

Department of Human Services
Bureau of Human Service Licensing

June 30, 2022

[REDACTED]
HARRISBURG AL OPERATIONS, LLC
[REDACTED]
[REDACTED]

RE: VIVA SENIOR LIVING AT
HARRISBURG
150 KEMPTON AVENUE
HARRISBURG, PA, 17111
LICENSE/COC#: 33805

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *VIVA SENIOR LIVING AT HARRISBURG* License #: *33805* License Expiration:
Address: *150 KEMPTON AVENUE, HARRISBURG, PA 17111*
County: *DAUPHIN* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *HARRISBURG AL OPERATIONS, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/15/1997* Issued By: *Labor & Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *69* Waking Staff: *52*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *06/02/2022*

Inspection Dates and Department Representative

06/02/2022 - On-Site: Ken Bateman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *50*

Secured Dementia Care Unit

In Home: *Yes* Area: *Sweet Memories* Capacity: *24* Residents Served: *13*

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *9* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *19* Have Physical Disability: *0*

Inspections / Reviews

06/02/2022 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/17/2022*

06/13/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/20/2022*

06/17/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *06/24/2022*

06/30/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 6/2/2022, the air return vents outside of two of the electrical rooms had a heavy coating of dust. Upon further inspection, the pleated air filters inside were dark grey and covered with a thick coating of dust and dirt.

Plan of Correction**Accept**

Filters cited above were changed the day of inspection once identified.

A complete audit of furnace air filters will be completed by the Maintenance Director by 6/24/22. Filters that are dusty will be replaced at that time.

During routine Maintenance rounds the Maintenance Director will check all furnace filters within the community at least monthly and a check for this will be added to the Maintenance Checklist.

Education will be complete by 6/24/22.

A routine monthly audit of all furnace filters will be completed by the Executive Director or Maintenance Director to ensure regulatory compliance.

A discussion by the Maintenance Director and Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

Completion Date: 06/24/2022

Document Submission**Implemented**

All steps are complete and processes in implemented.

Filters cited above were changed the day of inspection once identified.

A complete audit of furnace air filters will be completed by the Maintenance Director by 6/24/22. Filters that are dusty will be replaced at that time.

During routine Maintenance rounds the Maintenance Director will check all furnace filters within the community at least monthly and a check for this will be added to the Maintenance Checklist.

Education will be complete by 6/24/22.

A routine monthly audit of all furnace filters will be completed by the Executive Director or Maintenance Director to ensure regulatory compliance.

A discussion by the Maintenance Director and Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

101j5 - Bedside Table/Shelf

1. Requirements

2600.

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

5. A bedside table or a shelf.

Description of Violation

There is no bedside table or shelf beside the resident's bed in Room #3 located in the secured care unit.

Plan of Correction**Accept**

The resident's bedside table was repositioned next to the resident's bed in Room 3 on 6/2/22 by the Maintenance

101j5 - Bedside Table/Shelf (continued)

Director during the licensing inspection.

A complete audit of resident rooms will be completed by the Maintenance Director by 6/24/22. A lamp by bedside will be provided to any resident room where there is none.

During routine housekeeping visits, staff will ensure all residents have a bedside table or shelf. Staff will be educated regarding each resident having a bedside table or shelf and a check for this will be added to the Housekeeping Checklist.

Education will be complete to all appropriate staff by 6/24/22.

A routine monthly audit of all resident rooms will be completed by the Executive Director or Maintenance Director to ensure regulatory compliance.

A discussion by the Maintenance Director and Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

Completion Date: 06/24/2022

Document Submission

Implemented

All steps are complete and processes in implemented.

The resident's bedside table was repositioned next to the resident's bed in Room 3 on 6/2/22 by the Maintenance Director during the licensing inspection.

A complete audit of resident rooms will be completed by the Maintenance Director by 6/24/22. A lamp by bedside will be provided to any resident room where there is none.

During routine housekeeping visits, staff will ensure all residents have a bedside table or shelf. Staff will be educated regarding each resident having a bedside table or shelf and a check for this will be added to the Housekeeping Checklist.

Education will be complete to all appropriate staff by 6/24/22.

A routine monthly audit of all resident rooms will be completed by the Executive Director or Maintenance Director to ensure regulatory compliance.

A discussion by the Maintenance Director and Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

102i - Soap Dispenser**1. Requirements**

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There was an unlabeled used bar of green soap in the shower of shared room #146.

Plan of Correction

Accept

The identified bar of soap was removed on 6/2/22 during the inspection and a new labelled caddy was provided to each resident.

A complete audit of resident rooms will be completed by the Maintenance Director by 6/24/22 and any room where two residents occupy the same space, soap will be available for both residents, clearly labelled for each resident.

