



pennsylvania
DEPARTMENT OF HUMAN SERVICES

EMAILING DATE: APRIL 3, 2025

[REDACTED]
Divine Living Home LLC
3828 Columbia Avenue
Mountville, Pennsylvania 17554

RE: Divine Living Home
3828 Columbia Avenue
Mountville, Pennsylvania 17554
License #: 33824

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 27, 2024, August 28, 2024, and October 16, 2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

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

December 5, 2024

[REDACTED]
DIVINE LIVING HOME LLC
3828 COLUMBIA AVENUE
MOUNTVILLE, PA, 17554

RE: DIVINE LIVING HOME
3828 COMLUMBIA AVENUE
MOUNTVILLE, PA, 17554
LICENSE/COC#: 33824

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/27/2024, 08/28/2024 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: *DIVINE LIVING HOME* License #: 33824 License Expiration: 09/08/2024
Address: 3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554
County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: *DIVINE LIVING HOME LLC*
Address: 3828 COLUMBIA AVENUE, MOUNTVILLE, PA, 17554
Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 07/07/1983 Issued By: *Department of labor and industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal, Provisional* Exit Conference Date: 08/28/2024

Inspection Dates and Department Representative

08/27/2024 - On-Site: [REDACTED]
08/28/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity: 39	Residents Served: 30		
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Residents Served:
Hospice			
Current Residents: 0			
Number of Residents Who:			
Receive Supplemental Security Income: 20	Are 60 Years of Age or Older: 23		
Diagnosed with Mental Illness: 26	Diagnosed with Intellectual Disability: 4		
Have Mobility Need: 0	Have Physical Disability: 0		

Inspections / Reviews

08/27/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 09/19/2024

Inspections / Reviews *(continued)*

09/24/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/30/2024

09/27/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/07/2024

12/05/2024 - Document Submission

Submitted [REDACTED]

Date Submitted: 12/05/2024

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

On 8/27/24 the home did not have a current license and license inspection summary (LIS) posted in a conspicuous and public place in the home. The license posted expired 11/10/23 and the license inspection summary is dated 09/15/22.

Plan of Correction

Accept [redacted] - 09/20/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the Administrator to place most current license and inspection report on a board available to residents.

To enhance the currently compliant operations, on 09/16/2024 the Administrator will update license and summary immediately after report is issued by the state, with a completion date of 09/16/2024.

Effective 08/27/2024 the Administrator will perform annual inspections through 10/31/2025 to maintain ongoing compliance with posting 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. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/16/2024

Implemented [redacted] - 12/05/2024)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 8/27/24, at approximately 10:00am a gas boiler was observed in the basement of the home. There was an inspection card taped to the inside of the boiler door showing that it was last inspected on 03/03/23. In addition, the most current inspection certificate expired 1/30/24.

Plan of Correction

Accept [redacted] - 09/20/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2024 by the Administrator to contact HVAC service to schedule an appointment for inspection of the boiler.

To enhance the currently compliant operations, on 09/01/2024 the Administrator will add boiler inspections to the maintenance checklist, with a completion date of 09/05/2024.

18 - Compliance With Laws (continued)

Effective 09/05/2024 the Administrator will perform annual inspections through 09/05/2024 to maintain ongoing compliance with complying with applicable Federal, State and local laws, ordinances and regulations. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] 12/05/2024)

42b - Abuse

3. 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 [REDACTED]/24 at approximately 4:00am Resident #2 hit Resident #1 in the head with the base of a table lamp. Following this incident, Resident #1 stated that [REDACTED] experienced a head ache for two days following the incident. Resident #1 also stated that they were afraid of Resident #2 following the incident.

Plan of Correction

Accept [REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 05/30/2024 by the Administrator to contact crisis intervention and adult protective services to report incident.
2. on 05/30/2024 by the Administrator to remove and relocate resident from facility to keep roommate and other residents safe.

To enhance the currently compliant operations, on 05/30/2024 the Administrator will continue to follow guidelines with reporting any type of abuse within the home, with a completion date of 12/31/2024.

Effective 05/30/2024 the Administrator and DCS will perform daily supervision through 12/31/2024 to maintain ongoing compliance with not neglecting, intimidating, physically or verbally abusing, mistreating, subjecting to corporal punishment or disciplining residents in any way. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] 12/05/2024)

63a - First Aid/CPR Training

5. Requirements

2600.

