

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

December 9, 2024

[REDACTED]
MOUNT CARMEL OPCO LLC
[REDACTED]

RE: MOUNT CARMEL SENIOR LIVING
COMMUNITY
2616 LOCUST GAP HIGHWAY
MOUNT CARMEL, PA, 17851
LICENSE/COC#: 23172

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: MOUNT CARMEL SENIOR LIVING COMMUNITY License #: 23172 License Expiration: 09/20/2025
 Address: 2616 LOCUST GAP HIGHWAY, MOUNT CARMEL, PA 17851
 County: NORTHUMBERLAND Region: NORTHEAST

Administrator

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

Legal Entity

Name: MOUNT CARMEL OPCO LLC
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-1 Date: 09/27/1996 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 10/17/2024

Inspection Dates and Department Representative

10/17/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 26 Residents Served: 13
 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: 13
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

10/17/2024 Full
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/03/2024

11/14/2024 - POC Submission
 Submitted By: [Redacted] Date Submitted: 12/05/2024
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 11/21/2024

Inspections / Reviews *(continued)*

11/27/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/06/2024

12/09/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff Member A did not complete 12 hours of annual training for the 2023 training year.

Plan of Correction

Accept [redacted] 11/27/2024)

2600.65(e) - Direct care staff person shall have at least 12 hours of annual training relating to their job duties.

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 data (3) care for residents with dementia and cognitive impairments (4) infection control and general principles of cleanliness and hygiene and also areas associated with immobility, such a prevention of decubitus ulcers, incontinence, malnutrition and dehydration (5) personal care service needs with mental illness or mental retardation or both, if the population is served in the home.

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (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--1022.5102) (5) falls and accident prevention (6) new population groups that are being served at the home that were not previously served, if applicable

Education to staff of regulation- Audit completed by PCHA on each staff member. All staff completed training 2024.

Education:

All annual training will be completed by December 2024, each staff member will be assigned a date to complete training by PCHA. All annual training will be signed and dated.

Audits will be signed and dated every day until all training is completed. Audit will begin 11/15/24. The audit will be completed 3-11pm shift. PCHA will check the morning after for all signatures. Audits will continue weekly for 4wks and monthly after.

Discussion: All staff will complete training by December. Inspections will be completed and PCHA will speak with each staff for retention of materials.

Continued training will provide staff the knowledge and confidence to make an impact on whom they are providing care for. Also, promote support and accountability. Annual training may refresh or re-educate a task you have forgotten. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/09/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff Member A did not complete the following required trainings for the 2023 training year:

- *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.*
- *Care for residents with dementia and cognitive impairments.*
- *Infection control and general principles of cleanliness and hygiene and areas associated with immobility.*
- *Personal care service needs of the resident.*
- *Safe management techniques.*

Plan of Correction

Accept ([redacted]) - 11/27/2024)

2600.65(e) - Direct care staff person shall have at least 12 hours of annual training relating to their job duties.

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 data (3) care for residents with dementia and cognitive impairments (4) infection control and general principles of cleanliness and hygiene and also areas associated with immobility, such a prevention of decubitus ulcers, incontinence, malnutrition and dehydration (5) personal care service needs with mental illness or mental retardation or both, if the population is served in the home.

PCHA completed audit on staff- all staff completed for 2024

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (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--1022.5102) (5) falls and accident prevention (6) new population groups that are being served at the home that were not previously served, if applicable

Education to staff of regulation

Education:

All annual training will be completed by December 2024, each staff member will be assigned a day by the PCHA. All annual training will be signed and dated.

Audits will be signed and dated every day until all training is completed. Audit will begin 11/15/24. The audit will be completed 3-11pm shift. PCHA will check the morning after for all signatures. Audits will continue weekly for 4wks and monthly after.

