

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

December 4, 2024

[REDACTED], ADMINISTRATOR/PRESIDENT
EQUITY HOUSING CORPORATION
[REDACTED]

RE: WILLOW VIEW HOME
204 HERRVILLE ROAD
WILLOW STREET, PA, 17584
LICENSE/COC#: 32228

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: WILLOW VIEW HOME License #: 32228 License Expiration: 06/20/2025
Address: 204 HERRVILLE ROAD, WILLOW STREET, PA 17584
County: LANCASTER Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: EQUITY HOUSING CORPORATION
Address: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/02/1981 Issued By: L&i

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 17 Waking Staff: 13

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: 24 Residents Served: 17

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 17
Diagnosed with Mental Illness: 7 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: 11/01/2024

10/31/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 12/03/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/07/2024

Inspections / Reviews *(continued)*

11/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/04/2024

12/04/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/03/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

184a - Resident's Meds Labeled

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #4 is ordered to have their blood glucose checked with [REDACTED]. However, the pharmacy label for Resident #4's contour next strips reads, test blood glucose daily and with hypoglycemic episodes.

Plan of Correction

Accept [REDACTED] - 11/05/2024)

10/28/2024 - The administrator faxed the pharmacy with the current physician order dated [REDACTED] to have an updated label sent with the current order for Resident #4 contour next strips. See Attached

To ensure continued compliance the Medication Tech Trainer will perform weekly label checks on existing medication containers beginning 11/1/2024. They will compare labels, MARs and any change orders received. If any changes are required to original prescription containers, she will notify the pharmacy on a label change request form (attached). This form will be used any time the physician changes a medication or treatment order for a medication that is currently in stock at the facility. The medication tech trainer will educate all med techs on regulation 2600.184(a) and the importance of this regulation no later than 11/30/2024. Physicians will be reminded at every appointment to contact the pharmacy directly with any medication or treatment changes.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [REDACTED] - 12/04/2024)

185a - Implement Storage Procedures

2. 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 #1 is prescribed [REDACTED], apply 1 patch topically every 24 hours. On [REDACTED], the [REDACTED] was not available in the home and per staff interview, hasn't been available in the home for at least a month.

Resident #2 is prescribed [REDACTED] and [REDACTED] as needed. On [REDACTED], the [REDACTED] was not available in the home and only half a dose of [REDACTED] was available for the resident.

Repeated Violation - 9/13/23.

185a Implement Storage Procedures (continued)

Plan of Correction

Accept [redacted] - 11/05/2024)

On 10/29/2024 the administrator faxed the pharmacy to request refills for resident #1 nicotine patches, resident #2 albuterol and anti diarrheal (see Attached). The physician was notified to update resident #1's nicotine patch order to include not to be used in conjunction with smoking cigarettes.

To ensure continued compliance any Med Tech on duty will ensure that all refills are requested and fulfilled in a timely manner. The Med Tech Trainer will educate all med techs on regulation 2600.185(a) all medications will be available as ordered by physician and procedures for ordering and verifying refill requests. This training will be completed by 11/30/2024. The Med Tech Trainer will audit the refill requests and medications on hand bimonthly beginning 11/1/2024. The Trainer will address any issues uncovered by these audits immediately.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented [redacted] - 12/04/2024)

187b - Date/Time of Medication Admin.

3. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Residents #1, #2, and #5's Medication Administration Records (MARs) do not include the initials of the staff person who administered their 8PM medications on 10/9/24. Staff Member D reports administering the medications but did not record their initials on the following MAR's:

Resident #1

- [redacted]

Resident #2

- [redacted]

Resident #5

- [redacted]

Staff Member B recorded on Resident #1's [redacted] that they applied Resident #1's [redacted] on the 1st, 6th, 8th and 9th of the month. Staff Member C recorded on Resident #1's October 2024 MAR, that Resident #1 refused the application of their [redacted] on the 2nd 4th, 6th, 7th, and 10th of the month. However, at the time of the 10/10/24 inspection, per staff report, Resident #1's nicotine patch hasn't been available in the home for at least a month.

On 10/10/24 at 1:50PM, Staff Member A obtained Resident #5's [redacted] from the medication room and documented the medication was administered on the resident's Medication Administration Record prior to leaving the medication area to administer the medication to Resident #5.

Plan of Correction

Accept [redacted] - 11/05/2024)

10/29/2024 the administrator emailed the Medication Tech Trainer to make her aware of these issues and to

187b Date/Time of Medication Admin. (continued)

schedule trainings and retraining for the staff involved. On 10/27/2024 the administrator reviewed the available exceptions and definitions within our electronic MAR system. The Administrator will educate all Med Techs on the use of our electronic MAR program and the use of exceptions by 11/30/2024. All Med Techs including Staff Member A will be required to attend an additional training including the proper way to administer medications, verify resident ingested medication, documenting administered medications and the order in which these steps are to be done by 11/15/2024, this training will be given by the Med Tech Trainer.