63a - First Aid/CPR Training (continued)

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 08/20/24, 08/21/24, and 8/22/24, there were approximately 30 Residents in the home, Staff Member C worked alone from 6:00am to 8:00am but is not certified in First Aid and CPR.

On 08/27/24, there were approximately 30 residents in the home, Staff Member C worked alone from 8:00am to 10:00am but is not certified in First Aid and CPR.

Plan of Correction

Accept () - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 08/29/2024 by the Administrator to get staff member signed up for renewal through American Red Cross.
- 2. on 08/28/2024 by the Administrator to adjust schedule to have certified staff on for all shifts.

To enhance the currently compliant operations, on 09/02/2024 the Administrator will keep electronic record of certification dates for all staff for easy access reporting, with a completion date of 09/30/2024.

Effective 09/02/2024 the Administrator will perform annual electronic reports of staff certifications through 01/05/2025 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/05/2025

Implemented () - 12/05/2024)

64c - Annual Training

6. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff Member D, the (), completed 8 hours of Department-Approved Training in training year 2023.

Plan of Correction

Accept () - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/02/2024 by the Administrator to review all upcoming training to be sure any certification or proof of training is documented within the staff record.
- 2. on 09/02/2024 by the Administrator to create an electronic file to organize any documentation gathered for easy access.

64c - Annual Training (continued)

To enhance the currently compliant operations:

1. moving forward from 09/02/2024 the Administrator will immediately save all documents surrounding training in created electronic file for easy access and record keeping, with a completion date of 12/31/2024.
2. moving forward from 09/02/2024 the Administrator will plan ahead for as many possible trainings to ensure necessary hours, with a completion date of 01/31/2025.

The overall completion date is 01/31/2025.

Effective 09/17/2024 the Administrator will perform quarterly reviews through 09/30/2025 to maintain ongoing compliance with ensuring an administrator has at least 24 hours of annual training relating to the job duties, with the understanding that the Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [redacted] - 12/05/2024)

65a - FS Orientation 1st Day

7. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff Member B began volunteering at the home on approximately [redacted]/24 , and Staff Member F was hired [redacted]/24, but neither received orientation on the following topics:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Plan of Correction

Accept [redacted] - 09/27/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2024 by the administrator to complete and record a note about missing documentation, being that staff already completed initial orientation at time of hiring.

To enhance the currently compliant operations, on 10/01/2024 the administrator will create a new hire checklist to verify all necessary documents are entered into system for new staff on-boarding, with a completion date of 09/30/2024.

65a - FS Orientation 1st Day (continued)

Effective 10/01/2024 the administrator will perform quarterly chart audits through 09/30/2025 to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [redacted] - 12/05/2024)

65b - Rights/Abuse 40 Hours

8. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff Member B began volunteering at the home on approximately [redacted]/24, and Staff Member F was hired [redacted]/24 but neither received the 40 Scheduled working hours on the following topics:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101-10225.5102).
4. Reporting of reportable incidents and conditions.

Plan of Correction

Accept [redacted] - 09/27/2024)

Staff F completed training topics within the Adult Residential Licensing Certificate issued on 03/22/2024 as indicated in attached document and was presented in staff chart. Staff B is no longer volunteering in the home.

To enhance the currently compliant operations, on 10/01/2024 the administrator will create a new hire checklist to verify all necessary documents are entered into system for new volunteer and staff on-boarding, with a completion date of 09/30/2024.

Effective 10/01/2024 the administrator will perform quarterly chart audits through 09/30/2025 to maintain ongoing compliance with ensuring that within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers will have an orientation that includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [redacted] - 12/05/2024)

65e - 12 Hours Annual Training

9. Requirements

65e - 12 Hours Annual Training (continued)

2600.

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

Description of Violation

Direct Care Staff Member E received only 10 hours of annual training in training year 2023.

Plan of Correction

Accept [REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the administrator to audit the staff records.

To enhance the currently compliant operations, on 09/02/2024 the administrator will conduct staff record audits to ensure training hours will be met by staff for calendar year, with a completion date of 12/31/2024.

Effective 01/01/2025 the administrator will perform quarterly reviews through 09/01/2025 to maintain ongoing compliance with ensuring direct care staff persons have at least 12 hours of annual training relating to their job duties. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 12/05/2024)

65f - Training Topics

10. Requirements

2600.

