



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **VIDA SPRINGS SENIOR LIVING & PERSONAL CARE HOME, MONONGAHELA**
LEGAL ENTITY

To operate **VIDA SPRINGS SENIOR LIVING AND PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **1378 FOURTH STREET, MONONGAHELA, PA 15063**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide **Personal Care Homes**
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **28**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **June 18,** **2025** until **December 18,** **2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455411**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



Pennsylvania Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUNE 18, 2025

[REDACTED] Owner
Vida Springs Senior Living & Personal Care Home, Monongahela
[REDACTED]

RE: Vida Springs Senior Living & Personal
Care Home
1378 Fourth Street
Monongahela, Pennsylvania 15063
License: 455411

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on December 16, 2024, January 23, 2025, January 28, 2025, and January 29, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 45541) dated 5/7/2025 – 5/7/2026 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1); (4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from June 18, 2025 to December 18, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide

to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg PA 17105-2675
[REDACTED]

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

Facility Information

Name: *VIDA SPRINGS SENIOR LIVING AND PERSONAL CARE HOME* License #: *45541* License Expiration: *05/07/2025*

Address: *1378 FOURTH STREET, MONONGAHELA, PA 15063*

County: *WASHINGTON*

Region: *WESTERN*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: *VIDA SPRINGS SENIOR LIVING & PERSONAL CARE HOME, MONONGAHEL*

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1*

Date: *10/23/2023*

Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *22*

Waking Staff: *17*

Inspection Information

Type: *Partial*

Notice: *Unannounced*

BHA Docket #:

Reason: *Complaint*

Exit Conference Date: *12/16/2024*

Inspection Dates and Department Representative

12/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28*

Residents Served: *16*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *0*

Diagnosed with Mental Illness: *0*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *6*

Have Physical Disability: *0*

Inspections / Reviews

12/16/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/01/2025*

01/06/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/31/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 01/10/2025

01/13/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/10/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 01/29/2025

05/13/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/05/2025

Reviewer: [REDACTED]

Follow-Up Type: Enforcement

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 9:05am, an agent of the Department requested a current staff person list, current resident list, current staffing schedule and numerous resident records from staff person [REDACTED] the home's designee. Staff person A indicated [REDACTED] did not have access to the requested documents. At approximately 11:00am, staff person [REDACTED] the home's administrator, arrived at the home and the agent of the Department requested the same records from staff person B; however, the resident records, to include residents #1 and #2's records, were not provided to the agent of the Department until approximately 2:00pm.

Plan of Correction

Directed ([REDACTED] - 01/13/2025)

On 12/18/2024 the Administrator retrained Staff person B and the Med Tech on the location and access to the current resident list, current staffing schedule and resident records.

This will be added to the Quality Assurance meeting to ensure knowledge of the location of files is maintained. The 7-3 supervisors will be retrained on updating and maintaining all the files necessary for agents of the Department.

On 12/18/2024 and 01/06/2025 all designees were retrained by the administrator on the location and maintenance of files required by the department upon arrival at the facility. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/13/25).

DIRECTED: Beginning on 1/29/25: The administrator shall inspect the home monthly to ensure all designees have access to records in accordance with 2600.5a. [REDACTED] 1/13/25

compliance will be maintained and discussed at the quality assurance meeting. This meeting will take place on 01/29/2025 (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 1/13/25).

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Not Implemented ([REDACTED] - 04/14/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At the time of inspection, the motor and foot rests to resident #1's electric wheelchair were inoperable, preventing resident #1 to use [REDACTED] wheelchair.

Plan of Correction

Directed ([REDACTED] - 01/13/2025)

The residents family was notified on 12/16/2024 that the equipment is in need of repairs. Residents family will

81b - Resident Personal Equipment (continued)

schedule the repair and the daylight supervisor will follow up on the repair.

Staff will be retrained to visually inspect the residents personal equipment daily for malfunction and cleanliness.

The administrator will do a weekly followup inspection. Documentation will be kept

On [REDACTED] resident #1 was sent to the hospital by [REDACTED]. On [REDACTED] family moved resident #1 to another facility along with their personal belongings including said wheelchair.

On 01/08/2025 Staff was retrained by the Administrator on the importance of maintaining, cleanliness and operation of resident equipment. Staff was also trained on visibly inspecting the equipment when doing the routine resident checks. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/13/25).

The Administrator will check weekly the resident equipment to follow up with the staff beginning 01/20/2025. (DIRECTED: The administrator checks shall include an inspection of at least 5 different resident's wheelchairs, walkers, prosthetic devices or other apparatuses to ensure they are clean, in good repair and free of hazards. [REDACTED] 1/13/25).

This will be added and discussed at the quality assurance meeting on 01/29/2025, (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 1/13/25).

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Not Implemented ([REDACTED] - 04/14/2025)

84 - Heat Sources**3. Requirements**

2600.

84. Heat Sources - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120° F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

Description of Violation

At 9:40 AM, the cover to the baseboard heating unit in resident #2s bathroom was detached and laying on the ground, exposing the heating coils.

Plan of Correction

Directed ([REDACTED] - 01/13/2025)

On 12/16/2024 the resident #2 baseboard heater guard was reattached.

Staff will be retrained to inspect all Heat sources for proper guards and protection.

This will be added to the Quality assurance meetings.

The Administrator will inspect the residents heating sources weekly and documentation will be kept.

On 01/10/2025 the administrator conducted a walk through on all resident rooms along with daylight staff to inspect for any missing heat shields or any other necessary repairs.

The administrator will train the remaining staff by 01/29/2025 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/13/25).

The administrator will do a weekly walk through resident rooms beginning 01/13/2025 to insure the heating units are operating safely and properly. (DIRECTED: The administrator checks shall include a check of at least 5 different resident bedrooms during each weekly check to ensure compliance with 2600.84. [REDACTED] 1/13/25).

This will be discussed and added the the quality assurance meeting on 01/29/2025. (DIRECTED: Documentation

84 - Heat Sources (continued)

of the quality management review shall be kept. [REDACTED] 1/13/25).

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Implemented ([REDACTED] - 04/14/2025)

187b - Date/Time of Medication Admin.**4. 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

Numerous medications were not documented as administered on resident #1's October 2024 medication administration record (MAR) on numerous dates and times, to include the following:

- Allopurinol 100mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 10/29/24 and 10/30/24
- Ammonium Lactate 12% cream-Apply to bilateral lower legs every day prior to wound dressing change, which was not documented as administered on 10/29/24 and 10/30/24
- Atorvastatin 20mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 10/28/24 and 10/29/24
- Breo Ellipta 100/25mcg inhaler-Inhale 1 puff by mouth every day, which was not documented as administered on 10/29/24 and 10/30/24
- Bumetanide 2mg tablet-Take 1 and ½ tablets by mouth 2 times a day, which was not documented as administered on 10/28/24 and 10/29/24 at 8:00pm, and on 10/29/24 and 10/30/24 at 8:00am

Numerous medications were not documented as administered on resident #1's November 2024 medication administration record (MAR) on numerous dates and times, to include the following:

- Allopurinol 100mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 11/1/24
- Breo Ellipta 100/25mcg inhaler-Inhale 1 puff by mouth every day, which was not documented as administered on 11/1/24
- Bumetanide 2mg tablet-Take 1 and ½ tablets by mouth 2 times a day, which was not documented as administered on 11/1/24 at 8:00am

Numerous medications were not documented as administered on resident #2's October 2024 MAR on numerous dates and times, to include the following:

- Eliquis 2.5mg tablet-Take 1 tablet by mouth 2 times a day, which was not documented as administered on 10/28/24 and 10/29/24 at 8:00pm, and on 10/29/24 and 10/30/24 at 8:00am
- Docusate Sodium 100mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 12/29/24 and 10/30/24
- Furosemide 20mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 10/29/24 and 10/30/24
- Metoprolol ER 25mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 10/29/24 and 10/30/24
- Quetiapine Fumarate 25mg tablet-Take 1 tablet by mouth 2 times daily, which was not documented as

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

administered on 10/16/24, 10/21/24 and 10/29/24 at 12:00pm, and on 10/29/24 and 10/30/24 at 8:00am.

