

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

March 10, 2025

[REDACTED], CEO
ODD FELLOWS HOME OF PENNSYLVANIA INC
999 WEST HARRISBURG PIKE
MIDDLETOWN, PA, 17057

RE: CRESCENT VIEW ASSISTED LIVING
999 WEST HARRISBURG PIKE
MIDDLETOWN, PA, 17057
LICENSE/COC#: 33892

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/22/2025, 01/23/2025 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: *CRESCENT VIEW ASSISTED LIVING* License #: 33892 License Expiration: 10/01/2025
 Address: 999 WEST HARRISBURG PIKE, MIDDLETOWN, PA 17057
 County: DAUPHIN Region: CENTRAL

Administrator

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

Legal Entity

Name: *ODD FELLOWS HOME OF PENNSYLVANIA INC*
 Address: 999 WEST HARRISBURG PIKE, MIDDLETOWN, PA, 17057
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *01/25/1999* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 59 Waking Staff: 44

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *01/23/2025*

Inspection Dates and Department Representative

01/22/2025 - On-Site: [REDACTED]
 01/23/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 98 Residents Served: 47

Special Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 46
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 12 Have Physical Disability: 4

Inspections / Reviews

01/22/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/06/2025*

02/18/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/27/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *02/28/2025*

Inspections / Reviews *(continued)*

03/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/27/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3d Post license/VR/Regs

1. Requirements

2800.

3.d. The assisted living residence 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 assisted living residence.

Description of Violation

On 1/22/25, the residence's current licensing inspection summary, dated 2/26/24, was not posted in a conspicuous and public place in the residence.

Plan of Correction

Accept () - 02/18/2025

Upon notification by the Surveyor, the licensure inspection summary dated February 26, 2024 was immediately posted.

The Director of Nursing was educated by the Assisted Living Administrator on January 22, 2025 that the current licensure inspection summary must be posted in a conspicuous and public location.

Effective the week of February 17, 2025, the Director of Nursing or Designee will conduct an audit on a monthly basis to confirm compliance.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/05/2025

Implemented () - 03/10/2025

132a Monthly fire drill

2. Requirements

2800.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the months of August, September, and October 2024.

Plan of Correction

Accept () - 02/18/2025

The Director of Maintenance was educated by the Assisted Living Administrator on January 22, 2025 that a fire drill must be conducted on a monthly basis.

Effective the week of February 17, 2025, the campus-wide Safety Committee will audit fire drill records on a monthly basis to confirm compliance.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented () - 03/10/2025

132c Fire drill records

3. Requirements

2800.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the residence at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill record for 12/24/24 does not include the number of residents in the building when the drill was conducted.

The fire drill record for 11/6/24 does not include the number of residents in the building when the drill was conducted, the number of residents evacuated, and the amount of time the drill took to complete including minutes and seconds.

Plan of Correction

Accept (█ - 02/18/2025)

The Director of Maintenance was educated by the Assisted Living Administrator on January 22, 2025 that a fire drill must include the number of residents evacuated, and the amount of time required to have conducted the fire drill.

The duration of the drill is to include minutes and seconds.

Effective the week of February 17, 2025, the campus-wide Safety Committee will audit fire drill records on a monthly basis to confirm compliance.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented (█ - 03/10/2025)

132e Fire drill - sleeping hours

4. Requirements

2800.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 11/6/24 at 4:30 AM. The previous drill conducted during sleeping hours was on 1/23/24 at 4:30 AM.

Plan of Correction

Accept (█ - 02/18/2025)

The Director of Maintenance was educated by the Assisted Living Administrator on January 22, 2025 that a fire drill must be held during sleeping hours once every six months.

Effective the week of February 17, 2025, the campus-wide Safety Committee will audit fire drill records on a monthly basis to confirm compliance.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented (█ - 03/10/2025)

183b Medications and syringes locked

5. Requirements

2800.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 1/23/25, at 11:05 AM, a bottle of Acetaminophen 500 mg tablets was unlocked, unattended, and accessible in Resident #1's room. There was a locking box the resident uses to store medications that had the key in the cylinder and was unlocked.