To ensure continued compliance several additional training sessions will be made available by the administrator and med tech trainer for all Med Techs on the following topics: Proper Medication Administration Documentation, when to use exceptions and their meaning, when and how to reorder medications within and without the electronic Mar program, the use of charting notes and how to recall previous notes. These trainings will be initially offered by 11/10/2024 and ongoing as needed. In addition to these trainings the Med Tech Trainer will perform random checks to ensure staff that are administering medications are documenting medications only after they are ingested by the resident. These checks will begin on 11/5/2024 and continue. On 10/28/2024 the electronic MAR system was updated to inform the administrator and senior med tech by email of any refusals or exceptions recorded by any med tech. (this includes any missing initials on resident MARs). Once an email is received by either the administrator or Senior Med Tech the staff on duty will be contacted for details and events leading up to the creation of the notifying email. In the event of any refusals the ordering physician will be notified either by the administrator or the Med Tech on duty within 24 hours of the refusal.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented () - 12/04/2024)

187c - Refusal of Medication

4. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #2 has refused their prescribed [redacted] for their diabetes from [redacted]. Per staff interview, Resident #2 routinely refuses to have their blood glucose levels checked at 5PM. However, the home has not informed the resident's prescriber of the resident's continuous refusals.

Plan of Correction

Accept () - 11/05/2024)

On 10/29/2024 the administrator reviewed all charting notes and physician communication records for resident #2. The PCP was notified on 5/25/2024 by telephone regarding resident #2 refusing the 5PM blood glucose check (see attached). All testing reports are sent with the resident to all physician appointments the PCP was informed of this refusal at all appointments (see attached list) verbally and by testing results.

On 10/29/2024 the administrator faxed the PCP to have resident#2 blood glucose order updated to once daily.

To ensure continued compliance the administrator will retrain all med techs on the importance and regulations

187c Refusal of Medication (continued)

concerning medication refusals, documentation and notification of PCP. This training will be completed by 11/15/2024. On 10/28/2024 the electronic MAR system was updated to inform the administrator and senior med tech by email of any refusals or exceptions recorded by any med tech. (this includes any missing initials on resident MARs). Once an email is received by either the administrator or Senior Med Tech the staff on duty will be contacted for details and events leading up to the creation of the notifying email. In the event of any refusals the ordering physician will be notified either by the administrator or the Med Tech on duty within 24 hours of the refusal.

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

Implemented [redacted] - 12/04/2024)

225a - Assessment 15 Days

5. 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 #2's initial assessment, dated [redacted] states Resident #2 has an allergy to [redacted]. However, Resident #2's medical evaluation, dated [redacted], indicates Resident #2 has an allergy to [redacted]

Plan of Correction

Directed [redacted] - 11/05/2024)

10/12/2024 the administrator updated resident#2s face sheet, MAR and assessments to correct the allergies listed for this resident. The administrative assistant will review all residents DME, MAR and assessments to ensure all information is correct and listed in the appropriate places no later than 11/30/2024.

To ensure continued compliance beginning 11/1/2024 the administrator, administrative assistant and a med tech will review all residents DMEs, RASPs, Face sheets and MARs to ensure all information is complete and correct. This check will occur during the resident's admission, annual updates and at any significant change requiring a new RASP or DME. The administrator will educate all staff on regulation 2600.225(a) this training will include cross referencing all available medical information, DMEs, RASPs, MARs and face sheets to ensure complete and correct information. This training will be held no later than 12/13/2024.

(Directed)

In addition to the above plan of corrections:

The administrator will educate all staff on regulation 2600.225(a) this training will include cross referencing all available medical information, DMEs, RASPs, MARs and face sheets to ensure complete and correct information. This training will be held no later than 12/1/24.

Directed Completion Date: 12/01/2024

Implemented [redacted] - 12/04/2024)

227d - Support Plan Medical/Dental

6. Requirements

227d - Support Plan Medical/Dental (continued)

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

Resident #4's current assessment and support plan, dated [REDACTED] does not include their diagnosis [REDACTED] their order to test their blood glucose daily and as needed during [REDACTED] episodes, their prescribed glucose gel for low blood glucose levels, or a plan of support in all assessed areas of need.

Plan of Correction

Accept ([REDACTED] - 11/05/2024)

10/15/2024 the administrator updated resident #4s RASP and face sheet to include syncope and hypoglycemic episodes. This update also included the blood glucose monitoring (initially daily then a change order dated 2/29/2024 to PRN during hypoglycemic episodes). The administrative assistant will cross reference the MARs, DMEs and support plans of all residents to be sure they are complete and accurate by 11/30/2024.

To ensure continued compliance and beginning on 11/5/2024 the administrator and administrative assistant will review all support plans, MARs and DMEs for accuracy prior to the filing of these documents (initially, annually and significant change). All staff involved in the creation of resident support plans will be trained on this regulation and the importance of complete and accurate records by the administrator. This training will be completed by 11/15/2024

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented ([REDACTED] - 12/04/2024)