Numerous medications were not documented as administered on resident #2's November 2024 MAR on numerous dates and times, to include the following:

- Docusate Sodium 100mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 11/1/24 and 11/2/24
- Eliquis 2.5mg tablet-Take 1 tablet by mouth 2 times a day, was not documented as administered on 11/1/24 and 11/2/24 at 8:00am
- Furosemide 20mg tablet-Take 1 tablet by mouth daily, which was not documented as administered on 11/1/24 and 11/2/24
- Quetiapine Fumarate 25mg tablet-Take 1 tablet by mouth 2 times daily, which was not documented as administered on 11/1/24 and 11/2/24 at 8:00am

Plan of Correction**Directed (█ - 01/13/2025)**

The Med Tech staff were instructed and questioned on the use of the MAR on 12/16/2024. Additional refresher instruction will be given by a certified trainer to be schedule. The resident coordinator will follow up.. The Shift Supervisors will inspect the MAR daily (DIRECTED: Beginning on 1/16/25: The shift supervisor shall check at least 2 resident medication administration records daily to ensure compliance with 2600.187b. Documentation of the daily audits shall be kept for 2 months. █ 1/13/25).

All med Techs will be retrained by a department approved train the trainer for proper medication documentation by 01/29/2025. documentation of training will be kept.

This will be added and discussed at the quality assurance meeting on 01/29/2025 (DIRECTED: Documentation of the quality management review shall be kept. █ 1/13/25).

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Not Implemented (█ - 04/14/2025)**187d - Follow Prescriber's Orders****5. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed Dupixent 300 mg/2 ml syringe-Inject 300 every other week; however, there is no documentation present in the home indicating this medication was administered to resident #1 in November 2024 and December 2024, so it is unable to be determined if the medication was administered to resident #1 as prescribed.

Resident #1 is prescribed Fentanyl 75 mcg/hr patch-Apply 1 patch to the skin every 72 hours. According to resident #1's October 2024 MAR, the patch was applied to resident #1 on 10/26/24 at 8:00am; however, a new Fentanyl patch was not administered to resident #1 on 10/29/24 in accordance with the prescriber's order.

On 10/11/24, resident #2's Quetiapine 50mg tablet-Take 1 tablet by mouth 3 times daily was discontinued by the prescriber; however, according to resident #2's October 2024 and November 2024 MAR's, this medication continued to be administered to resident #2 daily until 11/12/24 at 12:00pm.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Directed (█ - 01/13/2025)

The Home Health care was contacted on 12/16/2024 and sent the facility documentation showing the dates and times the injection was give to resident #1. The Med techs and home health care were informed of the responsibility and need for the non facility administered medication to be documented and included in the residents charts,. The Med techs on each shift will verify the documentation is received from the home health care. The Med techs will receive additional training from a certified instructor.

Resident # 1 received Dupixent injection by an RN from the Home care on 10/15/2024,11/01/2024,11/15/2024 ,11/27/2024 and 12/15/2024 after which it was DC.

The shift in which a non facility administered medication is to be given to a resident the med tech will request a copy of the documentation to be added to the residents chart. a schedule will be added to the residents chart and to be signed by the med tech to insure the documentation is in the chart.

DIRECTED: Within 24 hours of receipt of the plan of correction: The administrator shall review all current prescribers' orders and current medication administration record for resident #2 to ensure accuracy and completeness in accordance with prescribers' orders. █ 1/13/25

This will be discussed and added to the quality assurance meeting on 01/29/2025 (**DIRECTED:** Documentation of the quality management review shall be kept. █ 1/13/25).

The Resident Care coordinator will verify and document they received training and randomly audit the residents MAR on a weekly basis . Documentation will be kept

All med techs will receive training on proper medication documentation by a approved department trainer by 01/29/25. documentation of training will be kept. (**DIRECTED:** The med tech training shall also include the home's medication administration procedures to ensure resident medications are administered in accordance wit 2600.187d. █ 1/13/25).

3 resident per week beginning 01/13/2025 will be audited by the resident care coordinator to insure correct documentation of MAR. (**DIRECTED:** The audits shall also include a review of each resident's medications to ensure resident medications are administered in accordance with prescribers' orders. Documentation of the weekly audits shall be kept for 2 months. █ 1/13/25).

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Not Implemented (█ - 04/14/2025)

224a - Preadmission Screen Form

6. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #2 was admitted to the home on [REDACTED] however, resident #2's preadmission screening was not completed until [REDACTED]

Plan of Correction**Directed ([REDACTED] - 01/13/2025)**

Resident care coordinator was retrained on preadmission screening and documentation on 12/20/2024. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/13/25). The administrator and resident care coordinator will review preadmission screening prior to admission. The administrator and consultant will review all current resident records to be completed 01/29/2025. The administrator and consultant will complete a new admission checklist and retrain all responsible staff by 01/24/2025 (DIRECTED: The new admission checklist shall be implemented by 1/24/25. Copies of the completed new admission checklists shall be kept in each resident's record. Documentation of the staff training on the use of the new admission checklist shall be kept in accordance with 2600.65i. [REDACTED] 1/13/25). This will be added and discussed at the quality assurance meeting on 01/29/2025 (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 1/13/25).

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Not Implemented ([REDACTED] - 04/14/2025)**225a - Assessment 15 Days****7. 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

Numerous diagnoses are present on resident #1's medical evaluation, dated 10/1/24, to include Chronic Obstructive Pulmonary Disease, Gout, Anemia, High Cholesterol, Depression, Thyroid Disorder, Iron Deficiency, Peripheral Vascular Disease, Gastro Esophageal Reflux Disease and Hypokalemia; however, none of the diagnoses are present on resident #1's assessment, dated [REDACTED]. The psychological and physical diagnoses sections of resident #1's assessment indicate "N/A".

Resident #2's assessment, dated [REDACTED] does not include an assessment of resident #2's supervision needs or ability to self-administer medications. These sections of resident #2's assessment are blank.

Numerous diagnoses are present on resident #2's medical evaluation, dated [REDACTED], to include Chronic Obstructive Pulmonary Disease, Cerebrovascular Accident, Hypertension, A-fib, Anxiety, Peripheral Vascular Disease and Nausea; however, none of the diagnoses are present on resident #2's assessment, dated [REDACTED]. The psychological

225a - Assessment 15 Days (continued)

and physical diagnoses sections of resident #2's assessment indicate "N/A".

Plan of Correction**Directed (█ - 01/13/2025)**

The Administrator and Resident Care Coordinator will review all resident charts to insure accurate information is present and accessible. Staff completing assessments will be retrained and documentation kept. updates on training will be disclosed at Quality assurance meetings

On 12/30/2024 the administrator reviewed and completed resident #1 and #2 assessments.

The administrator and consultant will review and complete all current resident charts by 01/24/2025. (DIRECTED: The review shall ensure all current resident assessments are accurate and completed in their entirety. █ 1/13/25).

The designee staff that completed assessments, and pre screens will be retrained by the administrator by 01/27/2025 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █ 1/13/25).

This will be added and discussed the the quality assurance meeting on 01/29/2025 (DIRECTED: Documentation of the quality management review shall be kept. █ 1/13/25).

DIRECTED: Beginning on 1/29/25: The administrator/designee shall review at least 5 resident assessments monthly to ensure accuracy and completeness. █ 1/13/25.

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Not Implemented (█ - 04/14/2025)**227g -Support Plan Signatures****8. 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 #1's support plan, dated █ does not include the assessor's name and indicates "N/A" for the assessor's printed name. Also, resident #1's support plan is not signed or dated by the assessor or resident #1, and does not indicate if resident #1 was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction**Directed (█ - 01/13/2025)**

The staff completing support plans will be retrained on the requirements for completing support plans. The Resident care coordinator and or the Administrator will review the support plans upon completion

Resident #1 left the facility on █ and has since moved to another facility. signature for the assessment is not possible

The administrator and consultant will review and complete all resident charts by 01/24/2025 (DIRECTED: The review shall ensure all current resident support plans are signed by the assessor and resident in accordance with 2600.227g. █ 1/13/25).