During routine housekeeping visits, staff will ensure all resident bathrooms in shared rooms will have properly labelled soap for the residents. Staff will be educated regarding labelled soap for residents in shared rooms and a

102i - Soap Dispenser (continued)

check for this will be added to the Housekeeping Checklist.

Education will be complete to all appropriate staff by 6/24/22.

A routine monthly audit of all resident rooms will be completed by the Executive Director or Maintenance Director to ensure regulatory compliance.

A discussion by the Maintenance Director and Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

Completion Date: 06/24/2022

Document Submission

Implemented

All steps are complete and processes in implemented.

The identified bar of soap was removed on 6/2/22 during the inspection and a new labelled caddy was provided to each resident.

A complete audit of resident rooms will be completed by the Maintenance Director by 6/24/22 and any room where two residents occupy the same space, soap will be available for both residents, clearly labelled for each resident.

During routine housekeeping visits, staff will ensure all resident bathrooms in shared rooms will have properly labelled soap for the residents. Staff will be educated regarding labelled soap for residents in shared rooms and a check for this will be added to the Housekeeping Checklist.

Education will be complete to all appropriate staff by 6/24/22.

A routine monthly audit of all resident rooms will be completed by the Executive Director or Maintenance Director to ensure regulatory compliance.

A discussion by the Maintenance Director and Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

125b - Combustible Restrictions

1. Requirements

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

On 6/2/2022, Two 20 pound cylinder propane tanks were being stored outside the rear exterior door beside the grill.

These tanks were unlocked, unattended, and accessible to residents.

Plan of Correction

Accept

Propane cylinders, located next to the community's grill, were relocated to an area inaccessible to residents on the day the citation was identified.

A complete audit of the grilling area will be completed by the Maintenance Director by 6/24/22.

During routine Maintenance rounds the Maintenance Director will check the grill area within the community at least monthly and a check for this will be added to the Maintenance Checklist.

Education will be complete to all appropriate staff by 6/24/22.

A discussion by the Maintenance Director or Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

Completion Date: 06/24/2022

125b - Combustible Restrictions *(continued)***Document Submission****Implemented**

All steps are complete and processes in implemented.

Propane cylinders, located next to the community's grill, were relocated to an area inaccessible to residents on the day the citation was identified.

A complete audit of the grilling area will be completed by the Maintenance Director by 6/24/22.

During routine Maintenance rounds the Maintenance Director will check the grill area within the community at least monthly and a check for this will be added to the Maintenance Checklist.

Education will be complete to all appropriate staff by 6/24/22.

A discussion by the Maintenance Director or Executive Director of routine maintenance checklists will be added to the QA review to take place at least quarterly.

254a - Records Discharge/Active

1. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

On 6/2/2022, the assessment and support plans for four previous residents were found accessible on a table in the middle of the administrator's office which was unlocked and unattended at the time of inspection.

On 6/2/2022, boxes containing multiple records of both current and former residents and staff were found in an unlocked and unattended room located off of the kitchenette in the secured care unit of the home.

Plan of Correction**Accept**

The records in each area identified were secured by locking the doors and ensuring they were closed properly on 6/2/22 during the inspection as the violations were identified.

Staff will be provided education on the importance of ensuring that resident information is kept secure. Appropriate staff will be provided education by 6/24/22 by the Executive Director, Resident Care Director, or Business Office Manager.

Doors within the community will be evaluated as to whether they would benefit from an automatic door closer to ensure confidential records are kept confidential. This evaluation will take place by the Executive Director and Maintenance Director. This evaluation will take place by 6/17/22 with a goal of installation by 7/1/22.

Ongoing monitoring by the Executive director or Resident Care Director for daily walk-throughs of the community to ensure that all confidential information regarding residents is properly stored, starting immediately.

Concerns related to confidential records will be discussed by the Executive Director and the Resident Care Director at the community's QA review, to be held at least Quarterly with in the community.

Completion Date: 07/01/2022

Document Submission**Implemented**

All steps are complete and processes in implemented.

254a - Records Discharge/Active (continued)

The records in each area identified were secured by locking the doors and ensuring they were closed properly on 6/2/22 during the inspection as the violations were identified.

Staff will be provided education on the importance of ensuring that resident information is kept secure. Appropriate staff will be provided education by 6/24/22 by the Executive Director, Resident Care Director, or Business Office Manager.

Doors within the community will be evaluated as to whether they would benefit from an automatic door closer to ensure confidential records are kept confidential. This evaluation will take place by the Executive Director and Maintenance Director. This evaluation will take place by 6/17/22 with a goal of installation by 7/1/22.

Ongoing monitoring by the Executive director or Resident Care Director for daily walk-throughs of the community to ensure that all confidential information regarding residents is properly stored, starting immediately.

Concerns related to confidential records will be discussed by the Executive Director and the Resident Care Director at the community's QA review, to be held at least Quarterly with in the community.