

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

November 27, 2024

[REDACTED]
SUCCESS REHABILITATION INC.
[REDACTED]

RE: ACADIA NEUROREHAB #4
950 BENTLEY RIDGE BLVD.
LANCASTER, PA, 17602
LICENSE/COC#: 33966

[REDACTED],

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 #4 **License #:** 33966 **License Expiration:** 03/15/2025
Address: 950 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:** 05/01/2001 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 10 **Waking Staff:** 8

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident, 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:** 8

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 8 **Are 60 Years of Age or Older:** 0
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 2 **Have Physical Disability:** 2

Inspections / Reviews

10/16/2024 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/09/2024

11/12/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 11/26/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 11/24/2024

Inspections / Reviews *(continued)*

11/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

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

On [REDACTED], at 9:30AM, and again on [REDACTED] at 11:48AM, an agent of the Department, requested access to Resident [REDACTED] resident-home contract. Resident [REDACTED] resident-home contract was not produced until approximately 3PM on [REDACTED]

Plan of Correction**Directed [REDACTED] - 11/12/2024)**

1. Education will be provided to the administrator/site supervisor and all staff in the home on 2600.5(a)(1) by 11/15/24.
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] 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.
6. Resident [REDACTED] and resident [REDACTED]'s records will be audited and updated by 11/15/24 by the administrator or designee.
7. 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.
8. Documentation of completed audits/checklists and education will be kept by the home and available for review by the Department.

(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.
- Training will be completed on the regulation with all staff by 11/23/24. This training will be completed by a site supervisor.
- Resident#2 records will all be in their binders by 11/15/24.
- 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.
- 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 Completion Date: 11/23/2024**Implemented ([REDACTED] - 11/27/2024)**

182b - Prescription Medication

2. Requirements

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

Description of Violation

Resident [redacted] was administered [redacted] by Staff Member B and Staff Member C who are not medically certified or trained staff. The home does not have a waiver to allow non-medically certified or trained staff to administer Trulicity to Resident [redacted]

Staff Member B administered [redacted] to Resident [redacted] on [redacted] at 2:00 PM

Staff Member C administered [redacted] to Resident [redacted] on [redacted] at 2:00 PM

Plan of Correction

Directed [redacted] - 11/12/2024)

1. The residential director completed training with site supervisors on regulation 2600. 182.b on 10/31/24.
2. Training will be completed on the regulation 2600.185.a with all staff by 11/17/24. This training will be completed by a site supervisor.
3. The administrator or designee will apply for a waiver by 10/21/2024 to be able to have trained staff administer the medication.

(Directed)

- Effective no later than 11/13/24, only medically licensed professionals will administer the Trulicity injections until the following steps have been completed:
- Direct Care Staff who administer medications will receive in-person training on administering subcutaneous injections from a licensed health care professional by 11/22/24. Training will include education on the specific medication being administered, including potential side effects, medication interactions, and appropriate observation and reporting from a licensed health care professional.
- Each staff member scheduled to administer [redacted] injections will also receive at least 6-hours of annual training related to subcutaneous injections, GLP-1 agonist medications, and diabetes management from a licensed health care professional.
- By 11/22/24, the Administrator or designee will develop and implement policies and procedures for the administration of GLP-1 agonist medications, including written procedures for administration, documentation, monitoring, evaluating, observation, and reporting. All Direct Care Staff administering these medications will be trained on these policies and procedures by 11/22/24.
- A licensed health care professional will be available for consultation at all times. The health care professional will be either an employee of the facility or under contract.
- By 10/21/24, a request for a waiver will be completed and submitted to the Department.
- Documentation of education and above requirements will be kept by the home and available for review by the

Directed Completion Date: 11/22/2024

Implemented [redacted] 11/27/2024)

185a - Implement Storage Procedures

3. Requirements

2600.

185a - Implement Storage Procedures (*continued*)

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 [REDACTED] is prescribed [REDACTED] as needed. On [REDACTED] this medication was not available in the home.

Plan of Correction

Accept [REDACTED] - 11/12/2024)

1. The residential director completed training with site supervisors on regulation 2600. 185.a on 10/31/24.
2. Training will be completed on the regulation 2600.185.a with all staff by 11/15/24. This training will be completed by a site supervisor.
8. 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 11/15/24.
10. Beginning 11/15/24, monthly audits will be completed on all residents' medications to ensure medications are available for administration as ordered.