All staff responsible for generating rasps will be retrained by the administrator no later then 01/25/2025 (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. █ 1/13/25).

227g -Support Plan Signatures (continued)

This will be added and discussed to the quality assurance meeting on 01/29/2025 (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 1/13/25).

DIRECTED: Beginning on 1/29/25: The administrator/designee shall review at least 5 resident support plans monthly to ensure proper signatures are present in accordance with 2600.227g. [REDACTED] 1/13/25.

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Implemented ([REDACTED] - 04/14/2025)

227i - Support Plan Accessible

9. Requirements

2600.

227.i. The support plan shall be accessible by direct care staff persons at all times.

Description of Violation

Resident support plans, to include the support plans for residents #1 and #2, are computerized and were inaccessible to direct care staff persons at the time of inspection.

Plan of Correction

Directed ([REDACTED] - 01/13/2025)

retraining will be given to staff regarding the paper locations of resident support plans. The Resident Care Coordinator will review all resident charts to insure they are complete and direct care staff has access to the charts at all times.

The Administrator and consultant will review and complete all resident charts by 01/24/2025.

The Administrator will insure there is a paper copy of all resident documents in the physical resident binder by 01/24/2025.

The resident care coordinator will review the resident charts weekly beginning 02/03/2025.

The resident charts will be computerized and physical paper by 01/24/2025 with all staff having access to the paper charts by 01/24/2025.

The staff will be retrained by the resident care coordinator on the location and access to the resident charts by 01/29/2025. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 1/13/25).

This will be added and discussed at the quality assurance meeting on 01/29/2025 (DIRECTED: Documentation of the quality management review shall be kept. [REDACTED] 1/13/25).

Proposed Overall Completion Date: 01/29/2025

Directed Completion Date: 01/29/2025

Implemented ([REDACTED] - 04/14/2025)

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

Facility Information

Name: *VIDA SPRINGS SENIOR LIVING AND PERSONAL CARE HOME* License #: *45541* License Expiration: *05/07/2025*

Address: *1378 FOURTH STREET, MONONGAHELA, PA 15063*

County: *WASHINGTON*

Region: *WESTERN*

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: *VIDA SPRINGS SENIOR LIVING & PERSONAL CARE HOME, MONONGAHEL*

Address: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1*

Date: *10/13/2023*

Issued By: *Carroll Township*

Staffing Hours

Resident Support Staff: *0*

Total Daily Staff: *18*

Waking Staff: *14*

Inspection Information

Type: *Full*

Notice: *Unannounced*

BHA Docket #:

Reason: *Renewal, Complaint, Provisional, Incident*

Exit Conference Date: *01/30/2025*

Inspection Dates and Department Representative

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

01/28/2025 - On-Site: [REDACTED]

01/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28*

Residents Served: *12*

Secured Dementia Care Unit

In Home: *No*

Area:

Capacity:

Residents Served:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0*

Are 60 Years of Age or Older: *12*

Diagnosed with Mental Illness: *1*

Diagnosed with Intellectual Disability: *0*

Have Mobility Need: *6*

Have Physical Disability: *0*

Inspections / Reviews

01/23/2025 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/03/2025*

03/14/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/03/2025*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/19/2025*

03/24/2025 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/19/2025*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/31/2025*

06/16/2025 - Document Submission

Submitted By: [REDACTED] Date Submitted: *03/31/2025*
Reviewer: [REDACTED] Follow-Up Type: *Enforcement*

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home 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 personal care home.

Description of Violation

On 1/23/25, the current license inspection summary, dated 4/10/24, was not posted in a conspicuous and public place in the home; a copy was located in the administrator's office.

Plan of Correction

Accept (█ - 03/14/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, action was taken on 2/27/2025 by administrator █. A white binder was labeled "Survey Results", all past and current survey results were printed and placed in the binder. The binder was placed in the front of the organizer on the administrator's door to be easily discovered. All staff will be educated about the binder, it's contents, location and importance; at the 03/10/2025 Staff Meeting. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented (█ - 04/03/2025)

5a1 - DHS Access

2. 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 1/23/25 at approximately 2:00 p.m., agents of the Department requested the record of staff person #1, the administrator. On 1/29/25, staff person A's record was provided.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, all staff persons will have a hard copy record, kept in the filing cabinet in the administrators office. Folders for proper organization were ordered from Amazon on 03/01/2025. All current staff files will be organized into folders and stored by 03/07/2025. The administrator and █ designees have access at all times to the filing cabinets in the office. Administrator designees include the lead med tech on each shift and the full time cook.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/15/2025)

17 - Record Confidentiality

3. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

17 - Record Confidentiality (continued)

Description of Violation

On 1/23/25, there was a manilla folder containing multiple change of shift narcotic count sheets for several residents unlocked, unattended and accessible on the windowsill in the living room, to include:

- Narcotic count sheets for Lorazepam 1mg ordered for resident #1, dated 7/31/24 – 9/9/24
- Narcotic count sheets for Hydrocodone 5-325mg ordered for resident #2, dated 8/15/24 – 10/7/24

On 1/23/25, a communication book containing resident information about multiple residents was unlocked, unattended and accessible in a drawer in the white dresser in the hall leading to the emergency exit across from the Electrical Room.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, immediate action was taken by the administrator designee, the manilla folder and communication book were removed from their locations and taken to the administrator's office for proper filing. The white dresser has been removed from the hall way. A filing cabinet and filing system has been put into place to hold current and past records. The filing cabinet is kept in the front office and the office is a locked area. The communication book will be eliminated and staff will be educated on shift to shift report and Tabula Pro Noting during the staff meeting on 03/10/2025. Documentation will be kept.

Staff will be educated on keeping resident records locked and where they are located to be completed by all staff by end of day 3/24/24. Staff will sign off on understanding the education. The administrator or █ designee will sign off daily, upon completion of checking the home to ensure that no resident records are left unlocked.

Licensee's Proposed Overall Completion Date: 03/24/2025

Not Implemented (█ - 04/15/2025)

25a - Written Contract and Review

4. Requirements

2600.

25.a. Prior to admission, or within 24 hours after admission, a written resident-home contract between the resident and the home shall be in place. The administrator or a designee shall complete this contract and review and explain its contents to the resident and the resident's designated person if any, prior to signature.

Description of Violation

Resident #3 was admitted to the home on █, however, a written resident-home contract has not been completed.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, all admissions will be completed by the administrator or █ designee. An example admission packet has been created, including the new contract. The administrator has reviewed the admission packet and regulation 2600.25b with █ designees, including the lead medication technician and the owner. Only the administrator, owner or lead medication technician will do admissions. Documentation of education is on file. The admission packets are available in the front office for use. The new administrator █ has provided each current resident with a new contract (including residents #3 and #4). A tracker has been created and the administrator will utilize the tracker to ensure all residents have a completed and signed contract on file. The completed and signed contracts will be kept in the resident file in the filing cabinet in the locked front office where the administrator and █ designees have access. All residents will have a signed and completed contract on file by 3/31/2025

25a - Written Contract and Review (continued)

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented () - 04/15/2025

25b - Contract Signatures

5. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated (), for resident #4 was not signed by the administrator or a designee, or the resident.

Plan of Correction

Accept () - 03/24/2025

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, all admissions will be completed by the administrator or () designee. An example admission packet has been created, including the new contract. The administrator has reviewed the admission packet and regulation 2600.25b with () designees, including the lead medication technician and the owner. Only the administrator, owner or lead medication technician will do admissions. Documentation of education is on file. The admission packets are available in the front office for use. The new administrator () has provided each current resident with a new contract (including residents #3 and #4). A tracker has been created and the administrator will utilize the tracker to ensure all residents have a completed and signed contract on file. The completed and signed contracts will be kept in the resident file in the filing cabinet in the locked front office where the administrator and () designees have access. All residents will have a signed and completed contract on file by 3/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented () - 04/15/2025

25c2 - Fee Schedule

6. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The contract for resident #4, dated (), does not include the actual amount the resident will be charged per month for the home's available services.

