

Department of Human Services  
Bureau of Human Service Licensing

April 16, 2021

██████████ EXECUTIVE DIRECTOR  
LAKEWOOD SENIOR LIVING-DRUMS LLC  
159 SOUTH OLD TURNPIKE ROAD  
DRUMS, PA 18222

RE: FRITZINGERTOWN SENIOR LIVING  
COMMUNITY  
159 SOUTH OLD TURNPIKE ROAD  
DRUMS, PA, 18222  
LICENSE/COC#: 20166

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/09/2021, 03/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

**Name:** FRITZINGERTOWN SENIOR LIVING COMMUNITY      **Licence #:** 20166      **Licence Expiration Date:** 12/19/2021  
**Address:** 159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA 18222  
**County:** LUZERNE      **Region:** NORTHEAST

**Administrator**

**Name:** [REDACTED]      **Phone:** 5707884178      **Email:**  
[REDACTED]  
[REDACTED]

**Legal Entity**

**Name:** LAKEWOOD SENIOR LIVING-DRUMS LLC  
**Address:** 159 SOUTH OLD TURNPIKE ROAD, DRUMS, PA, 18222  
**Phone:** 5707884178      **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP      **Date:** 04/23/2003      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 105      **Waking Staff:** 79

**Inspection**

**Type:** Partial      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Incident      **Exit Conference Date:** 03/09/2021

**Inspection Dates and Department Representative**

03/09/2021 - On-Site: [REDACTED]  
03/11/2021 - Off Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 164      **Residents Served:** 85

**Secured Dementia Care Unit**

**In Home:** Yes      **Area:** Evergreen      **Capacity:** 60      **Resident Served:** 18

**Hospice**

**Current Residents:** 6

**Number of Residents Who:**

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 85  
**Diagnosed with Mental Illness:** 1      **Diagnosed with Intellectual Disability:** 1  
**Have Mobility Need:** 20      **Have Physical Disability:** 0

## Inspections / Reviews

03/09/2021 - Partial

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/09/2021*

4/8/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/14/2021*

4/16/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 15a - Resident Abuse Report

### 1. Requirements

2600.

- 15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

### Description of Violation

*On 02/19/21 staff person A witnessed staff person B handling three different residents in a physically abusive manner. Staff person A did not report the abuse until the following day, 02/20/21.*

*The incidents of abusive treatment towards residents were not reported by the home to the Area Agency on Aging until 02/22/21.*

### Plan of Correction

Accept

*Resident Care Coordinator was unable to interview the reporter until 02/21/2021. Reporter was then asked to provide a written statement documenting all events involved.*

*Information and statement was reported to Executive Director on 02/21/2021 who then continued investigation by interviewing co-workers of Staff Person A which resulted in termination of of employee.*

*Executive Director then reported to the Department and Area Agency on Aging in an attempt to report thoroughly and comprehensively .*

*What was done immediately to fix the problem?*

*All staff were re-inserviced on reporting suspected issues immediately .All supervisory staff were inserviced on timing for reporting all reportable incidents to the Department and Area Agency on Aging.*

*What will be done to prevent this from happening again?*

*Nursing supervisors were re-inserviced in the requirements of this regulation .All direct care staff will be re-inserviced in the need to report allegations of abuse to the Department within 24 hours and ensure all incident reports will be provided to nursing supervisor on an immediate basis.*

*Director of Nursing or designee will monitor daily for 2 weeks, weekly for the next 30 days and monthly.*

*Administrator or designee will monitor for compliance to this regulation daily for 2 weeks ,weekly for the next 30 days and monthly .*

**Completion Date:** 04/07/2021

**Update - 04/08/2021**

*Please send/Attach proof of staff training.*

### Document Submission

Implemented

*Previously submitted*

*See attached documentation of training/re-inservicing*

## 16c - Written Incident Report

### 1. Requirements

2600.

- 16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

16c - Written Incident Report (*continued*)**Description of Violation**

On 2/20/21 the home received a report of resident abuse from staff person A in which staff person B was witnessed handling residents in a physically abusive manner. The home did not report the incidents to the department's regional office until 02/22/21.

**Plan of Correction****Accept**

Resident Care Coordinator was unable to interview the reporter until 02/21/2021. Reporter was then asked to provide a written statement documenting all events involved.

Information and statement was reported to Executive Director on 02/21/2021 who then continued investigation by interviewing co-workers of Staff Person A which resulted in termination of employee.

Executive Director then submitted a written report to the Department and Area Agency on Aging in an attempt to report thoroughly and comprehensively.

What was done immediately to fix the problem?

All staff were re-inserviced on reporting suspected issues immediately. All supervisory staff were inserviced on timing for reporting all reportable incidents to the Department and Area Agency on Aging.

What will be done to prevent this from happening again?

Nursing supervisors were re-inserviced in the requirements of this regulation. All direct care staff will be re-inserviced in the need to report allegations of abuse to the Department within 24 hours and ensure all incident reports will be provided to nursing supervisor on an immediate basis.

Director of Nursing or designee will monitor daily for 2 weeks, weekly for the next 30 days and monthly.

Administrator or designee will monitor for compliance to this regulation daily for 2 weeks, weekly for the next 30 days and monthly.

Completion Date: 04/07/2021

Update - 04/08/2021

Please send/Attach proof of staff training.