Repeated Violation - 2/26/24

Plan of Correction

Accept () - 02/18/2025)

On January 22, 2025, Resident #1 was educated by the Director of Wellness that the door to [REDACTED] apartment must be securely locked when the resident is not in [REDACTED] apartment. Otherwise, the resident has been educated that [REDACTED] medications must be securely locked when the resident is not present in [REDACTED] apartment.

Effective the week of February 17, 2025, the Director of Nursing or Designee will conduct an audit 2x/month for a three-month period of all apartments of residents who are permitted to self-administer their own medication.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented () - 03/10/2025)

183d Current medications**6. Requirements**

2800.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

A bottle of Senna 8.6 MG tablets prescribed for Resident #2 was stored in the medication cart and expired 6/2024. A bottle of Acetaminophen Tablets 500 MG prescribed for Resident #3 was stored in the medication cart and expired 6/2024.

Plan of Correction

Accept () - 02/18/2025)

On January 22, 2025, the Director of Wellness was educated that an expired medication must be removed from the medication cart.

Effective the week of February 17, 2025, the Director of Nursing or Designee will conduct an audit of all medication carts 2x/month for a three-month period to ensure that a discontinued medication is removed from the medication cart.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented () - 03/10/2025)

183d Current medications (continued)

183e Storing Medications

7. Requirements

2800.

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

On 1/23/25, a Novolog FlexPen belonging to Resident #4 was open. The manufacturer instructions state to dispose of the pen 28 days after opening. The pen was not labeled with a date that it was opened or a discard date.

On 1/23/25, a blister card of Meclizine 35 MG tablets belonging to Resident #5 had a punctured blister large enough for the tablet to fall from the blister or for dirt or other contaminants to come in contact with the medication.

Repeated Violation - 2/26/24

Plan of Correction

Accept ([redacted] - 02/18/2025)

On January 22, 2025, the Director of Wellness was educated by the Director of Nursing that an insulin pen is to be dated when opened and that any blister pack which is punctured containing a medication must be destroyed.

Effective the week of February 17, 2025, the Director of Nursing or Designee will conduct an audit 2x/month for a three-month period to confirm all insulin pens which are opened are properly dated and that any blister pack containing a medication is destroyed.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented ([redacted] - 03/10/2025)

227d Support plan – med/dental

8. Requirements

2800.

227.d. Each residence shall document in the resident's final support plan the dietary, 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 residence to pay for the cost of these medical and behavioral care services. The final support plan must document the assisted living services and supplemental health care services, if applicable, that will be provided to the resident.

Description of Violation

Residents #6 and #7 have bedside mobility devices. The support plan for resident #6, dated [redacted], and the support plan for resident #7, signed [redacted], do not include:

- The specific need for the device
- The intended use of the device
- Risks associated with the device

227d Support plan – med/dental (continued)

- Ability to use the device safely for the intended purpose
- Identification of the specific device to be used
- If a cover is required

Repeated Violation - 2/26/24

Plan of Correction

Accept () - 02/18/2025)

On January 22, 2025, the Director of Wellness was educated by the Director of Nursing that any resident who uses a mobility device must have the following information documented in their support plan: Specific need for the device, intended use of the device, risks associated with the device, ability of the resident to safely use the device for the intended purpose, identification of the specific device to be used, and if the specific device requires the equipment to be covered.

Effective the week of February 17, 2025, the Director of Nursing or Designee will conduct an audit 2x/month for a three-month period to confirm that any resident using an enabler bar has the required information documented in their support plan.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented () - 03/10/2025)

252 Records – content

9. Requirements

2800.

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

Resident #8 and Resident #9's records do not include () on the coversheet that lists "identifying marks."

Repeated Violation - 2/26/24

Plan of Correction

Accept () - 02/18/2025)

On January 22, 2025, the Director of Wellness was educated by the Director of Nursing that a resident's medical record must include any "identifying marks".

Effective the week of February 17, 2025, the Director of Nursing or Designee will conduct an audit 2x/month for a three-month period to confirm that any resident with an "identifying mark" has this information included in their medical record.

A summary of audit results will be reported to our QAPI Committee for further review and recommendations.

Licensee's Proposed Overall Completion Date: 02/17/2025

Implemented () - 03/10/2025)