

Department of Human Services
Bureau of Human Service Licensing

September 8, 2021

██████████ OWNER
CHANGING TRENDS R E CORP
6740 DANIEL BOONE ROAD
BIRDSBORO, PA 19508

RE: BIRDSBORO LODGE
6740 DANIEL BOONE ROAD
BIRDSBORO, PA, 19508
LICENSE/COC#: 22703

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/30/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Inspections / Reviews

06/30/2021 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow-Up Date: *08/02/2021*

8/9/2021 POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/12/2021*

9/3/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/10/2021*

9/8/2021 - Document Submission

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

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The licensing inspection summary dated 6/21/19 is not posted in a public conspicuous area of the home.

Plan of Correction

Accept

The licensing inspection summary, L.I.S., dated 6/21/19, was posted 6/30/21. Upon notification by the inspector the L.I.S. dated 6/21/19 was posted as required. The L.I.S. was on the Administrator's desk.

The new L.I.S. , upon BHLS approval, will be posted immediately.

Completion Date: 06/30/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will note who is responsible for ongoing compliance and send a digital photo o the posted LIS' in the resubmitted POC.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

Update - 09/08/2021

photo reviewed, AG, 9-8-21

25b - Contract Signatures

1. Requirements

2600.

- 25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract dated [redacted] and Resident #2's contract dated [redacted] were not signed by the resident.

Plan of Correction

Accept

All the contracts, which needed the resident's signatures, were reviewed and have the resident's signatures.

New contracts will have the resident's, POAs and payer's signatures upon move in.

Completion Date: 07/14/2021

25b - Contract Signatures (continued)

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the corrected contract as well as a copy of a newly admitted resident's contract, if possible, to demonstrate compliance.

The Adm will also indicate who will be responsible for ongoing contract completion on the future to maintain compliance.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

Update - 09/08/2021

documents reviewed, AG, 9-8-21

26c - QM Improvement

1. Requirements

2600.

26.c. The quality management plan shall include the development and implementation of measures to address the areas needing improvement that are identified during the periodic review and evaluation.

Description of Violation

The homes last quality management meeting was completed on 12/6/19.

Plan of Correction

Accept

The violation occurred due to the COVID pandemic which increased workload, procedures and protocols for safety of residents and staff. We will schedule and hold the annual QM meeting and implement periodic reminders to ensure the meeting is held.

Completion Date: 08/20/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will indicate when that will be and then send in a copy of the document when the meeting is done. The date selected should be no more than 30 days from the return date of this POC. Then within 5 days after the meeting the document should be sent to this supervisor for review in order to maintain compliance with the QMP regulations in this Chapter.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

The Q.M. meeting was held and improvements addressed.

Update - 09/08/2021

document reviewed, AG, 9-8-21

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home is utilizing audio monitors on the 1st and second floor of the home. Audio monitoring is prohibited.

Plan of Correction

Accept

The audio monitors were immediately removed from the common areas upon observation by the inspector. There was one resident, when needing help, would call out, verbally, in the middle of the night. The resident has since passed away. All staff have be trained to advise the home's Administrator if any audio or video equipment is found on site.

Completion Date: 07/28/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a copy of the staff signature sheet for the training document that demonstrates the review of the Residents Right to Privacy.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

Update - 09/08/2021

document reviewed, AG, 9-8-21

81b - Resident Personal Equipment

1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Room [redacted] and [redacted] have grab assist bars attached to the beds. The bars have 3 12 inch slats that are uncovered, posing a possible limb entrapment.

Plan of Correction

Accept

All residents with grab assist bars attached to beds have the (3) 12 inch openings covered to prevent a possible limb entrapment.

Staff, immediately, have been made aware, and trained, of possible entrapment.

The grab bars are attached, properly, to prevent possible limb entrapment or worse. Staff have been trained to verify the grab assist bars are secure, each week, after the sheets being changed.

Completion Date: 07/28/2021

81b - Resident Personal Equipment (continued)

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit the copy of the signature sheet for the training that took place on this bedside equipment issue. If there is a weekly audit sheet that is in use to verify the recovering of bed canes or grab bars, please submit it with the POC. Photos of covered grab bard or bed canes shall also accompany this POC to verify compliance.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

Update - 09/08/2021

photos reviewed, AG, 9-8-21

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Room #2 does not have a lamp or other source of light accessible from bedside.

Plan of Correction

Accept

The resident's lamp has been moved back, accessible, from the bedside.

Lamp was moved by a family member.

Staff have been trained and are aware of the requirement. Specifically how important the light can be for nightly walking to the bathroom.

Completion Date: 07/28/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm shall include a copy of the staff sign in sheet for the training that was covered on this topic. A photo of the properly positioned lamp shall also be submitted. If there is a checklist or monitoring tool used for periodic walkthroughs of the building, please submit a copy that is IN USE, not a blank copy of the form.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

Update - 09/08/2021

photo reviewed, AG, 9-8-21

130f - Testing Smoke Detectors

1. Requirements

2600.