Plan of Correction

Accept () - 03/24/2025

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, all admissions will be completed by the administrator or () designee. The new contract has been completed and includes a copy of a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services and charges to the resident for holding a bed during hospitalization or other extended absence from the home. The administrator has reviewed the admission packet (which contains the new contract) and regulation 2600.25b with () designees, including the lead medication technician and the owner. Only the administrator, owner or lead medication technician will do admissions. Documentation of education is on file. The admission packets are

25c2 - Fee Schedule (continued)

available in the front office for use. The new administrator [REDACTED] has provided each current resident with a new contract. A tracker has been created and the administrator will utilize the tracker to ensure all residents have a completed and signed contract on file. The completed and signed contracts will be kept in the resident file in the filing cabinet in the locked front office where the administrator and [REDACTED] designees have access. All residents will have a signed and completed contract on file by 3/31/2025. All new admissions will be completed using the admission packet with the new contract.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([REDACTED] - 04/15/2025)

25c12 - Bed Hold

7. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 12. Charges to the resident for holding a bed during hospitalization or other extended absence from the home.

Description of Violation

The contract for resident #4, dated [REDACTED] does not include the amount the resident will be charged per day for holding a bed during hospitalization or other extended absences from the home.

Plan of Correction

Accept ([REDACTED] - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, all admissions will be completed by the administrator or [REDACTED] designee. The new contract has been completed and includes a copy of a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services and charges to the resident for holding a bed during hospitalization or other extended absence from the home. The administrator has reviewed the admission packet (which contains the new contract) and regulation 2600.25b with [REDACTED] designees, including the lead medication technician and the owner. Only the administrator, owner or lead medication technician will do admissions. Documentation of education is on file. The admission packets are available in the front office for use. The new administrator [REDACTED] has provided each current resident with a new contract. A tracker has been created and the administrator will utilize the tracker to ensure all residents have a completed and signed contract on file. The completed and signed contracts will be kept in the resident file in the filing cabinet in the locked front office where the administrator and [REDACTED] designees have access. All residents will have a signed and completed contract on file by 3/31/2025. All new admissions will be completed using the admission packet with the new contract.

Licensee's Proposed Overall Completion Date: 03/31/2025

Implemented ([REDACTED] - 04/15/2025)

42b - Abuse

8. Requirements

2600.

- 42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On 1/17/25, resident #8 struck resident #4 in the head, resulting in resident #4 having a lump on the head and being taken by EMS to the hospital for evaluation and treatment [REDACTED]

42b - Abuse (continued)

The assessment for resident #8, dated [REDACTED], indicates the resident has a minimal problem with irritability, agitation and aggression, and the support plan, dated [REDACTED], indicates the resident has a history of hitting staff at a previous home. Also, the support plan indicates the resident refuses medications from time to time, "especially the mental health meds." According to the January 2025 medication administration record, resident #8 refused to take multiple medications on multiple dates prior to the incident, including one or both doses of Ziprasidone HCL, 40 mg, ordered twice a day for schizophrenia, including 1/9-1/12/25 and 1/13-1/17/25.

The home failed to adequately supervise resident #8, resulting in [REDACTED] to resident #4. Other residents in the home also expressed fear of resident #8.

Plan of Correction**Accept ([REDACTED]) - 03/24/2025)**

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, a policy will be written to clarify that residents involved in any abuse scenario are to be placed on 15 minute checks, kept separately from one another and closely monitored. 15 minute check forms will be provided and readily accessible to staff. New policy will include the procedure to follow when an event occurs. Training for staff regarding abuse and resident rights will be presented by [REDACTED] Hospice on 03/13/2025 at 3pm. New policies and forms will be presented to staff at staff meeting on 03/10/2025. Documentation of education and understanding will be kept. Resident #8 no longer resides at Vida Springs. Resident #8 is currently [REDACTED] and will relocate to another home upon discharge. Resident #8, the social worker and [REDACTED] family are all aware that [REDACTED] requires a higher level of care and cannot return to Vida Springs.

A medication refusal procedure has been created in which the med tech must contact the designated person (if applicable) then inform the MD via telephone. The med tech will fill out a "Medication Refusal Form" and place it in the MD's book to review and sign. The "Medication Refusal Form" will indicate the residents name and doctor, the date, time, medication refused, and any notes regarding the refusal. To monitor, the administrator will pull the medication exception report weekly and compare it to the refusal forms to ensure that they are being completed. The administrator will file the signed Medication Refusal Forms into a binder with the weekly report. Staff will complete an education on medication refusals and the supervision of residents with mental health and behaviors by 3/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Not Implemented ([REDACTED]) - 04/15/2025)**42s - Privacy****9. Requirements**

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On 1/23/25, there was no covering on the window directly next to the toilet in the common bathroom located near the dining room.

Plan of Correction**Accept ([REDACTED]) - 03/14/2025)**

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, an estimate was received by Barton Construction to frost the glass of the window in the common bathroom. This service will be

42s - Privacy (continued)

completed by [redacted] Construction no later than 03/08/2025. Receipt for service will be kept.

Licensee's Proposed Overall Completion Date: 03/08/2025

Not Implemented ([redacted] - 04/15/2025)

54a - Direct Care Staff

10. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

The following direct care staff persons do not have a high school diploma, GED diploma, or active registration status on the Pennsylvania nurse aide registry:

- Staff person B, hired 1/23/25 [redacted]
- Staff person C, hired [redacted]
- Staff person D, hired [redacted]

Plan of Correction

Accept ([redacted] - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, during organization of staff files, all current staff files will be audited for High School Diploma, GED or active registry status on the Pennsylvania nurse aide registry by 03/07/2025. Any staff who does not have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry will be given until 03/15/2025 to provide a copy of their education and removed from the schedule until it is provided. Any necessary education waivers will be sent to the Pennsylvania Bureau of Human Service Licensing for approval no later than 3/21/2025. New administrator will not allow any new staff members to begin working without physical proof of High School diploma, GED or active registration status on Pennsylvania nurse aide registry, in their file; or a waiver sent by new administrator to Pennsylvania Bureau of Human Service Licensing. A new hire checklist has been created to ensure this is not missed. An education waiver will be sent (if applicable) for all new hires and their start dates will be pending the receipt of an approved waiver. Staff persons B, C, and D have been informed of the deadline of 03/15/2025 to provide education.

Proposed Overall Completion Date: 03/19/2025

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented ([redacted] - 04/15/2025)

63a - First Aid/CPR Training

11. Requirements

2600.

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

There are 12 residents in the home, therefore, the home is required to have a minimum of 1 staff person who is trained in first aid and certified obstructed airway techniques, and cardiopulmonary resuscitation (CPR) present in the home

63a - First Aid/CPR Training (continued)

at all times.

On the following dates and times, there were no staff persons in the home who were trained in first aid and certified obstructed airway techniques, and CPR:

- 1/23/25, from 11:00 p.m. – 7:00 a.m.
- 1/24/25, from 11:00 p.m. – 7:00 a.m.
- 1/25/25, from 12:00 a.m. – 11:00 p.m.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, administrator █ has created a tracker to ensure that all staff have necessary training, including First Aid/CPR. During staff file audit completed by 03/07/2025, the tracker will be updated to reflect the First Aid/CPR course that was held by █ Hospice on 02/05/2025. Another training by █ Hospice is scheduled for 03/19/2025 at 2PM to ensure all current staff have First Aid/CPR. Certificates will be kept on file in staff folders. Tracker will be kept updated and monitored by Administrator. The administrator who makes the schedule will print the CPR certified persons names in RED print on the schedule to reflect and ensure that there is a CPR certified person in the home at all times.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/15/2025)

65a - FS Orientation 1st Day

12. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The following staff persons have not received orientation in any of the required topics in accordance with 2600.65a:

- Staff person D, hired █
- Staff person E, hired, █
- Staff person F, hired █
- Staff person G, hired █

Plan of Correction

Accept (█ - 03/14/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, a sign off sheet

65a - FS Orientation 1st Day (continued)

has been included in the onboarding checklist to ensure that all new employees receive an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

This sign off sheet will be signed off by the new employee and administrator or designee; to be kept in employee folder. All current employees will receive the orientation during the staff meetings on 03/10/2025, documentation will be filed in their employee charts.