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

Implemented [REDACTED] - 11/27/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

Description of Violation

Resident [REDACTED] is prescribed ciclopirox cream, apply daily. However, Resident [REDACTED] was not administered the cream at 8AM on [REDACTED]

Resident [REDACTED] is prescribed [REDACTED] twice daily. However, Resident [REDACTED] did not receive the treatment at 8AM on [REDACTED] and [REDACTED].

Resident [REDACTED] is prescribed [REDACTED], take 1 tablet by mouth daily at 8AM, Monday through Friday. Resident [REDACTED] has another order for [REDACTED], take one tablet every morning; per the resident's October 2024 MAR, this medication is to be administered at 11:00 AM. However, the risperidone to be administered at 11:00 AM was not administered from [REDACTED] through [REDACTED] and again from [REDACTED] through [REDACTED].

Plan of Correction

Accept [REDACTED] 11/12/2024)

1. The residential director completed training with site supervisors on regulation 2600.187.d on 10/31/24 and with the CHW department on 11/5/24.
2. Education will be provided to all staff who administer medications on 2600.187(d) by 11/15/24 by the Administrator or designee.
3. The home will complete an internal investigation to determine the cause of Resident #1 not receiving the medications as ordered by the physician.
4. The physician will be notified no later than 11/22/24 on the missed doses as identified in the violation by the

187d - Follow Prescriber's Orders (continued)

Administrator or designee.

5. Beginning no later than 11/22/24, 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.

6. Documentation of completed audits, education and physician notification will be kept by the home and available for review by the Department.

Licensee's Proposed Overall Completion Date: 11/22/2024

Implemented [REDACTED] 11/27/2024)

227g -Support Plan Signatures**5. 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 [REDACTED] assessment and support plan, completed 8/27/24, was not signed by the resident nor was there notation that the resident refused or was unable to sign.

Resident [REDACTED] assessment and support plan, dated 10/10/24, was not signed by the resident or the assessor.

Plan of Correction

Directed [REDACTED] 11/12/2024)

1. Education will be provided to all site supervisors by the Residential Director on 2600.251.d by 11/15/24.

2. Training will be completed on the regulation 2600.227.g with all staff by 11/30/24. This training will be completed by a site supervisor.

3. The administrator or designee will obtain all necessary signatures on the assessment and support plan for resident [REDACTED] and resident [REDACTED] by 11/15/2024.

4. The administrator or designee will review all assessments and support plan to ensure the required signatures are completed. This will be done by 11/15/2024.

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

(Directed)

In addition to the above plan of corrections, training will be completed on the regulation 2600.227.g with all staff by 11/23/24. This training will be completed by a site supervisor.

Directed Completion Date: 11/23/2024

Implemented [REDACTED] 11/27/2024)

251d - Resident Records on Premises**6. Requirements**

2600.

251.d. Separate resident records shall be kept on the premises where the resident lives.

251d - Resident Records on Premises (*continued*)**Description of Violation**

At the time of the [REDACTED] inspection, Resident [REDACTED] current, 2024 documented medical evaluation and current resident assessment and support plan were not kept at the home. According to Staff Member A, the resident's records were kept on an online storage location, that the staff working in the home did not have access to.

Plan of Correction**Directed ([REDACTED] - 11/12/2024)**

1. Education will be provided to all site supervisors by the Residential Director on 2600.251.d by 11/15/24.
2. Training will be completed on the regulation 2600.151.d with all staff by 11/30/24. This training will be completed by a site supervisor.
3. An audit of all records will be completed by the administrator or designee by 11/30/2024 to ensure compliance with 2600.251.d.
10. Documentation of completed audits and education will be kept by the home and available for review by the Department.

(Directed)

- Education will be provided to all site supervisors by the Residential Director on 2600.251.d by 11/15/24.
- Training will be completed on the regulation 2600.151.d with all staff by 11/23/24. This training will be completed by a site supervisor.
- An audit of all records will be completed by the administrator or designee by 11/22/2024 to ensure compliance with 2600.251.d and to ensure staff have access to resident records at all times.
- Documentation of completed audits and education will be kept by the home and available for review by the Department.

Directed Completion Date: 11/23/2024**Implemented ([REDACTED] - 11/27/2024)**