

Department of Human Services
Bureau of Human Service Licensing

February 28, 2022

[REDACTED], ADMINISTRATOR
[REDACTED]
[REDACTED]

RE: HIGHLAND PARK SENIOR LIVING
874 SCHECHTER DRIVE
WILKES-BARRE TOWNSHI, PA, 18702
LICENSE/COC#: 22630

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/09/2021, 08/10/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]
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: *HIGHLAND PARK SENIOR LIVING* License #: *22630* License Expiration: *10/05/2021*
Address: *874 SCHECHTER DRIVE, WILKES-BARRE TOWNSHI, PA 18702*
County: *LUZERNE* Region: *NORTHEAST*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/17/2016* Issued By: *Wilkes Barre Twp*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *122* Waking Staff: *92*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/10/2021*

Inspection Dates and Department Representative

08/09/2021 - On-Site: [REDACTED]

08/10/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *160* Residents Served: *92*

Secured Dementia Care Unit

In Home: *Yes* Area: *1st floor* Capacity: *24* Residents Served: *20*

Hospice

Current Residents: *16*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *92*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

08/09/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/20/2021*

01/12/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *01/19/2022*

02/16/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *01/28/2022*

02/28/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

17 - Record Confidentiality

1. 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.

Description of Violation

The License inspection summaries dated 01/10/20 and 08/07/2019 posted on a bulletin board in the home included the resident privacy coding sheet which exposes confidential information.

Plan of Correction

Do Not Accept

Please See attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

ALSO--

Please include in each plan of correction, who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen. 01-12-2021 MM

Plan of Correction

Accept

Moving forward the license inspection summaries posted on the bulletin board will not include the resident names. Administrator will monitor monthly/ as needed for ongoing compliance.

Document Submission

Implemented

Moving forward the license inspection summaries posted on the bulletin board will not include the resident names. Administrator will monitor monthly/ as needed for ongoing compliance.

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired [REDACTED]. A criminal background check was not requested for the staff member until [REDACTED].

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward the staff criminal back round checks will be completed upon hire.

Administrator will conduct random audits of employee/ new hire files to ensure completion.

51 - Criminal Background Check *(continued)*

Document Submission

Implemented

*Moving forward the staff criminal back round checks will be completed upon hire.
Administrator will conduct random audits of employee/ new hire files to ensure completion.*

65g - Annual Training Content

1. 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.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in the required annual training topic Older Adult Protective Services Act for 2019.

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward all staff will complete required trainings in a timely manner.

Administrator will conduct random audits of employee trainings to ensure timely completion.

Update: 01/22/2022

Please send/ Attach proof of staff person B's training. 1-22-2022 MM

Document Submission

Implemented

Staff person B's Older Adult Protective Service Act training attached.

82c - Locking Poisonous Materials

1. 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

The kitchen area of the memory care unit has a door with a sign indicating that the door should be kept locked at all times. At the time of the initial walkthrough the door was not locked and there were no staff persons present in the kitchen area. Unlocked cabinets near the door contained the following poisonous materials: plastic bottles of dish detergent, a container of chlorine sanitizer, and 3 bottles of disinfectant.

82c - Locking Poisonous Materials *(continued)*

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward staff will be trained on the importance of keeping the doors locked to where any poisonous materials are stored.

Administrator will do random checks of these areas to ensure that all doors are locked.

Update: 01/22/2022

Please send/Attach proof of staff training. 1-22-2022 MM

Document Submission

Implemented

Please see Memory Care - avoiding poisonous materials staff training attached.

85e - Trash Outside Home

1. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

A trash can located in the memory care unit's courtyard was overflowing with food trash and did not have a lid to protect it from infestation from pests.

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward maintenance department will do daily inspections of exterior grounds to ensure all areas are free of garbage.

Administrator will conduct random audits of exterior grounds to ensure cleanliness.

Document Submission

Implemented

Moving forward maintenance department will do daily inspections of exterior grounds to ensure all areas are free of garbage.

Administrator will conduct random audits of exterior grounds to ensure cleanliness

141a - Medical Evaluation

1. 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.

141a - Medical Evaluation (continued)

Description of Violation

Resident #1 was admitted to the home on [REDACTED]. The documentation of medical evaluation (DME) form for resident #1 was completed and signed by the physician on [REDACTED], more than 30 days after the resident's admission to the home.

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward DMEs will be completed and signed 60 days prior or 30 days after admission for PC residents. Administrator will conduct random audits of resident charts to ensure they are completed within allowed time.

Document Submission

Implemented

Moving forward DME's will be completed and signed 60 days prior or 30 days after admission for PC residents. Administrator will conduct random audits of resident charts to ensure they are completed within allowed time.

184a - Labeling OTC/CAM

1. 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

The [REDACTED] and the [REDACTED] for resident #3 were both stored in a plastic container in the medication cart but did not have the pharmacy labels attached to the box or the pens.

Resident #4 has an order for [REDACTED] to be taken every 8 hours as needed. The pharmacy label for the medication bottle indicates the medication is to be taken once daily if needed.

