

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

November 20, 2024

[REDACTED]
SUCCESS REHABILITATION INC.
[REDACTED]

RE: ACADIA NEUROREHAB #1
1604/1614 BENTLEY RIDGE BLVD.
LANCASTER, PA, 17602
LICENSE/COC#: 33963

Dear JOANNE TANGNEY,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2024, 10/17/2024 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: ACADIA NEUROREHAB #1 **License #:** 33963 **License Expiration:** 03/15/2025
Address: 1604/1614 BENTLEY RIDGE BLVD., LANCASTER, PA 17602
County: LANCASTER **Region:** CENTRAL

Administrator

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

Legal Entity

Name: SUCCESS REHABILITATION INC.
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/30/2004 **Issued By:** L&I
Type: Other **Date:** 04/30/2004 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 8 **Waking Staff:** 6

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Interim **Exit Conference Date:** 10/17/2024

Inspection Dates and Department Representative

10/16/2024 - On-Site: [REDACTED]
 10/17/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 8 **Residents Served:** 6

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 5 **Are 60 Years of Age or Older:** 0
Diagnosed with Mental Illness: 2 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 1

Inspections / Reviews

10/16/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/07/2024

Inspections / Reviews *(continued)*

11/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/18/2024

11/20/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/18/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

At [redacted] on [redacted], Resident [redacted] record was requested, to include their assessment and support plan, medical evaluation, resident-home contract, financial records, etc. Resident [redacted] financial records were not produced until [redacted] Resident [redacted] assessment and support plan was not produced on 10/16/24 or 10/17/24.

At [redacted] on [redacted], Resident [redacted] record was requested, to include their assessment and support plan, medical evaluation, resident-home contract, financial records, etc. Their assessment and support plan was not provided until 11:13AM, as no staff in the home had access to the electronic location the record was stored.

Plan of Correction

Directed [redacted] - 11/07/2024)

- 1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24.
- 2. Training will be completed on the regulation with all staff by 11/30/24. This training will be completed by a site supervisor.
- 3. Resident [redacted] and resident [redacted] records will all be in their binders by 11/15/24.
- 4. A client files binder checklist will be completed on all residents' files by 12/15/24. This checklist will be completed by the residential director of site supervisor. The sites supervisors will submit the checklist to the residential director to ensure completion.
- 5. In the future, when a DHS inspector arrives, the first supervisor to have communication with the DHS inspector will write a list of all requested forms and share with the site supervisor of that facility and the residential director to ensure the records needed are communicated to others.

(Directed)

- Education will be provided to the administrator/site supervisor and all staff in the home on 2600.5(a)(1) by 11/15/24.
- Resident [redacted] and resident [redacted] records will be audited and updated by 11/15/24 by the administrator or designee.
- A client files binder checklist will be completed on all residents' files by 11/17/24 and will continue at least quarterly. This checklist will be completed by the site supervisors who will then submit the checklist to the residential director to ensure completion.
- Documentation of completed audits/checklists and education will be kept by the home and available for review by the Department.

Directed Completion Date: 11/17/2024

Implemented [redacted] - 11/20/2024)

63a - First Aid/CPR Training

2. Requirements

2600.

63a First Aid/CPR Training (continued)

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On the following dates and times, residents were present in the home. However, there were no staff persons present in the home who were certified in first aid or CPR:

- ██████████ 5:30 PM until 9:30 PM
- ██████████ from 11:00 PM until 10/5/2024 at 9:00 PM
- ██████████ from 5:00 PM until 11:00 PM.

Plan of Correction

Directed ██████████ - 11/07/2024)

1. Staff member B was not scheduled at home on 10/4/24, 10/5/24, or 10/14/24.
2. Staff member B has the American Heart Association, Basic Life Support (BSL) training. The BSL training includes first aid. See attached certification for staff member B and the Basic Life Support class agenda

(Directed)

- The Administrator or designee will complete an audit on all staff member's records by 11/12/24 to ensure both BSL (CPR and AED) training and First Aid certification is current. Staff member's whose records only contain the BSL certification will be scheduled for first aid training. The home will have contacted and scheduled a date/time for first aid training by 11/17/24.
- Beginning no later than 11/10/24, the Administrator or designee will review the staff schedule at least one week in advance to ensure each shift has at least one staff member who is certified in CPR and First Aid.
- Education on regulation 2600.63(a) will be provided to the Residential Director and Administrator of the home no later than 11/15/24 to include proper certification and training requirements.
- Beginning 11/15/24, quarterly audits of staff members' first and and CPR certifications will be completed by the Administrator or designee.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 11/17/2024

Implemented (██████████) 11/19/2024)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

At the time of the ██████████ inspection, the home's written emergency procedures have not been sent to the local emergency management agency since ██████████

Plan of Correction

Accept (██████████) - 11/07/2024)

1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24.