**Document Submission****Implemented**

Previously submitted

See attached documentation of training/re-inservicing

## 42b - Abuse

**1. 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 2/19/21 staff person A witnessed staff person B in the following acts of abusive treatment of residents:

Resident #1: Resident #1 had hit staff person B in the scrotum area. Staff person B bent resident #1's fingers back painfully, causing the resident to scream. Staff person B also pushed resident down in bed forcefully using a blanket.

Resident #2: Staff person B bent resident #2's fingers back painfully during care when resident #2 would not stand up for care. Staff person B also pushed resident #2 on to the bed using a blanket. Resident #2 cried as a result of the incident.

Resident #3: Staff person B pulled resident #3's 3 layers of clothing over ■■■ head roughly, causing the clothing to catch on ■■■ ears and nose. The resident cried out and yelled "What are you doing?".

## 42b - Abuse (continued)

**Plan of Correction****Accept**

Based on the below, the Facility is requesting reconsideration for the deficiency:

There was no notice that the employee in question ,(Staff Person A) had the tendency to be abusive. ■ was properly trained on all aspects of preventing and reporting neglect ,intimidation, physical and verbal abuse ,mistreatment, corporal punishment and discipline. ■ file shows no discipline for acting inappropriately to any resident ■ worked for us for two years with no prior incident or even a hint of this type of behavior .

Facility took appropriate and immediate action:

- a) Witnessing employee reported it
- b) Ensured no other residents were otherwise harmed or injured
- c) Upon receiving the report ,the accused care-giver was immediately suspended pending an investigation
- d) Investigation was commenced
- e) We have documentation of training that all employees including the acting employee had been given related to abuse prevention and action to take if witnessed
- f) The fact that witnessing employee who responded to the incident was properly trained is evidenced by the proper intervention staff took .
- g) Numerous employees were interviewed during the investigation and all denied knowledge or expressed any concern that this employee (or any employee) would act improperly towards a resident .
- h ) Upon investigation ,during which the allegation was substantiated the subject employee was terminated .
- l) The incident was reported to your agency

What was done immediately to fix the problem?

Staff person A was immediately suspended pending investigation. Upon investigation ,during which the allegation was substantiated the subject employee was terminated .All staff and cognitive residents were interviewed to ensure that no other residents were affected by this behavior .All staff were reinserviced on abuse prevention and action to take if witnessed.

What will be done to prevent this from happening again?

All staff were reinserviced in the requirements of this regulation.

All direct care staff receive 2 hours of annual training in dementia care and uses of less restrictive means with behavior management.

Administrator or designee will monitor daily for compliance to this regulation daily for 2 weeks, weekly for the next 30-days, and monthly.

Completion Date: 04/07/2021

Update - 04/08/2021

Please send/Attach proof of staff training regarding Resident Rights - Abuse.

**Document Submission****Implemented**

Previously submitted

See attached documentation of training/re-inservicing

## 202 - Prohibitions

## 1. Requirements

2600.

202. The following procedures are prohibited:

6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

**Description of Violation**

*On 2/20/21 staff person A reported that staff person B treated residents #1 and #2 abusively on 2/19/21, including pushing both residents down forcefully using a blanket. According to staff person A, staff person B was frustrated with the residents and restrained the residents in bed for approximately 7 to 10 seconds.*

**Plan of Correction****Accept**

*Based on the below, the Facility is requesting reconsideration for the deficiency:*

*There was no notice that the employee in question ,(Staff Person A) had the tendency to be abusive. ■ was properly trained on all aspects of preventing and reporting neglect ,intimidation, physical and verbal abuse ,mistreatment, corporal punishment and discipline. ■ file shows no discipline for acting inappropriately to any resident . ■ worked for us for two years with no prior incident or even a hint of this type of behavior .*

*Facility took appropriate and immediate action:*

- a) Witnessing employee reported it*
- b) Ensured no other residents were otherwise harmed or injured*
- c) Upon receiving the report ,the accused care-giver was immediately suspended pending an investigation*
- d) Investigation was commenced*
- e) We have documentation of training that all employees including the acting employee had been given related to abuse prevention and action to take if witnessed*
- f) The fact that witnessing employee who responded to the incident was properly trained is evidenced by the proper intervention staff took .*
- g) Numerous employees were interviewed during the investigation and all denied knowledge or expressed any concern that this employee (or any employee) would act improperly towards a resident .*
- h ) Upon investigation ,during which the allegation was substantiated the subject employee was terminated .*
- l) The incident was reported to your agency*

*What was done immediately to fix the problem?*

*Staff person A was immediately suspended pending investigation. Upon investigation ,during which the allegation was substantiated the subject employee was terminated .All staff and cognitive residents were interviewed to ensure that no other residents were affected by this behavior .All staff were reinserviced on abuse prevention and action to take if witnessed.*

*What will be done to prevent this from happening again?*

*All staff were reinserviced in the requirements of this regulation.*

*All direct care staff receive 2 hours of annual training in dementia care and uses of less restrictive means with behavior management.*

*Administrator or designee will monitor daily for compliance to this regulation daily for 2 weeks, weekly for the next 30-days, and monthly].*

**Completion Date:** 04/07/2021

**Update - 04/08/2021**

*Please send/Attach proof of staff training.*

**202 - Prohibitions** *(continued)***Document Submission****Implemented***Previously submitted**See attached documentation of training/re-inservicing*