Discussion: All staff will complete training by December. Inspections will be completed and PCHA will speak with each staff for retention of materials. Continued training will provide staff the knowledge and confidence to make an impact on whom they are providing care for. Also, promote support and accountability. Annual training may

65f - Training Topics (continued)

refresh or re-educate a task you have forgotten. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (█) - 12/09/2024)

65g - Annual Training Content

3. 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 Member A did not complete the following required trainings for the 2023 training year:

- Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- Emergency preparedness procedures and recognition and response to crises and emergency situations.
- Resident rights.
- The Older Adult Protective Services Act.
- Falls and accident prevention.

Plan of Correction

Accept (█) - 11/27/2024)

2600.65(e) - Direct care staff person shall have at least 12 hours of annual training relating to their job duties.

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 data (3) care for residents with dementia and cognitive impairments (4) infection control and general principles of cleanliness and hygiene and also areas associated with immobility, such a prevention of decubitus ulcers, incontinence, malnutrition and dehydration (5) personal care service needs with mental illness or mental retardation or both, if the population is served in the home.

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (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--1022.5102) (5) falls and accident prevention (6) new population groups that are being served at the home that were not previously served, if applicable.

PCHA completed audit- all staff completed training 2024.

Education to staff of regulation

Education:

All annual training will be completed by December 2024, each staff member will be assigned at date by the PCHA. All annual training will be signed and dated. Audits will continue weekly for 4wks and monthly after.

Audits will be signed and dated every day until all training is completed. Audit will begin 11/15/24. The audit will

65g Annual Training Content (continued)

be completed 3 11pm shift. PCHA will check the morning after for all signatures.

Discussion: All staff will complete training by December. Inspections will be completed and PCHA will speak with each staff for retention of materials. Continued training will provide staff the knowledge and confidence to make an impact on whom they are providing care for. Also, promote support and accountability. Annual training may refresh or re educate a task you have forgotten. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (redacted) - 12/09/2024)

103e - Left Overs

4. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

Three large bags of cereal were found in dining area cupboard without dates or labels. One of the bags was opened.

Plan of Correction

Accept (redacted) - 11/27/2024)

2600.103(e) food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

On the day of inspection all cereal was discarded, containers cleaned and a new supply of cereal. The containers were dated. Audit will be completed weekly by 11 7 shift Med tech. PCHA will review audits monthly to ensure in compliance and completion of audits

Discussion: "Leftover food" means quantities of prepared foods that were not served to residents. Leftover food must be labeled with the name of the food and the date it was prepared. A home may save a serving of food for a resident who missed a meal due to absence from the home, but this too must be labeled with the name of the food and the date it was prepared. Food that has been served to a resident must be discarded regardless of the amount of food eaten.

Inspection procedures: Inspectors will observe leftovers in storage and will ask staff people who prepare food to describe the home's food storage procedures.

Primary Benefit: Provides information regarding the identity of food items and the length of time food has been in storage, preventing cross contamination of food and the use of expired food items.

Education provided to all staff, reviewed POC and required Audit

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented (redacted) 12/09/2024)

132d - Evacuation

5. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's Annual Fire inspection, dated 9/17/2024, grants the home two minutes and 55 seconds to evacuate the building. The home conducted a fire drill on 10/10/2024 that was completed in 3 minutes 0 seconds.

Plan of Correction

Accept [redacted] - 11/27/2024)

2600.132(b) - a fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

The home annual fire inspection, dated 9/17/2024, grants the home two minutes and 55 seconds to evacuate the building. The home conducted a fire drill on 10/10/2024 that was completed in 3 minutes 0 seconds.

Discussion: Fire drill- develop a evacuation plan. Education of all staff involved. PCHA will conduct fire drills each month to ensure residents and staff are evacuated in the allotted time of 2 minutes and 55 seconds. Annual fire drills will be held yearly with local fire department.

Inspection: PCHA will ensure the staff and residents are educated in the proper procedure and evacuations routes of personal care home. Audits will start 11/15/24 to ensure staff are educated and able to retain information.