107d - Procedure Emergency Management Agency Submission (continued)

2. The emergency procedures are in the process of being updated and will be sent out to the local mgmt. agency by 11/15/24. This will be completed by the residential director.
3. The plan will become the responsibility of the residential director to update the emergency procedures and send it out to the local mgmt. agency. This will be completed annually.
4. The residential director will put a reminder in her calendar for the next due date to ensure it is completed and sent out on time.

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

Implemented [REDACTED] - 11/19/2024)

184a - Resident's Meds Labeled**4. 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 [REDACTED] is prescribed [REDACTED], apply topically to affected areas 3 times a day as needed, and apply topically to affected area 3 times a day for pain. On 10/16/24, the pharmacy label for Resident [REDACTED] [REDACTED] did not include the order to apply topically 3 times a day as needed.

Resident [REDACTED] is prescribed [REDACTED], administer daily and as needed. On 10/16/24, the pharmacy label for Resident [REDACTED] [REDACTED] does not include the order to administer daily.

Plan of Correction

Directed [REDACTED] 11/07/2024)

1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24 and with the CHW department on 11/5/24.
2. Training will be completed on the regulation with all staff by 11/30/24. This training will be completed by a site supervisor.
3. The label and MAR review was completed by Client health and Wellness Department and the information was updated.
4. An audit of all medication labels & MAR's will be completed by the Client Health & Wellness Department in conjunction with the site supervisor of each location. This audit will be completed by 12/15/24.

(Directed)

- Education will be provided to the administrator and staff certified to administer medications on 2600.184(a) by 11/15/24.
- Resident #1's physician will be contacted by the Administrator or designee no later than 11/15/24 to clarify the order's for the prescribed polyethylene powder and diclofenac sodium 1% gel. A sticker will be placed on the medication to notify med tech's of the change of order or the pharmacy will be contacted by 11/17/24 for the correct label to be provided for each medication by the Administrator or designee.
- An audit of all resident medications will be completed by the Administrator or designee to compare the physician's order to the medication label to ensure they are correct and current. This audit will be completed no later than 11/15/24.

184a Resident's Meds Labeled (continued)

- Beginning 11/15/24, monthly audits of resident medications and pharmacy labels will be completed by the Administrator or designee.
- Documentation of completed audits, education and contact with the physician/pharmacy will be kept by the home and available for review by the Department.

Directed Completion Date: 11/17/2024

Implemented [REDACTED] - 11/20/2024)

185a - Implement Storage Procedures**5. 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

On [REDACTED], the home had [REDACTED] stored with Resident [REDACTED] medications and treatments: an Accucheck meter and a True Metrix meter. Neither of these [REDACTED] contained Resident [REDACTED] daily readings from 10/1/24-10/15/24 and Staff Member B did not know if Resident [REDACTED] had additional [REDACTED], nor could they locate any. On 10/17/24, at 9AM, the home had two [REDACTED] stored with Resident [REDACTED] medications: a contour next meter and True Metrix meter. However, now Resident [REDACTED] Accucheck meter was discovered lying on the kitchen/staff area counter, unlocked, accessible, and not labeled as Resident [REDACTED]

Resident [REDACTED] is prescribed the following as needed medications and they weren't available in the home at the time of the 10/16/24 inspection: anti-diarrheal, throat lozenges, betamethasone valarite ointment, and betamethasone cream.

Plan of Correction

Directed [REDACTED] - 11/07/2024)

1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24.
2. Training will be completed on the regulation with all staff by 11/30/24. This training will be completed by a site supervisor.
3. The PRN medications were stored in a different location and were moved to the medication cabinet on 10/16/24. The staff member on site was not aware of where the medications were located & presumed since they were not in the medication cabinet, they were not available in the home.
4. All PRN medications will be stored in the medication cabinets at all locations, to prevent any confusion.

(Directed)

- The Administrator or designee will audit all resident glucometers to ensure they are properly labeled with the resident's name by 11/11/24.
- Beginning no later than 11/15/24, the Administrator or designee will audit resident glucometers with the documented blood sugar readings weekly.
- Education will be provided to all staff who administer medications on proper glucometer storage, labeling and documentation of blood sugar readings by 11/17/24.
- The Administrator or designee will complete an audit on all resident medications, including PRN's, to ensure medications are available as ordered. This initial audit will be completed by 11/11/24.
- Education will be provided to all staff who administer medications on where medications are stored by 11/15/24.
- Beginning 11/15/24, monthly audits will be completed on all resident medications to ensure medications are

185a - Implement Storage Procedures (continued)

available for administration as ordered.

- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 11/17/2024

Implemented [REDACTED] - 11/20/2024)

187a - Medication Record**6. Requirements**

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident [REDACTED] is prescribed [REDACTED], take one tablet by mouth every 12 hours. However, Resident [REDACTED] October 2024 medication administration record does not indicate the not diagnosis or purpose for the medication,

Plan of Correction

Directed [REDACTED] 11/07/2024)

1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24 and with the CHW department on 11/5/24.
2. Training will be completed on the regulation with all staff by 11/30/24. This training will be completed by a site supervisor.
3. The label and MAR review was completed by Client health and Wellness Department and the information was updated.
4. An audit of all medication labels & MAR's will be completed by the Client Health & Wellness Department in conjunction with the site supervisor of each location. This audit will be completed by 12/15/24.

(Directed)

- Education will be provided to all staff who administer medications on 2600.187(a) by 11/15/24 by the Administrator or designee.
- Resident #1's Medication Administration Record will be updated to include the diagnosis and purpose of the medication by 11/11/24 by the Administrator or designee.
- An audit on all other resident Medication Administration Records will be completed by the Administrator or designee by 11/11/24 to ensure they contain all required information per 2600.187(a).
- Beginning no later than 11/15/24, the Administrator or designee will complete monthly audits on all resident Medication Administration Records to ensue on-going compliance with 2600.187(a).
- Documentation of completed audits, updates and education will be kept by the home and available for review by the Department.

Directed Completion Date: 11/15/2024

Implemented [REDACTED] - 11/20/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [redacted] is prescribed [redacted], apply topically to affected areas 3 times a day as needed, and apply topically to affected area 3 times a day for pain. At the time of the 10/16/24 inspection, the home has not administered the medicated gel to Resident [redacted] during the month of October 2024.

Plan of Correction

Directed [redacted] - 11/07/2024)

- 1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24 and with the CHW department on 11/5/24.
- 2. Training will be completed on the regulation with all staff by 11/30/24. This training will be completed by a site supervisor.
- 4. An audit of all medication labels & MAR's will be completed by the Client Health & Wellness Department in conjunction with the site supervisor of each location. This audit will be completed by 12/15/24.

(Directed)

- Education will be provided to all staff who administer medications on 2600.187(d) by 11/15/24 by the Administrator or designee.
- The home will complete an internal investigation to determine the cause of Resident [redacted] not receiving [redacted] as ordered by the physician.
- The physician will be notified no later than 11/15/24 on the missed doses as identified in the violation by the Administrator or designee.
- Beginning no later than 11/15/24, the Administrator or designee will complete monthly audits of all resident Medication Administration Records to ensure medications are being administered as ordered by the physician.
- Documentation of completed audits, education and physician notification will be kept by the home and available for review by the Department.

Directed Completion Date: 11/15/2024

Implemented [redacted] - 11/20/2024)

225c - Additional Assessment

8. Requirements

2600.

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

- 1. Annually.

Description of Violation

At the time of the 10/16/24 inspection, Resident [redacted] most recent assessment was completed on 9/25/23.

Plan of Correction

Directed [redacted] - 11/07/2024)

- 1. The residential director completed training with site supervisors on regulation 107.d on 10/31/24.

225c Additional Assessment (continued)

2. Training will be completed on the regulation with all staff by 11/30/24. This training will be completed by a site supervisor.
3. The Residents Assessment will be completed by 11/15/24, by the site supervisor.
4. The Due dates for all Residents assessments will be put on the agenda to be reviewed at the weekly supervisors meeting to prevent any further assessments being completed late.
5. Supervisors will put all due dates for the assessments of their assigned clients on their calendar to ensure they are completed on time. This will be completed by 11/15/24.

(Directed)

- Education will be provided to all staff by the Administrator or designee on 2600.225(c) by 11/15/24.
- Resident [REDACTED] assessment and support plan will be completed by the Administrator or designee by 11/15/24.
- An audit on all other resident's assessment and support plans will be completed by the Administrator or designee by 11/15/24 to ensure they are all current.
- Supervisors will put all due dates for the assessments of their assigned clients on their calendar to ensure they are completed on time. This will be completed by 11/15/24.
- Beginning no later than 11/17/24, quarterly audits on resident assessment and support plans will be completed by the Administrator or designee to ensure annual assessments are being completed.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 11/17/2024

Implemented ([REDACTED] - 11/20/2024)