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

Description of Violation

Staff Member E did not receive training in the following topics during training year 2023:

- 1. Medication self-administration training.*
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan.*
- 3. Care for residents with dementia and cognitive impairments.*
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition, and dehydration.*
- 5. Personal care service needs of the resident.*
- 6. Safe management techniques.*
- 7. Care for residents with mental illness or mental retardation, or both, if the population is served in the home.*

Plan of Correction

Accept [REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/09/2024 by the Administrator to evaluate annual staff training plan in place and identify eligible suitable to add to plan.

To enhance the currently compliant operations, on 09/09/2024 the administrator will plan for upcoming eligible trainings to meet requirements outlined in RCG, with a completion date of 10/01/2024.

Effective 01/01/2025 the Administrator will perform an annual evaluation of staff plan through 12/31/2025 to

65f - Training Topics (continued)

maintain ongoing compliance with ensuring the plan includes training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities, and the staff training plan includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [REDACTED] - 12/05/2024)

65g - Annual Training Content

11. 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:

Description of Violation

Staff Member E did not receive training in the following topics during training year 2023:

- 1. Fire safety completed by a fire safety expert or by a 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.*

Plan of Correction

Accept [REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/09/2024 by the Administrator to evaluate annual staff training plan in place and identify eligible suitable trainings to add to plan.

To enhance the currently compliant operations, on 09/09/2024 the administrator will plan for upcoming eligible trainings to meet requirements outlined in [REDACTED] with a completion date of 10/01/2024.

Effective 01/01/2025 the Administrator will perform an annual evaluation of staff plan through 12/31/2025 to maintain ongoing compliance with ensuring the plan includes training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities, and the staff training plan includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] 12/05/2024)

66b - Training Plan Content

12. Requirements

2600.

66.b. The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

66b - Training Plan Content (continued)

Description of Violation

The home's 2024 staff training plan does not include the following topics:

2600.65f –

- 1. Medication Self-administration.
- 2. Meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation, and support plan
- 3. Care for residents with dementia and cognitive impairments.
- 5. Personal care service needs of the resident.
- 6 safe management techniques.

2600.65g –

- 3. Resident rights
- 4. the Older Adults Protective Services Act
- 5. Falls and accident prevention

Plan of Correction

Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/09/2024 by the Administrator to evaluate annual staff training plan in place and identify eligible suitable to add to plan.

To enhance the currently compliant operations, on 09/09/2024 the administrator will plan for upcoming eligible trainings to meet requirements outlined in RCG, with a completion date of 10/01/2024.

Effective 01/01/2025 the Administrator will perform an annual evaluation of staff plan through 12/31/2025 to maintain ongoing compliance with ensuring the plan includes training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities, and the staff training plan includes. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 12/05/2024)

85a - Sanitary Conditions

13. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 08/27/24 at 11:16am, there were disposable under garments observed soiled with urine and feces on the floor in resident bedroom [redacted] beside Resident #3's bed.

Plan of Correction

Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2024 by the administrator to removed soiled under garments from resident's room.

To enhance the currently compliant operations:

- 1. on 08/27/2024 the direct care staff will continue doing room checks daily on each shift, with a completion

85a - Sanitary Conditions (continued)

date of 10/31/2024.

2. on 09/09/2024 the administrator will communicate with resident's clinical team regarding excessive incontinence issue, with a completion date of 09/30/2024.

The overall completion date is 10/31/2024.

Effective 09/02/2024 the direct care staff will perform daily checks through 10/31/2024 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [redacted] - 12/05/2024)

88a - Surfaces

14. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 08/27/24 at 11:16am, there was a crack observed in the wall in resident bedroom [redacted] beside resident #3's bed appearing to show bedbug feces protruding from the crack.

On 08/27/24, the shower room across from the bulletin board on the first floor has an open drain measuring about 2 1/2" across, that poses a tripping or fall hazard to the residents using the shower.

Plan of Correction

Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2024 by the Administrator to contact maintenance personnel to come to inspect and assess areas indicated. Scheduled maintenance repairs to be completed by 09/30/2024.

To enhance the currently compliant operations, on 09/09/2024 the administrator will create an inspection list to have maintenance personnel conduct regular checks of the building, with a completion date of 12/31/2024.

