviews

10/08/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/02/2024

Inspections / Reviews *(continued)*

10/31/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/07/2024

11/04/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/03/2024

11/18/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/07/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

132e Fire Drill Sleeping Hours

1. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 06/19/2024 at 11:27PM. The previous sleeping hours fire drill was conducted on 10/20/2023 at 5:02AM.

Plan of Correction

Accept ([redacted] - 11/04/2024)

A fire drill schedule has been made for the next 12 months reflecting the rotation of 1st and 2nd shift fire drills (attached), as well as an overnight fire drill every 6 months. This document went into effect on 10/24/2024 and will be utilized by both PCHA and maintenance department when preparing for monthly fire drills.

Unable to go back to correct deficiency. A 24-month review of all drills was completed by PCHA on 10/24/2024, all drills were in compliance with the exception of the missed overnight drill in April of 2024. Ongoing monthly reviews of the Fire Drill Log will be completed by PCHA on the 1st of every month, beginning on 11/1/2024.

Person Responsible: PCHA

Overall Completion Date: 10/24/2024

Education provided to PCHA and Maintenance and Security Manager for monthly fire drills, and regulation requirement on timing of drills.

Education provided by QPRC Fire Department designee on 10/24/2024. Education attached.

Overall Completion Date: 10/30/2024

Proposed Overall Completion Date: 11/01/2024

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ([redacted] - 11/18/2024)

225a Assessment 15 Days

2. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident 1 was admitted on [redacted] however, the resident's assessment was not completed until [redacted]

Plan of Correction

Directed ([redacted] - 11/04/2024)

PCMS Performance Improvement Audit tool has been updated by PC DON on 10/24/2024 to capture RASP assessment and Support Plan dates. PCMS designee completing the RASP was educated that all assessments must be completed within 15 days. Education provided 10/25/2024. This audit will be completed monthly on all new admissions, as well as weekly (utilizing attached weekly RASP checklist) by nightshift nurse during chart checks x 90 days. Unable to correct deficiency. Baseline audit of 50% of current RASP assessment completion dates, support plan completion dates, and indicated signatures to be completed by PCHA and PC DON by 11/15/2024.

Night shift nurses were provided with a monthly RASP calendar and check list on 10/28/2024 and are aware of which resident charts to check. This calendar will be kept up to date by PC DON in the Personal Care unit, and PCHA in Memory Support Unit.

225a - Assessment 15 Days (continued)

Education – Education will be provided to all Personal Care and Memory Support team members via team meetings.
Education Completion date: 11/13/2024
Persons Responsible: PCHA, PCDON

Proposed Overall Completion Date: 01/28/2025

Directed Completion Date: 12/01/2024

Implemented () - 11/18/2024)

227g -Support Plan Signatures

3. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident 2 participated in the development of his/her support plan on (). However, the resident did not sign the support plan.

Plan of Correction

Accept () - 11/04/2024)

PCMS Performance Improvement Audit tool has been updated by PC DON on 10/24/2024 to capture RASP assessment and Support Plan dates. On 10/24/2024 PCHA spoke with resident who did not want to participate in signing care plan and box checked that resident declined to participate, PCHA contacted resident family to notify of this. This audit will be completed monthly on all new admissions, as well as weekly (utilizing attached weekly RASP checklist) x 90 days by nightshift nurse during chart checks.
This audit includes a section for Nurse to audit that RASP was signed by resident and dated or documented "refused to sign" or "unable to sign" directly on RASP document as appropriate. PCMS designee completing the RASP was educated that a signature or indication of resident participation or refusal of signature is required on all RASP documents. Education provided 10/25/2024.
Unable to correct deficiency. Baseline audit of 50% of current RASP assessment completion dates, support plan completion dates, and indicated signatures to be completed by PCHA and PC DON by 11/15/2024.
Night shift nurses were provided with a monthly RASP calendar and check list on 10/28/2024 and are aware of which resident charts to check. This calendar will be kept up to date by PC DON in Personal Care unit, and PCHA in Memory
Education – Education provided to all direct care team members
Education completion date – 11/13/2024
Persons Responsible – PCHA, PCDON

Proposed Overall Completion Date: 01/28/2025

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented () - 11/18/2024)

234a - Admission Support Plan

4. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident 2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED]. However, the resident's initial support plan was completed on [REDACTED]

Plan of Correction

Accept [REDACTED] - 11/04/2024)

PCMS Performance Improvement Audit tool has been updated by PC DON on 10/24/2024 to capture RASP assessment and Support Plan date with admissions to SDU be completed within 72 hours. This audit will be completed monthly on all new admissions, as well as weekly (utilizing attached weekly RASP checklist) x90 days by nightshift nurse during chart checks.

Night shift nurses were provided with a monthly RASP calendar and check list on 10/28/2024 and are aware of which resident charts to check. This calendar will be kept up to date by PC DON in Personal Care unit, and PCHA in Memory to capture all new admissions. Unable to go back to correct deficiency. Baseline audit of all current RASP assessment completion dates, support plan completion dates, and indicated signatures for internal moves only to be completed by PCHA and PC DON by 11/15/2024.

Education – Education provided to all direct care team members (PowerPoint attached)

Education Completion date – 11/13/2024

Persons Responsible – PCHA, PC DON

Proposed Overall Completion Date: 01/28/2025

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] - 11/18/2024)