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

April 18, 2025

[REDACTED] ADMINISTRATOR
STONERIDGE RETIREMENT LIVING COMMUNITIES, INC
[REDACTED]
[REDACTED]

RE: STONERIDGE POPLAR RUN
450 EAST LINCOLN AVENUE
MYERSTOWN,, PA, 17067
LICENSE/COC#: 30899

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/04/2025, 02/04/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *STONERIDGE POPLAR RUN* **License #**: *30899* **License Expiration**: *09/11/2025*

Address: *450 EAST LINCOLN AVENUE, MYERSTOWN,, PA 17067*

County: *LEBANON* **Region**: *CENTRAL*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *STONERIDGE RETIREMENT LIVING COMMUNITIES, INC*
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *05/08/1990* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *32* **Waking Staff**: *24*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *02/05/2025*

Inspection Dates and Department Representative

02/04/2025 - On-Site:
02/04/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *29*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *29*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*
Have Mobility Need: *3* **Have Physical Disability**: *1*

Inspections / Reviews

02/04/2025 - Full

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *02/28/2025*

02/28/2025 - POC Submission

Submitted By: **Date Submitted**: *04/09/2025*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *03/07/2025*

Inspections / Reviews *(continued)*

03/10/2025 - POC Submission

Submitted By: [redacted] **Date Submitted:** *04/09/2025*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *04/14/2025*

04/18/2025 - Document Submission

Submitted By: [redacted] **Date Submitted:** *04/09/2025*

Reviewer: [redacted] **Follow-Up Type:** *Not Required*

5a1 - DHS Access

1. Requirements

2600.
5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:
   1. Agents of the Department.

Description of Violation

On 2/4/25, at 11:04 AM, Staff Person A's file was requested, and at 11:40 AM, Staff Persons B, Staff Person C, and Staff Person D's records were requested. However, these staff records were not provided until approximately 1:30 PM.

On 2/4/25, at 10:30 AM, the home's documentation of the most recent fire safety inspection and fire drill conducted by a fire safety expert were requested. However, this documentation was not provided until approximately 4:00 PM.

Plan of Correction ***Accept (- 02/28/2025)***

Due to the Administrator being ill and coming to the job site at a much later time, the record getting was delayed, as well as record keeping difficult to obtain from many sources. On February 7, 2024, the Administrator streamlined and centralized documentation so that it is readily available in two places: the Administrator's office in the State binders (paper copy) and the E-records system of the newly established TabulaPro(e-record). Beginning on March 3, 2025, the Administrator shall schedule and complete monthly audits of required documentation so that they are readily available for surveyors. The Executive Director/NHA has also been newly certified as an additional PCHA so that this situation should not repeat.

Licensee's Proposed Overall Completion Date: *02/18/2025*

Implemented (- 04/10/2025)

65b - Rights/Abuse 40 Hours

3. 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:
   2. Emergency medical plan.
   4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person C, hired on and Staff Person D, hired on both completed 40th scheduled work hour. However, neither staff person completed training in the following topics:

- *Emergency medical plan.*
- *Reporting of reportable incidents and conditions.*

Plan of Correction ***Directed (- 03/10/2025)***

Both Staff persons C & D completed the Emergency Medical Plan and Reporting Reportable Incident and Conditions Training on Tuesday, February 18, 2025 by the PCHA. For on-going monitoring that began on Tuesday, February 18 and with each consecutive Staff Orientation, the Administrator shall hold a separate orientation for all staff on the 40-hour required information and shall have a completed Orientation Plan sheet put into their HR records.

65b - Rights/Abuse 40 Hours (continued)

An audit annual training audit of all PC staff was initiated and completed by the Administrator and Human Resources personnel on March 6, 2025 to check for compliance. All PC staff will be in compliance with all required annual training by December 31, 2025 through the Paycom Annual In-service Training, in-person and online training. The Administrator shall monitor all PC staff training on a monthly basis beginning March 6, 2025 to ensure that continued compliance is achieved.
Proposed Overall Completion Date: 12/31/2025

Directed Completion Date: *03/31/2025*

Implemented (- 04/18/2025)

65g - Annual Training Content

4. Requirements

2600.
65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.

Description of Violation

Staff Person B did not receive the following training during the 2024 training year:

- *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.*

Plan of Correction ***Accept (- 03/10/2025)***

The Administrator shall, on an annual basis, schedule and hold a fire safety training conducted by a fire safety expert. On Friday, February 14, 2025, the Administrator sent an initial email to the local Fire Chief asking him to schedule the Training with The next scheduled Fire Safety Training is scheduled for April 9, 2025.

An annual training audit of all PC staff was initiated and completed by the Administrator and Human Resources personnel on March 6, 2025 to check for compliance. All PC staff will be in compliance with Fire Safety Training by April 30, 2025 and with all required annual training by December 31, 2025. The Administrator shall monitor all PC staff training on a monthly basis to ensure that continued compliance is achieved.