Primary benefit: continue with monthly fire drills. split times of fire drills between each shift. Ensure they are evacuating at the time allotted per guidelines. Will continue to document each staff member involved in the drill. Ensure safety of each resident and educated resident's on safety plan implemented. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] 12/09/2024)

133.2 - Exit Signs Direction

6. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The home has a centrally located outpatient therapy clinic. The clinic is accessed by personal care residents through a door located in the middle of the home's central hallway. The outpatient therapy clinic serves as an egress route in the event of an emergency evacuation and has doors that exit to the exterior of the building. The home does not have exit signage at the outpatient therapy's hallway entrance.

Plan of Correction

Accept [redacted] 11/27/2024)

2600. 133.2 - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indication the direction to travel.

133.2 - Exit Signs Direction (continued)

Discussion: The home is centrally located outpatient therapy clinic. The clinic is accessed by personal care through a door located in the middle of the home's central hallway. The outpatient therapy clinic serves as a egress route in the event of an emergency evacuation and has doors that exit to the exterior of the building. The home does not have an exit signage at the outpatient therapy hallway entrance.

Inspection: PCHA will ensure the exit sign is placed above the egress. Will ensure sign is large enough for staff and residents to see. Exit sign is visible from any direction.

Primary: PCHA will educate each staff member of the exit sign and residents. Ensure staff and residents are knowledgeable with egress exit that can be used for fire escape route.. Placed exit sign above door. Audit will begin 11/15/24. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/09/2024)

183e - Storing Medications

7. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

During a [redacted] medication cart audit, three loose pills found in the third drawer of the cart. Two unidentified pills were identical in comparison, both small, round, and yellow. The third pill was believed to be an [redacted], belonging to Resident [redacted].

Plan of Correction

Accept [redacted] - 11/27/2024)

2600.183(e) - Prescriptions medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Discussion: This does not apply to a resident who self-administers his or her medication and stores his or her medication in his or her room. Some medications, such as insulin, often have instructions to be stored within certain temperature range. The home should pay special attention to the medication labels and manufacturer's instructions of medications to ensure they are stored properly.

Inspection Procedures: Inspectors will inspect the medications to determine if they are organized, stored in a clean a area and stored in accordance with the manufacturer's instructions.

Primary Benefit: Ensures that medications will be stored in a manner that prevents damage or loss

Violation during 10/17/24 medication cart audit, three loose pills were found in the third drawer of the cart. Two unidentified pills were identical in comparison, both small, round, and yellow. The third pill was believed to be an oxybutynin 5mg tablet, belonging to Resident #1.

183e - Storing Medications (continued)

Medications were destroyed in drug buster immediately after they were found. The medication audit completed to ensure no other medication was loose. Weekly audit to be completed by 11-7 med tech. Monthly the PCHA will review audits and ensure the facility is complied with POC. Education provided to staff

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/09/2024)

185a - Implement Storage Procedures

8. 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

The home did not properly maintain the Medication Administration Record (MAR) of Resident [redacted], due to staff not documenting the blood glucose test results in the individual glucometer. At 9:12pm on [redacted] Resident [redacted] glucometer reading was [redacted] however, there was not corresponding documentation on MAR.

Plan of Correction

Accept [redacted] - 11/27/2024)

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.

on 10/17/24 resident [redacted] the home did not properly maintain the MAR, the blood glucose test results in the individual glucometer at 9:12pm on 10/16/24 was 132. There was no documentation in the MAR matching number.

PCHA reviewed mar to ensure accuracy.

Discussion: No documentation noted in the MAR on said residents glucose monitoring.

Inspection: Staff member did not document on said pt. PCHA will check glucose monitoring sheet 7-3pm to ensure accuracy of documentation. Audit to follow each shift to complete 7-3, 3-11, 11-7.

Audits will continue weekly for 4wks and monthly after.

Primary Benefit: Each DCW at the beginning of shift looks at the glucose monitoring number to ensure pt. is at therapeutic level and documenting correctly. Be clear and concise with all documentation. Staff will practice good communication. Staff will review charting at the end of each shift. PCHA will review end of week. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] 12/09/2024)

187b - Date/Time of Medication Admin.

