

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

September 30, 2024

[REDACTED], ADMINISTRATOR
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 [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2024 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: *BIRDSBORO LODGE* License #: *22703* License Expiration: *07/12/2025*
 Address: *6740 DANIEL BOONE ROAD, BIRDSBORO, PA 19508*
 County: *BERKS* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CHANGING TRENDS R E CORP*
 Address: *6740 DANIEL BOONE ROAD, BIRDSBORO, PA, 19508*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *08/08/2017* Issued By: *Exeter Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/13/2024*

Inspection Dates and Department Representative

08/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *23* Residents Served: *14*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *14*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *1*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

08/13/2024 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/31/2024*

09/09/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *09/30/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/16/2024*

Inspections / Reviews *(continued)*

09/17/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/24/2024

09/30/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Staff Member A, hired on [REDACTED] did not receive 12 hours of annual training in 2023. The home was only able to verify 4.75 hours of annual training.

Plan of Correction

Accept ([REDACTED] - 09/17/2024)

Staff member was out on disability and the Staff trainer did not realize the annual hours had to be made up. Training was started the week Staff returned. The Trainer/LPN will complete training by 9-20-24. The Nursing supervisor will verify each month the Staff training is complete. The Administrator will monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented ([REDACTED] - 09/30/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Staff Member A, hired on [REDACTED] did not receive 2023 annual trainings on the topics of medication-self administration, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, personal care needs of the resident, and safe management techniques.

Plan of Correction

Accept ([REDACTED] - 09/17/2024)

Immediately, 8-13-24, Staff member was out, [REDACTED]. 9-3-24 Training started, by Staff Trainer. Staff member was out [REDACTED], 2023, and the staff trainer did not realize the annual training topics needed to be completed upon return to work. The annual training will be completed 9-20-24 The Nursing supervisor will make sure, when Staff are out longer than a month, the training is up to date upon return to work. The Administrator monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented ([REDACTED] - 09/30/2024)

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

Staff Member A's annual trainings did not include the length of the training for the topics: new populations, infection control, and Older Adult Protective Services Act.

65i - Training Record (continued)

Plan of Correction

Accept (█) - 09/17/2024)

The length of training, time, has been entered on the Staff's record. The Staff trainer has been trained on recording the length of time for the topics. Periodically the Nursing Supervisor will verify completeness of records. The Administrator will monitor ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented (█) - 09/30/2024)

107c - Food/Water 3 Day Supply

4. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home did not have a three-day emergency supply of drinking water onsite or a contract with a water supplier indicating they could immediately deliver the necessary amount of water needed, upon request.

Plan of Correction

Directed (█) - 09/17/2024)

The Administrator immediately started contacting companies for a contract.

None of the companies contacted would agree to a contract to deliver.

(No weekends)

Nine 5 gallon jugs of water have been purchased and are on site.

The Administrator will ongoing compliance.

Proposed Overall Completion Date: 09/17/2024

Directed: The administrator or designee will complete monthly checks to ensure that the home has the required 3 gallons of water in storage for each resident in the home. Documentation of these checks shall be kept and provided to the department upon request.

Directed Completion Date: 09/24/2024

Implemented (█) - 09/23/2024)

121a - Unobstructed Egress

5. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

During physical site inspection, the exit door, across from the home's top floor laundry room, could not be opened in the first several attempts and required excessive force to be opened.

Plan of Correction

Directed (█) - 09/17/2024)

The door will be adjusted by the Administrator so that it does not require excessive force to be opened. When a Resident has a problem with a door the Administrator will verify and correct.

Exit doors will be checked periodically by the Administrator.

121a - Unobstructed Egress (continued)

Proposed Overall Completion Date: 09/20/2024

Directed: Within 3 days of receipt of this plan of correction, the administrator shall have the exit door fixed or replaced. The administrator or designee will complete monthly checks on all exit doors. Any door that is found to not be functioning correctly shall be immediately replaced or fixed. Documentation of these monthly checks shall be kept and provided to the department upon request.

Directed Completion Date: 09/24/2024

Implemented () - 09/23/2024

185a - Implement Storage Procedures

6. 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 #2 has an order for Fiasp 100 Unit/mL FlexTouch, inject subcutaneously per sliding scale: 200-250=2 units, 251-300=4 units, 301-350=6 units, 351-450=8 units. On 8/8/24 at 8am, Resident #2's Medication Administration Record did not contain the documented blood glucose reading.

Plan of Correction

Accept () - 09/17/2024

The Director of Nursing called the E MAR company 8-8-24 for help.

Missing BG level has been added to the MAR, by the Director of Nursing.

The Med. Tech. and Nurses are aware of the issue as of 8-14-24. The Director of Nursing will verify ongoing compliance to the below.

When the program is being uninstalled or reinstalled, on a remote computer, no data or vitals will be entered by the Med. Tech. or Nurse into the system. A paper MAR will be used.

The Director of Nursing will verify ongoing compliance.

Licensee's Proposed Overall Completion Date: 09/20/2024

Implemented () - 09/23/2024