Licensee's Proposed Overall Completion Date: 03/10/2025

Not Implemented (█) - 04/15/2025)

65b - Rights/Abuse 40 Hours**13. Requirements**

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

The following staff persons have completed their 40th scheduled work hour, however, they have not received orientation in any of the required topics in accordance with 2600.65b:

- Staff person D, hired █
- Staff person E, hired, █
- Staff person F, hired █
- Staff person G, hired █

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, an orientation checklist has been added to the employee training process. The topics have been reviewed with all current staff and the orientation checklist will be utilized for each new staff member beginning 03/03/2025. A residents rights and abuse training will be held by █ Hospice on 03/13/2025. All staff members must attend. Documentation will be kept. Completed orientation checklists will be kept in employee folders. The administrator will add the 40 hour checklist to █ training tracker, █ will monitor the tracker and ensure it is completed. Staff persons D and E have completed the 40 hour training. Staff persons E, F and G are no longer employed by Vida Springs Senior Living.

Licensee's Proposed Overall Completion Date: 03/19/2025

65b - Rights/Abuse 40 Hours (*continued*)

Not Implemented (█ - 04/15/2025)

65c - Ancillary Staff Orientation

14. Requirements

2600.

65.c. Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

Description of Violation

Ancillary staff person F, cook, hired █ did not receive general orientation to █ specific job duties.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, an orientation checklist has been added to the employee training process for ancillary staff. The topics will be reviewed with all current staff no later than 03/31/2025 and the orientation checklist will be utilized for each new ancillary staff member beginning 03/03/2025. A residents rights and abuse training will be held by █ Hospice on 03/13/2025. All staff members must attend. Documentation will be kept. Completed orientation checklists will be kept in employee folders. The administrator now utilizes the education tracker to ensure that all staff are receiving their required training. The New Hire Checklist ensures that all staff are given a job description upon hire. The job descriptions are signed and filed in their folder. Staff person F no longer works for Vida Springs Senior Living.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/15/2025)

65d - Initial Direct Care Training

15. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person D, hired █ staff person E, hired, █ and staff person G, hired █ provide unsupervised ADL services; however, none of these staff have successfully completed the Department-approved direct care training course, or passed the competency test.

Plan of Correction

Accept (█ - 03/14/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, all staff files will be audited by 03/07/2025 to ensure that each direct care staff person has completed their direct care training course and competency. Certificates will be kept in employee folders. Any staff member who does not have their certificate will be removed from the schedule until it is completed.

Licensee's Proposed Overall Completion Date: 03/07/2025

Not Implemented (█ - 04/15/2025)

82a - Poisonous Materials

17. Requirements

82a - Poisonous Materials (continued)

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

On 1/23/25, there was no product label on the Zep professional sprayer bottle on the baker's rack in the middle of the kitchen. The bottle contained a clear, soapy cleaning liquid.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, immediate action was taken by an administrator designee and the bottle was discarded. A training with all staff regarding the storage of poisonous materials will be completed no later than 03/12/2025, all staff will sign off on understanding it is house policy to keep poisonous items in their original, labeled container. Documentation will be kept.

The administrator or designee will monitor weekly to ensure that all poisonous materials are kept in their original, labeled container and away from food items.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

82b - Poisonous Material Storage**18. Requirements**

2600.

82.b. Poisonous materials shall be stored separately from food, food preparation surfaces and dining surfaces.

Description of Violation

On 1/23/25, a clear plastic spray bottle containing an unknown, clear, soapy cleaning liquid was stored next to a large container of Thick-It food and beverage thickener on the baker's rack in the center of the kitchen.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, immediate action was taken by an administrator designee and the bottle was discarded. A training with all staff regarding the storage of poisonous materials will be completed no later than 03/12/2025. Documentation will be kept. The administrator or designee will monitor weekly to ensure that all poisonous materials are kept in their original, labeled container and away from food items.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

85a - Sanitary Conditions**19. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/29/25 at approximately 11:52 a.m., there was an unlabeled, used bar of soap on the sink & 2 unlabeled bath puffs on the shower rack in the shared bathroom between bedrooms 9 and bedroom 11.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/29/25 by the Pennsylvania Bureau of Human service licensing, a room audit will be completed by the administrator or designee to ensure all shared rooms have labels to indicate ownership of soaps,

85a - Sanitary Conditions (continued)

drawers, hooks, etc. any missing labels will be replaced. Room audit will also ensure that each room has a bedside table and working lamp. Any missing or inoperable tables or lamps, will be replaced no later than 03/15/2025. Weekly audits will be done by administrator or designee for 6 weeks and then biweekly moving forward to ensure compliance. Documentation will be kept. Staff were educated that all shared rooms must have labels to indicate ownership of soaps, drawers, hooks, etc. any missing labels will be replaced. Documentation of education has been recorded.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

91 - Telephone Numbers**20. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

On 1/23/25, there were no emergency telephone numbers posted on or nearby the telephone on the window ledge in the dining room kitchenette.

Plan of Correction

Accept (█) - 03/14/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, an audit will be completed by the administrator or designee to ensure all telephones have a label containing emergency telephone numbers on or nearby. Any missing labels will be replaced no later than 03/15/2025. Weekly audits will be done by administrator or designee for 6 weeks and then biweekly moving forward to ensure compliance. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/15/2025

Implemented (█) - 04/15/2025)

100b - Removal Snow/Obstructions**21. Requirements**

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On 1/23/25 at approximately 10:23 a.m., there was approximately 1 ½ inches of snow covering the landing, ramp and exterior stairs from the emergency exit next to bedroom 15.

On 1/23/25 at approximately 11:20 a.m., there was approximately 1 ½ inches of snow covering the sidewalk outside of the emergency exit across from Electrical Room 1.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, the snow was cleared immediately. The administrator will gather estimates from three companies who provide snow removal in the area by 03/15/2025. A contract will be signed by administrator or designee, with the company selected by the

100b - Removal Snow/Obstructions (continued)

senior leadership team, prior to this upcoming winter. Staff will be educated on the necessity to keep the outside walkways, ramps, steps, recreational areas and exterior fire escapes clear of snow/ice and salted. Staff will be shown where the shovel and salt are. Staff will understand the importance and the medtech will responsible for monitoring and ensuring that the outside walkways, ramps, steps, recreational areas and exterior fire escapes remain clear of snow/ice. Staff education will take place on 03/10/2025 during the staff meetings. Documentation will be kept. Once contract is signed, medtechs will be provided with the selected company's telephone number in the event where they need to call for services. The medtech will monitor the weather conditions and ensure that the outside walkways, ramps, steps, recreational areas and fire escapes are free and clear of any obstructions. The administrator will monitor weekly for any obstructions.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

101j5 - Bedside Table/Shelf**22. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

5. A bedside table or a shelf.

Description of Violation

On 1/29/25, resident #5 did not have a bedside table or shelf.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/29/25 by the Pennsylvania Bureau of Human service licensing, a bedside table was provided to resident #5. A room audit will be completed by the administrator or designee to ensure all shared rooms have labels to indicate ownership of soaps, drawers, hooks, etc. any missing labels will be replaced. Room audit will also ensure that each room has a bedside table and working lamp. Any missing or inoperable tables or lamps, will be replaced no later than 03/15/2025. Weekly audits will be done by administrator or designee for 6 weeks and then biweekly moving forward to ensure compliance. Documentation will be kept. Staff were educated on the requirements of a room and the process of room audits during the staff meeting on 03/10/2024. Documentation was kept.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

