

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

January 21, 2025

[REDACTED]
PETER BECKER COMMUNITY

[REDACTED]
ATTN:DIRECTOR OF PERSONAL CARE
[REDACTED]

RE: PETER BECKER COMMUNITY
800 MAPLE AVENUE, 1ST FLOOR
HARLEYSVILLE, PA, 19438
LICENSE/COC#: 12773

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/02/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: PETER BECKER COMMUNITY License #: 12773 License Expiration: 06/09/2025
 Address: 800 MAPLE AVENUE, 1ST FLOOR, HARLEYSVILLE, PA 19438
 County: MONTGOMERY Region: SOUTHEAST

Administrator

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

Legal Entity

Name: PETER BECKER COMMUNITY
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1	Date: 07/30/1974	Issued By: Dept of Labor and Industry
Type: I-1	Date: 03/20/2011	Issued By: Township of Franconia
Type: I-2	Date: 08/15/2012	Issued By: Township of Franconia

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 69 Waking Staff: 52

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Monitoring Exit Conference Date: 12/02/2024

Inspection Dates and Department Representative

12/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 68 Residents Served: 58
 Secured Dementia Care Unit
 In Home: Yes Area: Larkspur Lane Capacity: 11 Residents Served: 11
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 0

Inspections / Reviews

12/02/2024 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/28/2024

Inspections / Reviews *(continued)*

01/21/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/27/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

01/21/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/21/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

62 - Contact List

1. Requirements

2600.

62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

Staff person A, the administrator, could not provide a full and complete list of staff members including substitute personnel.

Plan of Correction

Directed [redacted] - 01/14/2025)

Director of Personal Care/Designee has a complete list of staff available, including agency staff. This is accessible via computer and printed.

Proposed Overall Completion Date: 01/01/2025

Directed Plan of Correction ([redacted] 1/14/25):

-In addition to the plan of correction noted additional steps will be implemented to include:

-administrator will update the staff list to include current and substitute personal required information monthly, starting immediately.

Directed Completion Date: 01/01/2025

Implemented [redacted] - 01/21/2025)

65b - Rights/Abuse 40 Hours

2. 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

Staff person B completed [redacted] 40th scheduled work hour by approximately [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan.

Staff person C completed [redacted] 40th scheduled work hour by approximately [redacted]. However, this staff person did not complete training in the following topics: emergency medical plan.

Plan of Correction

Directed ([redacted] - 01/14/2025)

Staff person B has been on a medical leave of absence and will complete the training if/when [redacted] returns to work. Staff person B has completed the training. Staff person C will complete the required training, within 15 days of receipt of this plan of correction ([redacted] 1/14/25).

65b - Rights/Abuse 40 Hours (continued)

Personal Care Director/Designee will monitor new staff for completion of the above training within 40 scheduled work hours, at least monthly, starting immediately.

Proposed Overall Completion Date: 01/01/2025

Directed Completion Date: 01/29/2025

Implemented (████) - 01/21/2025)

65i - Training Record

3. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The home's record of direct care staff training regarding their emergency medical plan in-service in November 2024 does not include the source, date completed or length of training.

The home's record of direct care staff training regarding their monthly fire drills does not include the location or length of training.

Plan of Correction

Accept (████) - 01/14/2025)

The record of training staff on the emergency medical plan in November has been corrected to include the source, date completed and length of training.

The home's record of direct care staff training regarding their monthly fire drills has been corrected to include the location and length of training.

Licensee's Proposed Overall Completion Date: 12/27/2024

Implemented (████) 01/21/2025)

82c - Locking Poisonous Materials

4. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

████████████████████ with a warning label indicating " if swallowed seek medical help or contact a poison control center immediately" and Dynashield with a warning label indicating " if swallowed seek medical help or contact a poison control center right away" were unlocked, unattended, and accessible in Resident █████ room. Not all the residents of the home, including Resident █████ have been assessed as capable of recognizing and using poisons safely.

82c Locking Poisonous Materials (continued)

Plan of Correction

Accept ([REDACTED] 01/14/2025)

Locking devices have been placed in the cabinets in Residents' apartments. Staff have been re educated to monitor for poisonous substances and family members have been sent a letter advising them to let the staff know when they are bringing in supplies that have a potential for harm, so that they can be locked. Audits are performed weekly to monitor, by direct care staff.

Proposed Overall Completion Date: 01/01/2025

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

Implemented ([REDACTED] - 01/21/2025)

183e - Storing Medications

5. 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 [REDACTED], The following medication cards were observed to have a punctured blister foil with the medication still present in the spot: Resident [REDACTED] tab.

On [REDACTED], three loose pills were found in the bottom of the Larkspur Lane medication cart: two white oval tablets, and one red gel capsule.

Plan of Correction

Accept ([REDACTED] - 01/14/2025)

Medications will be kept in the original packaging received from pharmacy and will be monitored weekly for compliance times three months.

Proposed Overall Completion Date: 01/01/2025

Directed Plan of Correction ([REDACTED] 1/14/25):

In addition to the steps noted above the home will educate all med techs on the importance of ensuring all medications remain in the original packaging and a safe way to remove medications to avoid puncturing other days med, within 15 days of receipt of this plan.

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

Implemented ([REDACTED] - 01/21/2025)