Proposed Overall Completion Date: 04/30/2025
Proposed Overall Completion Date: 04/09/2025

Licensee's Proposed Overall Completion Date: *04/09/2025*

Implemented (- 04/18/2025)

82a - Poisonous Materials

5. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

82a - Poisonous Materials *(continued)*

Description of Violation

On 2/4/25, at 9:27 AM, there was a plastic spray bottle located in the home's salon. This spray bottle had an unknown yellow chemical in it and was not labeled with any information on its contents. The salon was unlocked and unattended.

Plan of Correction ***Accept (- 02/28/2025)***

The plastic bottle was removed and contents discarded by the Administrator on Wednesday, February 5, 2025 since the unlabeled substance was unknown at the time. The Administrator also locked and posted a reminder that the salon should remain locked at all times when not in use. The Administrator also reminded all staff on the importance of properly labeled bottles with cleaning solutions in them. Beginning February 18, 2025 and moving forward, the Administrator shall, on a monthly basis, check every bottle of cleaning solution in PC and ensure that it is properly labeled and if not, work with the VP of Physical Plant to obtain properly labeled bottles.

Licensee's Proposed Overall Completion Date: *02/18/2025*

Implemented (- 04/18/2025)

141a 1-10 Medical Evaluation Information

6. 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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation, dated does not include temperature.

Resident #3's initial medical evaluation, dated does not include special health, dietary needs or immunization history.

Plan of Correction ***Accept (- 02/28/2025)***

StoneRidge Poplar Run has recently changed the e-records to Tabula Pro which highlights, on the DME, all the required fields. In-house PCP will not be able to sign the DME without the highlighted areas being filled in, as the Administrator shall double check those fields before the PCP can sign. For any other Physicians, the Administrator shall highlight all of the required areas to be filled in by the provider and if missed, will contact the provider to get the permission to fill in. If needed, the DME will be sent back to the Physician to obtain the necessary information. Beginning February 18, 2025 and monthly thereafter, the Administrator shall complete monthly audits of all DME's. A record of the monthly audit also be completed by the Administrator.

Licensee's Proposed Overall Completion Date: *02/18/2025*

141a 1-10 Medical Evaluation Information *(continued)*

Implemented (█ - 04/18/2025)

183d - Prescription Current

7. 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

On 2/5/25, Lidocaine pain patch and Milk of Magnesia prescribed for Resident #2 were observed in the medication cart. However, there are no current orders for either of these medications.

On 2/5/25, anti-fungal powder 2% and Glucose 15 gel prescribed for Resident #5 were observed in the medication cart. However, there are no current orders for either of these medications.

Plan of Correction ***Accept (█ - 03/10/2025)***

Due to switching over all medication orders and e-MARs from PCC to Tabula Pro, some resident orders were slower to appear on e-MAR than others. That has been corrected. Both Resident #2 and Resident #5 have either a current order or a DC order for the medications listed. The LPN was educated on current prescription orders by the Administrator on March 6, 2025 and all MedTechs will be educated on current prescription orders by March 31, 2025 by the LPN and PCHA.

To ensure that all medications and orders/e-MARs are equal, the LPN and Administrator shall conduct quarterly (or sooner, if needed) medication and order audits. The Pharmacy also conducts quarterly medication cart audit. The next scheduled Medication order and cart audit is March 15, 2025.

Proposed Overall Completion Date: 03/31/2025

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

Implemented (█ - 04/18/2025)

184b - Labeling OTC/CAM

8. Requirements

2600.
184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 2/5/25, a bottle of MacuHealth belonging to Resident #4 was observed in the medication cart. The bottle was not labeled with the resident's name.

Plan of Correction ***Accept (█ - 03/10/2025)***

Resident #4 has an order for MacuHealth that the family provides. The initials and room number for Resident #4 have been put on cap of bottle. The LPN was educated on the importance of proper labels on medications on March 6, 2024. MedTechs will be educated on the importance of proper labeling by the LPN and the Administrator on March 31, 2025. The MedTechs/LPN will put resident initials and room number on every bottle of prescribed medications that family may provide. Double checking the labels will be included in the medication audits that will be performed quarterly. The next Medication Audit is scheduled for March 15, 2025.

Proposed Overall Completion Date: 03/31/2025

184b - Labeling OTC/CAM *(continued)*

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

Implemented (█ - 04/18/2025)

185a - Implement Storage Procedures

9. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 2/5/25, at approximately 11:45 AM, the following medications were not available as prescribed for Resident #4 in the home:

- *Celecoxib Oral Capsule 200 mg with orders to give 1 capsule by mouth every 24 hours as needed for pain.*
- *Halls Cough Drops Mouth/Throat Lozenge with orders to give 1 drop by mouth every 4 hours as needed for cough suppressant.*
- *Metamucil 4 in 1 Fiber Oral Packet with orders to give 1 packet by mouth every 24 hours as needed for constipation.*
- *Nitroglycerin Sublingual Tablet 0.4 mg with orders to give 1 tablet sublingually as needed for chest pain.*
- *Systane Ophthalmic Gel 0.4-0.3% with orders to Instill 1 drop in both eyes every 6 hours as needed for dry eyes.*