101j7 - Lighting/Operable Lamp**23. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 1/29/25, resident #5 did not have a source of lighting that could be turned on/off from bedside.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/29/25 by the Pennsylvania Bureau of Human service licensing, an operable light was provided to resident #5. A room audit will be completed by the administrator or designee to ensure all shared rooms have labels to indicate ownership of soaps, drawers, hooks, etc. any missing labels will be replaced. Room

101j7 - Lighting/Operable Lamp (continued)

audit will also ensure that each room has a bedside table and working lamp. Any missing or inoperable tables or lamps, will be replaced no later than 03/15/2025. Weekly audits will be done by administrator or designee for 6 weeks and then biweekly moving forward to ensure compliance. Documentation will be kept. Staff were educated on the requirements of a room and the process of room audits during the staff meeting on 03/10/2024. Documentation was kept.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

103e - Left Overs**24. 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

On 1/23/25, there was undated food in the primary refrigerator located in the kitchen, including:

- A bowl of mashed potatoes
- 1 cup of peaches
- 3 plastic bags containing uncooked bacon slices

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, the food was discarded at time of inspection. A new full-time cook has been hired with ServSafe Certification and understanding of food handling. ServSafe Certification is kept in the new cook's folder and hung in the kitchen. Regulations 2600.81-2600.88, 2600.103a-j, 2600.104a-e, 2600.161-2600.164 were provided to the new full-time, reviewed and understood. Documentation kept. New cook will audit food storage in kitchen, dry storage, freezers and refrigerators for compliance weekly beginning 03/05/2025. Any issues will be resolved upon finding. Documentation will be kept. Administrator will review weekly and sign off on audit.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

103f - Refrigerator/Freezer Temps**25. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 1/23/25, there was no thermometer in the refrigerator in the dining room kitchenette.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, a thermometer was placed immediately in the dining room kitchenette by an administrator designee. The temperature is checked daily by the cook and logged for each refrigerator and freezer. Documentation is kept. Administrator will monitor weekly for documentation compliance.

103f - Refrigerator/Freezer Temps (*continued*)

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

103i - Outdated Food

26. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation*On 1/23/25, there were multiple containers of undated food in the main food freezer including:*

- 12 plastic bags containing slices of pizza
- 24 hot dogs in a plastic bag
- 6 plastic bags, each containing 4 sausage patties
- 4 plastic bags, each containing 3 chicken breasts
- An unsealed and undated plastic bag containing ground meat

On 1/23/25, there were multiple unlabeled and undated bags of food in the chest freezer in the kitchen, including:

- Approximately 15 plastic bags of either chicken or pork chops
- Approximately 8 plastic bags of two different lunch meats
- 12 plastic bags of chicken breasts

Plan of Correction

Accept (█) - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, a new full-time cook has been hired with ServSafe Certification and understanding of food handling. ServSafe Certification is kept in the new cook's employee folder and hung in the kitchen. Regulations 2600.81-2600.88, 2600.103a-j, 2600.104a-e, 2600.161-2600.164 were provided to the new full-time, reviewed and understood. Documentation kept. New cook will audit food storage in kitchen, dry storage, freezers and refrigerators for compliance weekly beginning 03/05/2025. Any issues will be resolved upon finding, including discarding any expired foods. Documentation will be kept. Administrator will monitor the audit weekly.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 04/15/2025)

123b - Emergency Procedures Posted

27. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation*On 1/23/25, the copy of the home's emergency procedures was not posted in a conspicuous and public place in the home. The copy of the home's emergency procedures was located in the administrator's office.*

123b - Emergency Procedures Posted (*continued*)**Plan of Correction**

Accept (█ - 03/24/2025)

In response to the violation on 1/23/25 by the Pennsylvania Bureau of Human service licensing, the emergency preparedness procedures will be reviewed, copied, and posted in a red binder by the administrator or designee. Final binder will be placed in the vestibule for easy identification and access. A copy will be kept in the administrator's office. █ [unacceptable completion date]

The current binder has been placed in the vestibule and the administrator will monitor daily to ensure that it is kept there.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█ - 04/15/2025)

132a - Monthly Fire Drill

28. Requirements

2600.

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

Description of Violation

The home has not conducted an unannounced fire drill since 7/24/24.

Plan of Correction

Directed (█ - 03/24/2025)

In response to the Monthly Fire Drill violation by the Pennsylvania Bureau of Human service licensing, an unannounced fire drill was completed on 01/31/2025 by the owner of the facility and logged in the Fire Drill Log Binder. A fire safety inspection and fire drill conducted by a fire safety expert was completed on 02/03/2025. Documentation of this fire drill and fire safety inspection has been filed in the fire drill binder.

New administrator will be responsible for monthly fire drills and will log them in the fire drill log book. Documentation will be kept in the fire drill log book.

The administrator will observe the next 3 consecutive fire drills, including the March fire drill that will take place during sleeping hours.

Staff have been educated on their requirements and the process during their 1st day orientation.

Directed - By 3/31/25 - The home will conduct a sleeping hours fire drill which will be observed by the administrator.

Directed Completion Date: 03/31/2025

Not Implemented (█ - 04/15/2025)

132b - Safety Inspection/Fire Drill

29. Requirements

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.

132b - Safety Inspection/Fire Drill (*continued*)**Description of Violation**

The home has not had a fire safety inspection and drill conducted by a fire safety expert.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the Safety Inspection/Fire Drill violation by the Pennsylvania Bureau of Human service licensing, a fire safety inspection and fire drill conducted by a fire safety expert was completed on 02/03/2025. Documentation of this fire drill and fire safety inspection has been filed in the fire drill binder. The administrator will ensure that every year in the month of February, a fire inspection and drill is completed annually.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█ - 04/15/2025)

132e - Fire Drill Sleeping Hours

30. Requirements

2600.

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

Description of Violation

The home has not conducted a sleeping hours fire drill.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the Fire Drill Sleeping Hours violation by the Pennsylvania Bureau of Human service licensing, the administrator or designee will conduct a sleeping hours fire drill by 03/31/2025. Documentation will be kept in the log book. Staff have been educated on procedures and requirements of a fire drill during their 1st day orientation. The administrator is responsible to ensure that a sleeping hours fire drill is conducted at least once every 6 months.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/16/2025)

141a - Medical Evaluation

31. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

Description of Violation

The medical evaluation, dated █ for resident #3 is blank in the areas of body positioning, health status and cognitive functioning.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the Medical Evaluation violation by the Pennsylvania Bureau of Human service licensing, the administrator or designee will conduct a full resident chart audit on all current residents to ensure the proper paperwork is completed and present in the resident chart by 03/21/2025. An Admission Checklist/Process has been established and will be followed for each new resident moving forward. Documentation of audit will be kept. Admission checklist will be filed in the MISC tab of each resident's chart once completed. Resident #3's DME has been corrected by the physician. The administrator will review all new DMEs to ensure they are completed. The administrator will file paper copies in their physical charts and scan them into tabula pro once the DME is completed to satisfaction and regulation.

141a - Medical Evaluation *(continued)*

Licensee's Proposed Overall Completion Date: 03/21/2025

Implemented (█) - 04/15/2025

183d - Prescription Current

32. Requirements

2600.

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

Description of Violation

Resident #4's prescription for Ciprofloxacin 500mg was discontinued on 1/5/25; however, on 1/28/25, it was still stored on the medication cart.

Resident #6's prescription for Albuterol Sulfate was discontinued on 11/15/24; however, on 1/28/25, it was still stored on the medication cart.