130.f. Smoke detectors and fire alarms shall be tested for operability at least once per month. A written record of the monthly testing shall be kept.

Description of Violation

The home is not testing the fire alarms and smoke detectors monthly.

Plan of Correction

Accept

The home immediately tested the fire alarm system. (7-1-2021)

Testing is documented in the Fire Drill log book.

In the future, when regulations are suspended, the regulations will be reviewed to ensure other requirements are not overlooked.

Completion Date: 07/01/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will submit a copy of the Home's current Fire Drill Log as evidence of compliance. The Adm will also update the POC to indicate who will be responsible for this monthly task going forward.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

Update - 09/08/2021

document reviewed, AG, 9-8-21

144c2 - Smoking Area Distance

1. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

- 2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

A propane gas grill was located in the homes designated smoking area, posing a possible fire hazard.

Plan of Correction

Accept

The propane tank was immediately removed upon notification. A sign has been made "remove tank when not in use".

Completion Date: 06/30/2021

144c2 - Smoking Area Distance (continued)

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a digital photo to evidence compliance. Please send in a copy of the posted sign as well. The Adm will also indicate the staff position of who will be responsible for ongoing compliance going forward.

Documentation should be sent in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

Update - 09/08/2021

photo reviewed, AG, 9-8-21

184c - Sample Prescription Meds.

1. Requirements

2600.

184.c. Sample prescription medications shall have written instructions from the prescriber that include the components specified in subsection (a).

Description of Violation

Resident #3's sample medication Dulera did not include written instructions from the prescriber.

Plan of Correction

Do Not Accept

This was the only case with a sample medication in house. In the future all medications will have specific written instructions for dispensing from the pharmacy and not by the facility.

Medication dispensing Staff are aware of the requirement.

Completion Date: 07/28/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will demonstrate HOW the staff will know that SAMPLE RX will not be in the home without the proper instruction on it. The Adm will also have to submit evidence of training on HOW the med techs or licensed staff know what the responsibilities are to dispense medication in the home under this Chapter Regulations. Evidence of Compliance must be submitted.

Documentation should be sent in the Portal.

Plan of Correction

Accept

This was the only case with a sample medication in house. In the future all medications will have specific written instructions for dispensing from the pharmacy and not by the facility.

Medication dispensing Staff are aware of the requirement.

Completion Date: 08/13/2021

Document Submission

Implemented

see attached

184c - Sample Prescription Meds. (continued)

Update - 09/08/2021

document reviewed, AG, 9 8 21

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

Interviews with staff indicated the narcotic count is not being completed at the end of every shift. The homes policy is to count the narcotics at that change of shift.

Plan of Correction

Accept

In the past, the facility had the same nurse on duty for several shifts in a row {owner/RN lives on site} , so the shift count did not have to be performed after each shift. The narcotic count is now performed at the end of every shift. The nursing staff has now grown, in quantity, to meet the requirement.

Completion Date: 07/28/2021

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a sample of several consecutive narcotic count shift sheets. 1 day of 3 shifts will be sufficient. A staff training signature sheet as evidence of training for med techs and licensed staff will need to be submitted.

Documentation should be sent in the Portal.

AG, 89-21

Document Submission

Implemented

see attached

Update 09/08/2021

documents reviewed, AG, 9-8-21

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #2's RASP dated 5/21/21 is not signed by the resident or the residents inability to do so.

Plan of Correction

Accept

All RASPs have been reviewed for resident's signatures. Resident # 2's significant other, POA, had stated the resident does not sign anything. Resident # 2 has signed the RASP.

All Staff involved with RASPs are aware of the requirement for the resident to sign or put their mark on the RASP.

Completion Date: 07/28/2021

227g -Support Plan Signatures (continued)

Update - 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the updated RASP to show the signature component has been corrected/updated. A signature sheet for the staff trained on on the correct RASP Support Plan completions shall also be completed. The last necessary component of the POC will be to identify what staff position will be responsible for correctly completing RASP reviews and checking resident/significant/POA reviews in the future.

Documentation should be sent in the Portal.

AG, 8 9 21

Document Submission

Implemented

see attached

Update - 09/08/2021

document reviewed, AG, 9-8-21

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #1's record did not include anything for hair color or eye color.

Resident #2's record did not include anything for hair color, eye color of identifying marks

Plan of Correction

Accept

All incomplete identifying features have been entered on the "face sheet".

All new residents will have the information completed upon move in.

Staff have been made aware of the need to complete all forms and documents.

Completion Date 07/05/2021

Update 08/09/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the correctly completed Face Sheet that was cited in the Renewal inspection. If any new residents were admitted since the renewal, then please send in a new Face Sheet to demonstrate compliance.

Documentation should be sent in the Portal. Lastly, please identify the staff position that will be responsible for completing resident records, and specifically Resident Face Sheets in the future so that ongoing compliance may be maintained, and please include a copy of the training sheet for that person's retraining.

Documentation shall be submitted in the Portal.

AG, 8-9-21

Document Submission

Implemented

see attached

252 - Record Content (*continued*)

Update - 09/08/2021

photo reviewed, AG, 9-8-21