Effective 10/01/2024 the maintenance personnel will perform quarterly inspections of buliding through 12/31/2024 to maintain ongoing compliance with ensuring floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 12/05/2024)

96a - First Aid Kit

15. Requirements

2600.

96a - First Aid Kit (continued)

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 08/27/24 at approximately 09:30am two first aid kits were inspected in the home and neither included eye coverings.

Plan of Correction

Accept (████ - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2024 by the ██████████ to replace eye coverings in first aid kits.

To enhance the currently compliant operations, on 09/02/2024 the ██████████ will conduct monthly checks of all first aid kits, with a completion date of 12/31/2024.

Effective 09/02/2024 the ██████████ will perform monthly checks through 12/31/2024 to maintain ongoing compliance with having a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (████ - 12/05/2024)

101j2 - Bedroom Chairs

16. Requirements

2600.

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

- 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom █████ is occupied by three residents, however, there were only two chairs present in this room.

Bedroom █████ is occupied by one resident, however, there were no chairs present in this room.

Bedroom █████ occupied by two residents, however, there was only one chair present in this room.

Plan of Correction

Accept (████ - 09/27/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2024 by the direct care staff to inspect all rooms and document any missing element within resident rooms. Any missing chairs were immediately replaced in rooms found missing.

101j2 - Bedroom Chairs (continued)

To enhance the currently compliant operations, on 09/30/2024 the Administrator will create a room inspection checklist for direct care staff to use while conducting checks on the resident rooms during their cleanings, with a completion date of 09/30/2024.

Effective 10/01/2024 the direct care staff will perform weekly room inspections through 12/31/2024 to maintain ongoing compliance with ensuring each resident has a chair in their bedroom and that it meets their needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [redacted] - 12/05/2024)

101j3 - Bed/Linens/Pillows/Blankets

17. Requirements

2600.

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

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

On 08/27/24 at approximately 10:40am, the pillowcase on resident #4's pillow was stained with blood.

On 08/27/24 at approximately 10:41am, there was no pillowcase present on one of Resident #5's pillow.

On 08/27/24 at approximately 10:45 am, there was no pillowcase present on one of Resident #16's pillows.

Plan of Correction

Accepted [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2024 by the Administrator to remove soiled pillowcase and replace missing pillowcases.

To enhance the currently compliant operations, on 09/30/2024 the administrator will create a room inspection checklist for direct care staff to complete while cleaning resident rooms, with a completion date of 09/30/2024.

Effective 10/01/2024 the direct care staff will perform weekly inspections through 12/31/2024 to maintain ongoing compliance with ensuring each resident has in [redacted] bedroom pillows, bed linens and blankets that are clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 12/05/2024)

101j7 - Lighting/Operable Lamp

18. Requirements

101j7 - Lighting/Operable Lamp (continued)

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

Resident's #6 and #7 do not have access to a source of light that can be turned on/off at bedside.

Plan of Correction

Accepted [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2024 by the administrator to relocate a lamp and position it on the bedside table for resident.

To enhance the currently compliant operations, on 09/02/2024 the House manager will an inspection of all rooms and complete an inventory of any furniture needed within the resident rooms, with a completion date of 09/30/2024.

Effective 10/01/2024 the house manager will perform monthly room inspections through 12/31/2024 to maintain ongoing compliance with ensuring each resident has in their bedroom an operable lamp or other source of lighting that can be turned on at bedside. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 12/05/2024)

101o - Walls, Floors, Ceilings

19. Requirements

2600.

101.o. The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

Description of Violation

On 08/27/24 at 10:37am, the ceiling in bedroom [redacted] was observed showing water damage, brown staining and a dangling smoke detector mounting bracket which shows exposed wires. The exposed dangling wires present a hazard to residents and staff.

Plan of Correction

Accepted [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2024 by the administrator to contact a maintenance repair [redacted] to come and assess room [redacted]

To enhance the currently compliant operations, on 09/02/2024 the administrator will schedule maintenance inspection and set a date for official repairs, with a completion date of 09/30/2024.

Effective 09/02/2024 the house manager will perform monthly room inspections through 12/31/2024 to maintain ongoing compliance with ensuring the bedrooms have walls, floors and ceilings, which are finished, clean and in good repair. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

101o - Walls, Floors, Ceilings (continued)

Implemented (█) - 12/05/2024)

107c - Food/Water 3 Day Supply

20. 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

On 08/27/24, the home served 30 residents, requiring 90 gallons of emergency drinking water. However, the home does not have any emergency water in the home. The most current water agreement is dated 03/09/2022 and the agreement does not indicate the amount of water to be delivered.