Plan of Correction

Accept (█) - 03/24/2025

In response to the Prescription Current violation by the Pennsylvania Bureau of Human service licensing, the identified medications were removed from the cart and destroyed by the administrator designees who were present upon discovery. A MAR to cart audit will be completed weekly by the administrator or designee to ensure all medications ordered on the MAR are current in the cart and no expired or discontinued medications are present. Documentation will be kept. Medtechs have been educated to remove and reorder expired medications. Medtechs have been educated to remove and destroy discontinued medications.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█) - 04/14/2025

183e - Storing Medications

33. 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

On 1/28/25, resident #3's Basaglar Kwik Pen was opened on 12/22/24. According to the manufacturer's instructions, use within 28 days after opening.

Plan of Correction

Accept (█) - 03/24/2025

In response to the Storing Medications violation by the Pennsylvania Bureau of Human service licensing, the Basaglar Kwik Pen was discarded and a new pen was opened and labeled. A cart audit will be completed weekly by the administrator or designee to ensure all medications are stored and labeled per regulation, including open dates. Any issues will be addressed immediately. Documentation will be kept. Current medication technicians have taken the Diabetic Training course and have reviewed the storage of insulin, labeling open dates and expirations as a

183e - Storing Medications (continued)

part of the course. Documentation of course completion and understanding, available.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/14/2025)

184a - Resident's Meds Labeled**34. Requirements**

2600.

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

1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

On 1/28/25, there was a plastic bag with resident #3's name on the bag on the medication cart containing a Basaglar Kwik Pen and an Insulin Aspart pen that did not have a pharmacy label.

On 1/28/25, there was no label on resident #6's Breztri Aerosphere inhaler.

Resident #7 is ordered Polyethylene Glycol 3350, mix one capful (17gm) in 8 ounces of beverage and drink twice a day. However, the pharmacy label indicates once a day.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the Resident's Meds Labeled violation by the Pennsylvania Bureau of Human service licensing, all medications were audited with the MAR and physicians orders then labeled with the correct label. The administrator met with the current pharmacy █ and requested that each insulin pen come in it's own individual bag with a label and requested that all inhalers come labeled. Medication Technician's have gone through the state required certification program and have learned to compare the pharmacy label to the MAR, and what to do if it does not match. During weekly cart audits by the administrator or designee, MAR to label comparison will be done and any discrepancies will be rectified. Documentation of audit will be kept.

Documentation of course completion available.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/14/2025)

185a - Implement Storage Procedures**35. 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 #3 is ordered blood glucose readings for sliding scale insulin twice daily; however, the home is not recording the blood glucose readings on the MAR.

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept (█ - 03/24/2025)

In response to the Implement Storage Procedures violation by the Pennsylvania Bureau of Human service licensing, the administrator designee immediately reached out to █ pharmacy who profiles the medications on the MAR and requested that blood glucose readings be added to the MAR as well as the number of units of insulin administered and to what site. The administrator designee followed up to ensure this was completed. This can now be viewed on the MAR sheet.

The Lead Medtech will audit the MAR and the glucometers daily to ensure all information is recorded on the MAR. All medtechs will be educated again between 3/21/2025 and 3/23/2025 to ensure that they are aware of how to use the new EMAR in Tabula Pro SMART that is going live on 3/24/2025. Documentation will be kept. All medtechs will be able to record the injection site if applicable, the number of units and the blood sugar.

Licensee's Proposed Overall Completion Date: 03/24/2025

Not Implemented (█ - 04/14/2025)

187a - Medication Record

36. Requirements

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is ordered Morphine Sulfate 100mg/5ml, give 1 syringe (5mg/0.25ml) every hour as needed, Lorazepam 0.5mg, 1 tablet every 4 hours as needed, and Haloperidol concentrate 2mg/ml, 0.25mg (0.5mg) by mouth or under tongue every 4 hours as needed. On 1/28/25, these medications were not included on the January 2025 medication administration record.

Resident #3 is ordered Novolog insulin order 2 times daily, sliding scale at breakfast and lunch only, as follows, however, the home is not recording the amount of insulin the resident is receiving on the MAR.

150-200 = 4 units

187a - Medication Record (continued)

201-250 = 6 units
 251-300 = 8 units
 301-350 = 12 units
 351-400 = 14 units
 401-450 = 18 units
 451-500 = 20 units
 501+ = 22 units

Plan of Correction

Accept () - 03/24/2025

In response to the Medication Record violation by the Pennsylvania Bureau of Human service licensing, the administrator designee immediately reached out to () pharmacy who profiles the medications on the MAR and requested that blood glucose readings be added to the MAR as well as the number of units of insulin administered and to what site. The administrator designee followed up to ensure this was completed. This can now be viewed on the MAR sheet. The administrator met with () pharmacy on 02/21/2025 whom is responsible for profiling all resident orders on the MAR in QuickMAR. () pharmacy representatives (), informed administrator () that they will not profile any medications that are not filled through their pharmacy. Upon further review and collaboration with senior management and consultants, () has provided a letter to () pharmacy on 2/25/2025 terminating their relationship with Vida Springs effective end of cycle. A contract with () Pharmacy was signed by administrator () and a letter was sent to residents and responsible parties on 2/26/2025 informing them of the change coming. () Pharmacy will profile all medications for all residents regardless of what pharmacy fills the prescription, in the interim the administrator or designee will profile medications for residents who do not use () Pharmacy to ensure accuracy. The Lead Medtech will audit the MAR and the glucometers daily to ensure all information is recorded on the MAR. Weekly cart audits began 2/19/2025 by the administrator and will continue to be done by the administrator or the lead medtech to ensure that all medications are present on the MAR and in the home.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented () - 04/14/2025

187b - Date/Time of Medication Admin.**37. 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

The January 2025 medication administration records (MAR) for multiple residents were not initialed by staff for multiple medications on multiple dates and times, to include the following:

- Resident #6:

Clopidogrel 75mg at 5:00 p.m. on 1/2/25 through 1/4/25, 1/8/25, 1/9/25, 1/11/25 through 1/16/25, 1/19/25, 1/21/25, 1/23/25, 1/24/25, 1/26/25

Diltiazem ER 180mg at 8:00 a.m. on 1/12/25, 1/26/25

- Resident #7:

Bumetanide 2mg at 8:00 p.m. on 1/11/25, 1/14/25

Quetiapine Fumarate 25mg at 8:00p.m., on 1/11/25, 1/14/25

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

Plan of Correction

Accept (█) - 03/24/2025)

In response to the Medication Record violation by the Pennsylvania Bureau of Human service licensing, the administrator designee ensured each medication technician who completed the course, had a QuickMAR log in and password, and an understanding of how to use Quick MAR and sign medications off as either passed or exception. The administrator or designee will perform a weekly MAR audit beginning 03/07/2025 to ensure staff are initialing administration of medications. Documentation will be kept. The administrator will begin to audit the MAR weekly starting 3/20/2025 and will continue to do daily audits for two months to ensure accuracy during transition of new pharmacy.

The administrator will conduct an additional Medtech Observation of each medtech no later than 3/31/2025. Documentation will be kept of observation using the State Approved Medtech observation form.

Proposed Overall Completion Date: 03/31/2025

Licensee's Proposed Overall Completion Date: 03/31/2025

Not Implemented (█) - 04/14/2025)

187d - Follow Prescriber's Orders

38. Requirements

2600.