9. 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

Resident [redacted] is prescribed [redacted],

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

and [redacted] each daily at 8am. The resident's medication administration record did not indicate that the medications were given on 10/16/ 2024 although staff did state that the medications were given.

Plan of Correction

Accept [redacted] - 11/27/2024)

2600.187(b) - the information in 2600.187(a)(13) and 2600.187(a)(14) shall be recorded at the time the medication is administered.

,Resident [redacted]'s is prescribed [redacted] mcg, and [redacted], each daily at 8am. The resident's medication administration record did not indicate that the medications were given on 10/16/ 2024 although staff did state that the DCW said she did give them. PCHA administrator will review MARS daily to ensure all medications are documented and given. Audit completed by PCHA to ensure all documentation noted.

Inspection: PCHA educated staff on the 5 rights of medication, Right dose, right route, right time, right individual, and right medication. Right reason and right documentation at time of medication administered. Re-educated staff with audit 11/15/24. Audit will continue daily 7-3, 3-11, 11-7.

Audits will continue weekly for 4wks and monthly after.

Primary Benefit: To avoid medication errors such as omission, duplication, dosing, or a drug interactions. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [redacted] - 12/09/2024)

252 - Record Content

10. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

The resident record for Resident [redacted] did not include whether the individual had any identifiable marks on their body.

Plan of Correction

Accept [redacted] - 11/27/2024)

2600.252 - each resident's record must include the following information: (1) name, gender, admission date, birth date, and social security number (2) race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks (3) a photograph of the resident that is no more than 2 years old (4) language or means of communication spoken or used by the resident (5) the name, address, telephone number, and relationship of a designated person to be contacted in case of an emergency (6) the name, address, and telephone number of the resident's physician or source of health care. (7) the current and previous 2 years physician's examination reports, including copies of the medical evaluation forms (8) a list of prescribed medications, OTC medications and CAM (9) dietary restrictions (10) a record of incident reports for the individual resident (11) a list of allergies (12) the documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies (13) the preadmission screening, initial intake assessment and the most current version of the annual assessment (14) a support plan (15) applicable court order, if any (16) the resident's medical insurance information (17) the date of entrance into the home, relocations and discharges, including the transfer of the resident's personal property as voluntarily declared by the resident upon admission and voluntarily updated (19) an inventory of the resident's property entrusted to the administrator for safekeeping (20) the financial records of residents receiving

252 - Record Content (continued)

assistance with financial management (21) the reason for termination of services or transfer of the resident, the date of transfer and the destination (22) copies of transfer and discharge summaries from hospitals, if available (23) if the resident dies in the home, a copy of the official death certificate (24) signed notification of rights, grievance procedures and applicable consent to treatment protections specified in 2600.41 (relating to notification of rights and complaint procedures) (25) a copy of the resident-home contract (26) a termination notice, if any

during the annual inspection the resident records for Resident [REDACTED] did not include whether individuals had any identifiable marks on their body.

Discussion: PCHA upon admission will complete admission documentation. All identifiers will be documented and implemented into their rasp, and demographic sheet.

PCHA reviewed charts and documentation to ensure identifiers in place.

Inspection: All residents will be updated yearly for identifiers, such as moles, eye color, and or hair color. PCHA and staff will review with everyone who lives in our facility and review charts to update if change occurs. Audit to follow. Audits will be completed daily by DCW on 7-3pm shift. Audits will continue weekly for 4wks and monthly after.

Primary Benefit: Each resident is identified for staff by identifiers. Staff will ask for the name and date of birth. We also are responsible for any unique identifiers or anything that is out of the norm. These identifiers reduce the risk of medical errors. POC reviewed with staff.

Licensee's Proposed Overall Completion Date: 11/18/2024

Implemented [REDACTED] - 12/09/2024)