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward insulin pens will have labels attached to the storage box andS the pens and pharmacy labels for the medications will match the MARs as written/prescribed.

Nursing supervisor will conduct weekly med cart audits to ensure proper storage and documentation.

Document Submission

Implemented

Moving forward insulin pens will have labels attached to the storage box and the pens and pharmacy labels for the medications will match the MARs as written/ prescribed.

184a - Labeling OTC/CAM (continued)

Nursing supervisor will conduct weekly med cart audits to ensure proper storage and documentation.

185a - Implement Storage Procedures

1. 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's blood glucose reading taken 8/7/21 at 7:12am was [REDACTED] but was documented on the blood sugar insulin flow sheet as [REDACTED]

Resident #5's blood glucose reading taken 8/9/21 at 6:45am was [REDACTED] but was documented on the blood sugar insulin flow sheet as [REDACTED]

Resident #6's blood glucose reading taken 8/7/21 at 8:29am was [REDACTED] but was documented on the blood sugar insulin flow sheet as [REDACTED]

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Staff will be provided additional training to ensure proper transcription/ documentation

Nursing supervisor will conduct weekly MAR audits, accu check audits to ensure proper documentation/ transcription.

Update: 01/22/2022

Please send/Attach proof of staff training. 1-22-2022 MM

Document Submission

Implemented

Med administration review training attached.

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.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.

187a - Medication Record (continued)

- 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 #2 has an order for [REDACTED] to be administered daily at 8am. On 8/10/21 the medication technician confirmed that the treatment was administered at 8am but the Medication administration record (MAR) was not initialed at the time of the administration.

Resident #3 has an order for [REDACTED], 1 tablet every week for 12 weeks. The medication was found in the medication cart and the physician's order was verified, however the home did not have this medication listed on the MAR.

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward staff will ensure that proper documentation is performed at the time of administration and MARs will match the medications as ordered/ administered.

Nursing supervisor will conduct weekly cart audits to ensure compliance.

Document Submission

Implemented

Moving forward staff will ensure that proper documentation is performed at the time of administration and MARs will match the medications as ordered/ administered.

Nursing supervisor will conduct weekly cart audits to ensure compliance.

187d - Follow Prescriber's Orders

1. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #5 requires [REDACTED] administered on a sliding scale 4 times per day. On 08/02/21 the blood glucose reading was [REDACTED], requiring 4 units of insulin. No units of insulin were administered.

Resident #6 requires insulin administered on a sliding scale basis 3 times daily before meals.

On 8/7/21 at 11:30am the blood glucose reading was [REDACTED] with 0 units of insulin required.

On 8/3/21 at 07:30am the blood glucose reading was [REDACTED] with 0 units of insulin required.

On both dates and times 2 units of insulin were administered in error.

Resident #7 has an order for [REDACTED] to be taken every morning and held for SBP less than 120, diastolic blood pressure (DYS) less than 70, and pulse less than 60. On the following dates and times the medication was not held as per the medication parameters:

8/4/21 at 8am: the DYS reading was 63

187d - Follow Prescriber's Orders (continued)

8/7/21 at 8am: the SBP reading was 110

Resident #7 also has an order for Lisinopril one tablet twice daily to be held for SBP less than 120 and DYS less than 70. On the following dates and times the medication was not held as per the parameters:

[Redacted]

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Additional training for staff including proper documentation, medication administration with parameters and insulin administration with a sliding scale.

Nursing supervisor to conduct weekly MAR, accu check audits to ensure proper documentation/ compliance.

Update: 01/22/2022

Please send/Attach proof of staff training. 1-22-2022 MM

Document Submission

Implemented

Med administration staff training attached.

231c - Preadmission Screening

1. Requirements

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #9 was admitted to the home's secure dementia unit on [Redacted] The cognitive preadmission screening was completed [Redacted] more than 72 hours prior to the resident's admission.

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward all preadmission screenings for secured Dementia Care Unit will be completed within 72 hours prior to admission.

Administrator will conduct random audits of resident charts to ensure compliance of preadmission screening documents.

231c - Preadmission Screening (continued)

Document Submission

Implemented

Moving forward all pre admission screenings for secured Dementia Care Unit will be completed within 72 hours prior to admission
Administrator will conduct random audits of resident charts to ensure compliance of pre admission screening documents.

234a - Admission Support Plan

1. Requirements

2600.

234.a. Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

Description of Violation

Resident #9 was admitted to the home's secure dementia unit on [REDACTED]. The support plan was not completed until [REDACTED], more than 72 hours after the resident's admission.

Plan of Correction

Do Not Accept

Please see attached upload

Update: 01/12/2022

Please enter you plan of corrections in the block provided. Your plan of correction can not be an attachments. 1-12-2022 MM

Plan of Correction

Accept

Moving forward all Admission Support Plans will be completed within 72 hours of residents admission to Secured Dementia Unit.
Administrator will conduct random audits of resident charts to ensure compliance of Support Plans.

Document Submission

Implemented

Moving forward all Admission Support Plans will be completed within 72 hours of residents admission to Secured Dementia Unit.
Administrator will conduct random audits of resident charts to ensure compliance of Support Plans.