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

Description of Violation

On 11/15/24, the order for resident #6, Albuterol 0.083% solution, inhale the contents of one vial via nebulizer every 4 hours for 7 days was discontinued. However, according to the January MAR, and staff person G, the medication has been administered regularly on multiple dates and times, including at least once per day, and up to 6 times per day, from 1/1-1/11/25 and 1/13-1/28/25.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the Follow Prescriber's Orders violation by the Pennsylvania Bureau of Human service licensing, the administrator has created a process to ensure orders are updated accurately. The administrator or designee will fax all new orders to the pharmacy, date, initial it and write where it was faxed to. The order will then be placed in the bin labeled "new orders sent to pharmacy" the MAR will be monitored for the update. Once the update is correct on the MAR, the correction will be made by the administrator or designee in the cart and then the order will be filed in the resident's chart. The bin will be emptied daily to ensure accuracy. Any issues with profiling, the administrator or designee will contact the pharmacy. Until Health Direct takes over as the pharmacy, the administrator or designee will update QuickMAR for any orders that are not filled by █ Daily MAR audits by the administrator will be documented and ensure that physician's orders are immediately followed. Medtechs will be educated on this process at time of their individual observation no later than 3/31/2025. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 03/31/2025

Not Implemented (█) - 04/14/2025)

190a - Completion Medication Course

39. Requirements

190a - Completion Medication Course (continued)

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person G did not complete a Department-approved medication administration course. However, staff person G administered multiple medications to multiple residents on multiple dates and times throughout the month of January 2025, including:

- Resident #6; Breztri Aerosphere inhaler, 2 puffs at 8:00 p.m. on 1/6/25, 1/8/25, at 8:00 a.m. and 8:00 p.m. 1/7/25 through 1/10/25.
- Resident #8; Eliquis 5mg, 1 tablet at 8:00 a.m. and 8:00 p.m. on 1/13/25, 1/18/25 and at 8:00 p.m. on 1/20/25.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the Completion Medication Course violation by the Pennsylvania Bureau of Human service licensing, 7 staff members have completed the Department-approved medication administration course and Non-oral medication administration training. Two other staff members have been hired that have already completed the training and 2 more are enrolled in the course currently. █, administrator is also a Trainer to Train. Documentation is available. Administrator indicates on the schedule who is the Medtech for the shift. The administrator ensures that there is a medtech on every shift and that the medtech's current training is up to date. All training is kept on a tracker to ensure that medtech training is kept up to date. Tracker, schedule and training is available.

Licensee's Proposed Overall Completion Date: 03/19/2025

Implemented (█) - 06/12/2025)

191 - Resident Right to Refuse**41. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Multiple residents including residents #3, 4, 6, 7 and 8 have not been educated to the resident's right to question or refuse medication if the resident believe that there may have been a medication error.

Plan of Correction

Accept (█) - 03/24/2025)

In response to the Resident Right to Refuse violation by the Pennsylvania Bureau of Human service licensing, the administrator has Resident Rights (including the right to refuse) are included in the contract and reviewed with each resident upon contract signing. Resident Rights are also hanging on the wall, in the case by the kitchen. All residents will have reviewed and signed a new contract by 03/31/2025. All new residents will review and sign a contract including the resident rights, upon admission.

Licensee's Proposed Overall Completion Date: 03/31/2025

Not Implemented (█) - 04/14/2025)

221c - Post Activity Calendar

42. Requirements

2600.

221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

On 1/23/25, the home did not have a current weekly activity calendar posted in a conspicuous and public place in the home.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the 01/23/2025 violation by the Pennsylvania Bureau of Human service licensing, the administrator designee immediately hung an activity calendar in the dining room. As of today, there is a framed activity calendar hanging in the dining room for anyone to view. The administrator will update the calendar monthly or as changes may occur, until an activity aide is hired. Upon hire, the activity aide will assume responsibility for ensuring daily that the activity calendar is hung on the wall and kept updated.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/14/2025)

224a - Preadmission Screen Form

43. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The preadmission screening, for resident #6 is undated; therefore, it could not be determined if it was completed within 30 days prior to admission. Additionally, it does not indicate the reason for the resident leaving their current residence or the determination that the home can meet the resident's needs.

Plan of Correction

Accept (█ - 03/24/2025)

In response to the Preadmission Screen Form violation by the Pennsylvania Bureau of Human service licensing, the administrator or designee will conduct a full resident chart audit on all current residents to ensure the proper paperwork is completed and present in the resident chart by 03/21/2025. An Admission Checklist/Process has been established and will be followed for each new resident moving forward, this includes the Preadmission Screening. Documentation of audit will be kept. Admission checklist will be filed in the MISC tab of each resident's chart once completed. Resident #6 no longer resides at Vida Springs Senior Living. Resident #6 moved out on █

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█ - 04/14/2025)

225a - Assessment 15 Days

44. 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.

225a - Assessment 15 Days (continued)

Description of Violation

The assessment, dated [REDACTED], for resident #3 does not indicate the level of supervision the resident requires; this section is blank.

Resident #4 was admitted to the home on [REDACTED]; however, an assessment has not been completed.

Resident #6 was admitted to the home on [REDACTED] however, an assessment has not been completed.

Resident #7 was admitted to the home on [REDACTED] however, an assessment has not been completed.

Resident #8 was admitted [REDACTED] however, the assessment was not completed until [REDACTED]. Also, the assessment is blank in the area of transferring in/out of bed/chair and does not include the diagnoses of DVT, dementia, high cholesterol, mood disorder, anxiety, and seborrheic dermatitis, as indicated on the resident's medical evaluation, dated 10/29/24.

Plan of Correction

Accept ([REDACTED]) - 03/24/2025)

In response to the Assessment 15 days violation by the Pennsylvania Bureau of Human service licensing, the administrator or designee will conduct a full resident chart audit on all current residents to ensure the proper paperwork is completed and present in the resident chart by 03/21/2025. An Admission Checklist/Process has been established and will be followed for each new resident moving forward, this includes the Documentation of Medical Evaluation (DME) form and RASP. Documentation of audit will be kept. Admission checklist will be filed in the MISC tab of each resident's chart once completed. The administrator designees have completed all DME and RASP forms by 03/21/2025. Moving forward, the administrator will review all DME and RASP forms to ensure compliance. The administrator will sign all RASP forms to indicate review. Staff will not be educated on timelines as the administrator is the only staff member completing these forms at this time.

Licensee's Proposed Overall Completion Date: 03/21/2025

Not Implemented ([REDACTED]) - 04/14/2025)

227a - Support Plan 30 Days

45. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #4 was admitted to the home on [REDACTED] however, a support plan has not been completed.

Resident #6 was admitted to the home on [REDACTED] however, a support plan has not been completed.

Resident #7 was admitted to the home on [REDACTED] however, a support plan was not completed.

Plan of Correction

Accept ([REDACTED]) - 03/24/2025)

In response to the Support Plan 30 Days violation by the Pennsylvania Bureau of Human service licensing, the

227a - Support Plan 30 Days (continued)

administrator or designee will conduct a full resident chart audit on all current residents to ensure the proper paperwork is completed and present in the resident chart by 03/21/2025. An Admission Checklist/Process has been established and will be followed for each new resident moving forward, this includes the Resident Assessment and Support Plan (RASP) document. Documentation of audit will be kept. Admission checklist will be filed in the MISC tab of each resident's chart once completed. The administrator designees have completed all DME and RASP forms by 03/21/2025. Moving forward, the administrator will review all DME and RASP forms to ensure compliance. The administrator will sign all RASP forms to indicate review. Staff will not be educated on timelines as the administrator is the only staff member completing these forms at this time.

Licensee's Proposed Overall Completion Date: 03/21/2025

Not Implemented (█) - 04/15/2025)

251c - Standardized Forms**46. Requirements**

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

The medical evaluations for multiple residents, including the following, were not completed on the Department's required form. The documentation was completed on a computer-based system:

- Resident #3, dated █
- Resident #6, dated █
- Resident #7, dated █
- Resident #8, dated █

Plan of Correction

Accept (█) - 03/24/2025)

In response to the Standardized Forms violation by the Pennsylvania Bureau of Human service licensing, the administrator or designee will conduct a full resident chart audit on all current residents to ensure the proper paperwork is completed on the correct department approved form and present in the resident chart by 03/21/2025. An Admission Checklist/Process has been established and will be followed for each new resident moving forward. Documentation of audit will be kept. Admission checklist will be filed in the MISC tab of each resident's chart once completed. The administrator will review the appropriate state approved standardized forms with █ designees by 03/07/2025 to ensure the appropriate forms are utilized. Documentation of review will be kept. State provided standard forms will be utilized and uploaded into tabula pro as well as the hard copy kept in the residents chart.

Licensee's Proposed Overall Completion Date: 03/19/2025

Not Implemented (█) - 04/15/2025)