Plan of Correction

Accept (█) - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2024 by the administrator to contacted food supplier to retrieve most current water agreement.

To enhance the currently compliant operations, on 09/02/2024 the Administrator will keep most current water agreement available, with a completion date of 09/02/2024.

Effective 09/02/2024 the administrator will perform annual reviews through 12/31/2025 to maintain ongoing compliance with maintaining at least a 3-day supply of nonperishable food and drinking water for residents. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented (█) - 12/05/2024)

107d - Procedure Emergency Management Agency Submission

21. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures were last updated and submitted to the local emergency management agency in 2022.

Plan of Correction

Accept (█) - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/02/2024 by the Admnistrator to contact the county emergency management services to obtain the current contact information to send 2024 procedures.

To enhance the currently compliant operations, on 09/02/2024 the Administrator will send annual emergency procedures to designated personnel, with a completion date of 09/30/2024.

107d - Procedure Emergency Management Agency Submission (continued)

Effective 09/02/2024 the administrator will perform annual review and send through 09/30/2025 to maintain ongoing compliance with reviewing, updating and submitting annually, to the local emergency management agency, written emergency procedures. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 12/05/2024)

125a - Combustible Storage

22. Requirements

2600.
125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

On 08/27/24 at approximately 10:20am, there were two plastic kerosene jugs that were filled with kerosene, unlocked, unattended, and accessible in the parking lot of the home next to the garage and the smoking area.

Plan of Correction Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the administrator to remove jugs from scene to a locked, inaccessible location.

To enhance the currently compliant operations, on 09/02/2024 the administrator will remove contents off property entirely, with a completion date of 09/30/2024.

Effective 10/01/2024 the administrator will perform monthly checks through 12/31/2024 to maintain ongoing compliance with locating combustible and flammable materials away from heat sources or hot water heaters. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [redacted] - 12/05/2024)

132b - Safety Inspection/Fire Drill

23. Requirements

2600.
132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The home's last fire safety inspection and supervised drill by a fire safety expert was conducted 03/31/23.

Plan of Correction Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2024 by the Administrator to contact fire inspector and scheduled an inspection for 09/04/2024.

To enhance the currently compliant operations, on 09/04/2024 the Administrator will contact fire inspector one

132b - Safety Inspection/Fire Drill (continued)

month prior to inspection expiration date to schedule ahead, with a completion date of 08/01/2025. Effective 09/04/2024 the Administrator will perform annual audits through 08/01/2025 to maintain ongoing compliance with ensuring residents are able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [redacted] - 12/05/2024)

132d - Evacuation

24. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's last fire safety inspection and supervised drill was conducted 03/31/23 and established a maximum evacuation time of 7 minutes and 0 seconds. As of 3/31/24, the home does not have a maximum safe evacuation time, and defaulted to the state mandated time of 2 minutes and 30 seconds. The following fire drills conducted exceeded this time:

- 04/15/24 at 7:00pm indicated an evacuation time of 2 minutes and 35 seconds.
- 05/20/24 at 2:12pm indicated an evacuation time of 2 minutes and 45 seconds.

Plan of Correction

Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/27/2024 by the Administrator to contact fire inspector and scheduled an inspection for 09/04/2024.

To enhance the currently compliant operations, on 09/04/2024 the Administrator will contact fire inspector one month prior to inspection expiration date to schedule ahead, with a completion date of 08/01/2025.

Effective 09/04/2024 the Administrator will perform annual audits through 08/01/2025 to maintain ongoing compliance with ensuring residents are able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert, and for purposes of this subsection, ensure the fire safety expert is not a staff person of the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/01/2025

Implemented [redacted] - 12/05/2024)

132e - Fire Drill Sleeping Hours

25. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 01/12/24 at 11:30pm. The previous sleeping hours fire drill was conducted on 12/08/23, and prior to that was completed 04/10/23.

Plan of Correction

Accept (████) - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/30/2024 by the DCS to conducted a fire drill at 11:01pm.

To enhance the currently compliant operations, on 09/02/2024 the House Manager will keep record of annual fire drills conducted to ensure compliance of sleeping hours fire drill, with a completion date of 08/30/2025.

