

Department of Human Services
Bureau of Human Service Licensing

May 17, 2021

██████████ ADMINISTRATOR
KEYSTONE HOSPICE
8765 STENTON AVENUE
WYNDMOOR, PA 19038

RE: KEYSTONE HOSPICE
8765 STENTON AVENUE
WYNDMOOR, PA, 19038
LICENSE/COC#: 12797

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Shawn Parker

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

04/20/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *05/09/2021*

5/5/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/14/2021*

5/17/2021 - Document Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Not Required*

103i - Outdated Food

1. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 4/20/20 at 3:00pm, there was a container of Turkey Base 16oz that was undated in the main kitchen fridge.

On 4/20/20 at 3:00pm, there was an open undated, uncovered can of Shasta orange soda in the main kitchen fridge,

On 4/20/20 at 3:05pm, there was a zip lock bag of garlic croutons half empty with no date of opening or expiration.

Plan of Correction

Accept

██████████ Executive Chef at Keystone House, will be responsible for the refrigerator being inspected, and ██████████ will monitor staff to make sure that there is compliance regarding open and undated items. ██████████ will dispose of items that are open, undated, and uncovered. Open cans will never be used. This activity is ongoing.

Completion Date: 05/01/2022

Document Submission

Implemented

██████████ inspects the refrigerator daily and removes all items that are open, undated, and uncovered. This activity is ongoing.

183d - Prescription Current

1. 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 Repeat Violation

On ██████████ prescribed for Resident #1 was in the medication cart. However the medication administration record stated ██████████.

Plan of Correction

Accept

██████████, RN, Director of Quality Assurance, will audit the medication carts two times a week, starting immediately. ██████████ will make sure that only the current ██████████ are kept on the cart. Staff will be educated to dispose of any unused medications and items are no longer part of the patient's regimen.

Completion Date: 05/03/2021

Document Submission

Implemented

██████████, RN, audits the medication carts twice a week. If there are any discrepancy and ██████████ has found no issues to date. This action is ongoing. Trappler will continue the cart audit and correct any issues that are identified.

187a - Medication Record

1. 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.

187a - Medication Record (continued)

- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.
- 10. Duration of therapy, if applicable.

Description of Violation

Resident #1 is prescribed [REDACTED], However, resident's medication administration record does not indicate the diagnoses.

Resident #1 is prescribed [REDACTED] However, resident's medication administration record does not indicate the diagnoses.

Resident #1 is prescribed [REDACTED] However, resident's medication administration record does not indicate the diagnoses.

Plan of Correction

Accept

[REDACTED], RN, Clinical Educator, will conduct training in medication administration for all nurses by May 14. [REDACTED] will instruct the nurses to complete and maintain accurate medication records for each patient and to note diagnoses. To properly record the diagnosis for each medication, a drop-down menu will be available. The "drop-down" system was not in place at the time of the inspection, and until it is properly accessible, the diagnosis will be entered manually. [REDACTED] RN, Director of Quality Assurance, will monitor the compliance of nurses adding the diagnosis.

Completion Date: 05/14/2021

Document Submission

Implemented

[REDACTED], RN, designed a protocol for medication administration and narcotic count. [REDACTED] trained the nurses on this protocol and it is attached. Also attached is the sign-off sheet indicating that the nurses received the training.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED]. However, on [REDACTED] the medication was only [REDACTED]

Resident #1 is prescribed [REDACTED] The medication administration record indicates resident #1 is scheduled to receive this medication [REDACTED]. However, resident #1 was not administered this medication at [REDACTED]

Resident #1 is prescribed [REDACTED] However, on [REDACTED] this medication was not administered.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

██████ RN, Clinical Educator, will conduct training in medication administration for all nurses by May 14. █████ will instruct the nurses to complete and maintain accurate medication records for each patient. █████ will instruct the nurses in the importance of reviewing the directions of the prescriber and signing out medications.

Completion Date: 05/14/2021

Document Submission

Implemented

██████ RN, designed a protocol for medication administration and narcotic county. █████ trained the nurses on this protocol and it is attached. Also attached is the sign-off sheet indicating that the nurses received the training.

214c - Post Activity Calendar

1. 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 4/20/20, the home did 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 January.

Plan of Correction

WITHDRAWN

Accept

Due to the pandemic, the typical range of activities has been limited, and a weekly calendar has not been posted. Patients in Keystone House are in hospice care, and their ability to participate is limited especially without the assistance of volunteers. Volunteers who typically assist patients in activities are not permitted in Keystone House due to the pandemic.

SP 05-17-21

A waiver is requested for this item until volunteers are permitted in Keystone House and normal activities can resume.

Completion Date: 05/03/2021

Document Submission

Implemented

We requested a waiver from this violation since activities for hospice patients have been suspended during the pandemic. In an email exchange between █████ and █████ indicated that the violation would be removed on the final summary before it is uploaded to the website.