On 2/5/25, the following discrepancies were observed between the blood sugar reading on Resident #1's glucometer and the documented blood sugar reading on Resident #1's medication administration record (MAR):

- *On 2/4/25, at 5:21 PM, the resident's glucometer had a blood sugar reading of 213. However, the resident's MAR had documented blood sugar reading of 206 at 5:53 PM on 2/4/25.*
- *On 2/4/25, at 11:53 AM, the resident's glucometer had blood sugar reading of 187. However, the resident's MAR had a documented blood sugar reading of 174 on 2/4/25 at 11:37 AM, and a documented blood sugar reading of 190 on 2/4/25 at 12:06 PM.*
- *On 2/4/25, at 8:11 AM, the resident's glucometer had a blood sugar reading of 84. However, the resident's MAR had a documented blood sugar reading of 96 on 2/4/25 at 8:43 AM.*

On 2/2/25, at 6:15 AM, Resident #4's glucometer had a blood sugar reading of 63. On 2/2/25, at 6:15 AM, a second blood sugar reading was taken with a reading of 214. However, Resident #4's MAR had a documented blood sugar reading of 94 on 2/2/25 at 5:55 AM.

Plan of Correction ***Accept (█ - 03/10/2025)***

Resident #4 medications have been received by the Pharmacy and are stored in the medication cart.

Resident #4 has an order to check the Blood Sugar one time a day. If Resident #4 feels that the blood sugar is high or low, resident may ask for additional readings which, to date, were not recorded. Beginning February 18, 2025 moving forward, MedTechs/LPNs will place in SMART Vitals any additional glucose readings that are outside the 1x a day order should the resident feel that the blood sugar is too high or too low.

185a - Implement Storage Procedures (continued)

Resident #1 has a FreeStyle Libre Blood Glucose Monitoring system which she checks multiple times a day. Beginning February 18, 2025 and moving forward, MedTechs/LPNs will double check the monitor to receive correct blood glucose readings instead of having resident verbally give the number.

The LPN was educated on March 6, 2025 on safe storage and proper glucometer procedure. The Administrator and LPN shall educate MedTechs on the importance of proper storage, access, security, distribution and use of medications and equipment on March 31, 2025. Beginning March 8, 2025 and every Saturday onward, all resident glucometers will be audited by the night-shift MedTech/LPN and corrections made, if necessary. The Administrator will receive a copy of the weekly audit.

Proposed Overall Completion Date: 03/31/2025

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

Implemented (█ - 04/18/2025)

187a - Medication Record

10. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #4 is prescribed Tylenol 325 mg with orders to take 2 tablets (650mg total) by mouth ever 6 (six) hours as needed. This medication is not on Resident #4's medication administration record (MAR).

Resident #1 is prescribed Aquaphor ointment. This medication is not on Resident #4's MAR.

Plan of Correction ***Directed (█ - 03/10/2025)***

Beginning February 10, 2025, all of PC medications and e-MAR are now recorded and located in TabulaPro's SMART 2.0 medication records. The Administrator and LPN have done multiple audits and corrections of all medications and MARs to ensure that the MARs reflect current medications and that all prescribed medications are available in the medication cart. Residents #1 & #4 e-MARs are now correct. Resident #4 has a DC order for the Tylenol 325mg and the Administrator removed and destroyed the medication. The LPN was educated on Medication Record requirements on March 6, 2025. The LPN and Administrator shall, on a quarterly basis or sooner and in concurrence with the Pharmacy's quarterly medication cart audit, conduct medication audits to ensure that the Physician orders, e-MAR records and medications in the medication carts are congruent and correct. The next two medication audits are due on March 15 & May 15, 2025.

187a - Medication Record (continued)

Proposed Overall Completion Date: 03/06/2025

Directed Completion Date: *03/15/2025*

Implemented (█ - 04/18/2025)

221c - Post Activity Calendar

11. Requirements

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home. The activity calendar that is posted is dated for January 2025.

Plan of Correction ***Accept (█ - 02/28/2025)***

The calendar in reference is not the official activity calendar, but rather a larger calendar for residents, usually filled in by activity director/staff. The official activity calendar is a printed calendar that is given to each resident as well as hung on a bulletin board in a central hallway. On Tuesday, February 4, 2025, the February calendar was printed, given out to each PC resident and hung up on bulletin board. The larger calendar was changed on Monday, February 10, 2025. Beginning March 2025 and monthly thereafter, the Administrator shall ensure that the printed copies of the calendar are distributed on the 1st of the month as well as the big calendar changed to reflect current activities. Should the Activity staff be absent, the Administrator or a designee, shall change the calendar so that it is accurate and available for residents.

Licensee's Proposed Overall Completion Date: *03/01/2025*

Implemented (█ - 04/10/2025)