Effective 08/30/2024 the House Manager will perform semi-annual fire drills through 12/31/2025 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (████) - 12/05/2024)

132g - Fire Drills Days/Times

26. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The sleeping hours fire drills conducted on 01/12/24 at 11:30pm, 12/08/23 at 11:30pm, and 4/10/23 at 1:00 am, lists two staff persons participating in the fire drill. However, the home routinely has one staff person working during this time period on the overnight shift.

Plan of Correction

Accept (████) - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/30/2024 by the DCS to conducted a fire drill at 11:01pm with one staff member present.

To enhance the currently compliant operations, on 09/02/2024 the ██████████ will keep record of annual fire drills conducted to ensure compliance of sleeping hours fire drill, with a completion date of 08/30/2025.

Effective 08/30/2024 the ██████████ will perform semi-annual fire drills through 12/31/2025 to maintain ongoing compliance with holding a fire drill during sleeping hours once every 6 months. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 08/30/2025

Implemented (████) - 12/05/2024)

141b1 - Annual Medical Evaluation

27. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #8's most recent medical evaluation was completed [redacted]/24. The resident's previous evaluation was completed 5/17/23.

Plan of Correction

Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 09/02/2024 by the Administrator to review resident charts to ensure recorded date, on audit previously conducted, reflects "date evaluated" date for upcoming annual DME needed.
- 2. on 09/02/2024 by the Administrator to document within the chart any DMEs not completed within the year.

To enhance the currently compliant operations, on 09/02/2024 the Administrator will audit current DMEs submitted and ensure due date for next annual exam is according to "date evaluated" last, with a completion date of 01/31/2025.

Effective 09/30/2024 the Administrator will perform monthly audits through 01/31/2025 to maintain ongoing compliance with ensuring each resident has a medical evaluation at least annually. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 01/31/2025

Implemented [redacted] - 12/05/2024)

181c - Self-administration Assessment

28. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

From 08/01/24 through 08/27/24, Resident #1 self-administered Fluoxetine HCL 20MG, take 1 capsule by mouth daily for depression and Olanzapine 10 MG take 1 Tablet by mouth daily for Mood. However, there was no documentation provided showing the resident has been assessed by a physician, physician's assistant, or certified, registered nurse practitioner regarding their ability to administer these medications.

On 8/10/24 at 7:00am, Resident #3 self-administered Diclofenac 1% Gel and Ketoconazole 2% Cream. However, there was no documentation provided authorizing the resident to self-administer the medication. However, there was no documentation provided showing the resident has been assessed by a physician, physician's assistant, or certified, registered nurse practitioner regarding their ability to administer the medications.

Resident #8 and Staff Member D stated the Resident #8 checks [redacted] own blood sugar, using the Libre 2

181c - Self-administration Assessment (continued)

Glucometer, changes the Libre 2 Sensor and self-administers the weekly Mounjaro 5mg Pen injections. However, there was no documentation provided showing the resident has been assessed by a physician, physician's assistant, or certified, registered nurse practitioner regarding their ability to check their blood sugar, change the Libre 2 Sensor and self-administer the Mounjaro insulin medication.

Staff Member D stated the Resident #9 tests [REDACTED] own blood sugars, using the OneTouch Verio Test strips and the OneTouch Glucometer, and self-administers the Trulicity 3mg/.0.5 ML Pen inject 0.5ML subcutaneously weekly. However, there was no documentation provided showing the resident has been assessed by a physician, physician's assistant, or certified, registered nurse practitioner regarding their ability to check their blood sugar, and self-administer the Trulicity insulin medication.

Plan of Correction

Accept ([REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/02/2024 by the administrator to review documentation and contact providers regarding most recent assessment for resident capabilities with medication administration.

To enhance the currently compliant operations, on 09/30/2024 the administrator will follow up with providers and confirm documentation, with a completion date of 10/31/2024.

Effective 10/01/2024 the administrator will perform monthly audits through 12/31/2024 to maintain ongoing compliance with ensuring the resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] 12/05/2024)

183b - Meds and Syringes Locked

29. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 08/27/24 at 11:06am, the door to resident bedroom #7 was unlocked .Upon entry an unlocked security box was observed with medications inside it. These medications included Nystatin Powder and Albuterol inhalant belonging to Resident #10.

