

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

December 4, 2024

[REDACTED], ADMINISTRATOR
UNIVERSAL HEALTH RECOVERY CENTERS INC
[REDACTED]

RE: UNIVERSAL HEALTH RECOVERY
CENTER
2000 PROVIDENCE AVENUE
CHESTER, PA, 19013
LICENSE/COC#: 18836

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/10/2024 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: UNIVERSAL HEALTH RECOVERY CENTER License #: 18836 License Expiration: 03/25/2025
 Address: 2000 PROVIDENCE AVENUE, CHESTER, PA 19013
 County: DELAWARE Region: SOUTHEAST

Administrator

Name: [REDACTED]

Legal Entity

Name: UNIVERSAL HEALTH RECOVERY CENTERS INC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 02/08/1994 Issued By: CWOPA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 7 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 10/10/2024

Inspection Dates and Department Representative

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

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 16 Residents Served: 7
 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: 2
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/10/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2024

11/04/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/27/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/08/2024

Inspections / Reviews *(continued)*

11/06/2024 POC Submission

Submitted By: [REDACTED]
[REDACTED] [REDACTED]

Date Submitted: 11/27/2024

Follow Up Type: Document Submission Follow Up Date: 11/27/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]
Reviewer: [REDACTED]

Date Submitted: 11/27/2024

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 10/10/24, the home's current license, dated 3/25/24 - 3/25/25, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████ - 11/06/2024)

Immediately, during the inspection this was corrected- The Home's License was posted.

Director of ECU/Home Administrator was reeducated on the Standard on 10/29/2024. Ongoing, The Director of the ECU/Home's Administrator will complete a weekly home inspection for ongoing compliance. The findings will be reported to the Performance Improvement Committee Monthly the audits began on 10/30/2024.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (████ - 12/04/2024)

65d Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on ██████ did not complete the Department-approved direct care training course and pass the competency test until 10/10/24.

Plan of Correction

Accept (████ - 11/06/2024)

The home's Administrator as well as the Director of Human Resources have been reeducated on 10/29/2024 and will ensure that new employees are trained in Department-approved direct care training course and pass the competency test.

Ongoing, the home's Administrator will report the new employee's training compliance through the Performance Improvement Committee monthly to ensure ongoing compliance of the standard.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (████ - 12/04/2024)

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.

65f - Training Topics (continued)

3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

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

1. Medication self-administration training.
2. Care for residents with dementia and cognitive impairments.
3. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

The home's Administrator as well as the Director of Human Resources have been reeducated and will ensure that employees are trained in Medication self-administration training; all staff have been re-trained by 10/31/2024.

2. Care for residents with dementia and cognitive impairments.

3. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

Ongoing, the home's Administrator will report the employee's training compliance through the Performance Improvement Committee monthly to ensure ongoing compliance of the standard.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented [REDACTED] - 12/04/2024)

65g - Annual Training Content**4. Requirements**

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person B did not receive training in the following areas during the 2023 training year:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Staff person C did not receive training in the following area during the 2023 training year:

- *The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).*

Plan of Correction

Accept [REDACTED] - 11/06/2024)

The home's Administrator as well as the Director of Human Resources have been reeducated on 10/29/2024 and will ensure that employees are trained in 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

2. Emergency preparedness procedures and recognition and response to crises and emergency situations.

65g Annual Training Content (continued)

3. Resident rights.

4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).

Staff person C did not receive training in the following area during the 2023 training year:

The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).

Ongoing, the home's Administrator will report the employee's training compliance through the Performance Improvement Committee monthly to ensure ongoing compliance of the standard.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented () - 12/04/2024)

89b - Hot Water Temperature

5. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 10/10/24 at 10:20am, the hot water temperature in the shared bathroom near rooms 2 and 3 measured 127.5 degrees Fahrenheit.

On 10/10/24 at 10:28am, the hot water temperature in the shared bathroom near rooms 4 and 6 measured 124.3 degrees Fahrenheit.

Plan of Correction

Accept () - 11/06/2024)

Immediately, during the inspection this was corrected the water heater was adjusted and tested for in range heat. Director of Plant Operations was reeducated on 10/29/2024 on the standard. Ongoing the DPO will test the water monthly and report the compliance through the Performance Improvement Committee.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented () - 12/04/2024)

91 - Telephone Numbers

6. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers, including the nearest hospital and fire department, on or near the telephone across from the administrator's office on the first floor.

Plan of Correction

Accept () 11/06/2024)

Immediately, during the inspection this was corrected the emergency telephone numbers were posted the telephone. Director of ECU/Home Administrator was reeducated on 10/29/2024 on the Standard. Ongoing, The Director of the ECU/Home's Administrator will complete a weekly home inspection for ongoing compliance. The findings will be reported to the Performance Improvement Committee Monthly.

91 Telephone Numbers (continued)

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (█) - 12/04/2024)

96a - First Aid Kit

7. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the pantry does not include tweezers.

Plan of Correction

Accept (█) - 11/06/2024)

Immediately, during the inspection this was corrected tweezers were replaced during the walk through.

Director of ECU/Home Administrator was reeducated on 10/29/2024 the Standard. Ongoing, The Director of the ECU/Home's Administrator will complete a weekly home inspection for ongoing compliance. The findings will be reported to the Performance Improvement Committee Monthly.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented (█) - 12/04/2024)

187a - Medication Record

8. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

187a - Medication Record (continued)

Description of Violation

On 10/10/24, two roll packs of [REDACTED] tablets were observed in Resident 1's medication basket. However, Resident 1's medication administration record does not indicate this medication as a current prescription.

On 10/10/24, two bottles of [REDACTED] were observed in Resident 2's medication basket. However, Resident 2's medication administration record does not indicate this medication as a current prescription.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

Immediately, during the inspection this was corrected- the patient's medications were added to the medication administration record.

Director of ECU/Home Administrator and all direct care staff are scheduled for reeducated on the Standard. All staff have been fully retrained as of 10/31/2024. Ongoing, The Director of the ECU/Home's Administrator will complete a weekly home inspection for ongoing compliance. The findings will be reported to the Performance Improvement Committee Monthly.

Licensee's Proposed Overall Completion Date: 11/06/2024

Implemented [REDACTED] - 12/04/2024)