183b - Meds and Syringes Locked (continued)

On 08/27/24 at 11:24am, the door to resident bedroom #9 was unlocked. Upon entry, an unlocked, security box was observed with medications inside of it. These medications included, Extra Strength Acetaminophen 500 MG Caplets, Extra Strength Alkums Antacid Tablets, Allergy Relief Diphenhydramine HCl, 25 MG Antihistamine Tablets, 0.4 oz Bottle of Rexall Ear Relief Drops, Lubricant Eye Drops and Diclofenac Sodium Topical Gel 1%. All of the above medications belonged to Resident #11.

On 08/24/24, resident #12 was observed removing a bottle of Tylenol 325mg tablets from [redacted] nightstand drawer, the resident stated the medication is taken for soreness. The resident is not deemed able to the self-administer medications.

Plan of Correction

Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the administrator to retrieved keys to lock boxes in resident rooms.

To enhance the currently compliant operations, on 09/02/2024 the house manager will increase the number of daily checks to lock boxes done by staff, with a completion date of 12/30/2024.

Effective 09/02/2024 the direct care staff will perform daily checks through 12/31/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented [redacted] - 12/05/2024)

183d - Prescription Current

30. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 08/27/24 at 11:26am, there were expired OTC medications (Pink-Bismuth expired 11/2023 and Nighttime Cough Suppressant expired 10/2023) observed in the refrigerator in Resident Room [redacted] which is occupied by resident's #11 and #13.

Repeat Violation: 02/08/24, et al

Plan of Correction

Accept [redacted] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the administrator to removed and disposed of expired medication found in resident room.

183d - Prescription Current (continued)

To enhance the currently compliant operations, on 09/02/2024 the house manager will remove any expired medication, with a completion date of 09/30/2024.

Effective 10/01/2024 the house manager will perform weekly inspections through 12/31/2024 to maintain ongoing compliance with ensuring only current prescription, OTC, sample and CAM for individuals living in the home will be kept in the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 12/05/2024)

183f - Discontinued Medications

31. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 08/28/24 at approximately 10:25am, Staff Member C stated if a medication needs to be discarded, it is dissolved by running it under water in the sink or wrapping the medication in a paper towel and throwing it in the trash. This is not an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.

Plan of Correction

Accept [REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/30/2024 by the administrator to instruct [REDACTED] on proper disposal of medications.

To enhance the currently compliant operations, on 09/02/2024 the administrator will order a medication destroying device to place with medication cart, with a completion date of 09/30/2024.

Effective 09/30/2024 the house manager will perform monthly medication cart audits through 12/31/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home will be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications will be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

183f - Discontinued Medications (*continued*)

Licensee's Proposed Overall Completion Date: 09/30/2024

Implemented [REDACTED] - 12/05/2024)

185a - Implement Storage Procedures

32. 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 #8 is prescribed the Freestyle Libre 2 Glucometer, check blood sugar once a day for: other specified diabetes mellitus without complications. The Libre 2 Glucometer was cross-referenced with the MAR and following readings were listed in the Glucometer but not the MAR:

- 08/23/24, 159 at 5:14am
- 08/23/24, 133 at 3:22pm
- 08/24/24, 127 at 6:50am
- 08/24/24, 127 at 7:12pm
- 08/25/24, 127 at 5:52am
- 08/25/24, 136 at 10:25am
- 08/25/24, 155 at 7:41pm
- 08/27/24, 199 at 3:48pm
- 08/27/24, 175 at 7:21pm

Resident #9 is prescribed the one touch Verio Test strips and the OneTouch Verio Flex Glucometer to check blood sugars twice daily for Type 2 Diabetes Mellitus with other Diabetic Kidney Complication. The resident's OneTouch Verio Flex Glucometer was cross-referenced, and the following readings were not listed on the MAR:

- 08/24/24 at 6:42am a reading of 90
- 08/22/24 at 7:34pm a reading of 167
- 08/25/24 at 6:53am a reading of 96
- 08/23/24 at 7:39om a reading of 87
- 08/18/24 at 6:30am a reading of 93
- 08/16/24 at 6;19am a reading of 97
- 08/14/24 at 7:35pm a reading of 110
- 08/13/24 at 7;30pm a reading of 105
- 08/12/24 at 7:53pm a reading of 131
- 08/12/24 at 6:27am a reading of 82
- 08/10/24 at 7:31pm a reading of 127
- 08/10/24 at 6:23am a reading of 87
- 08/09/24 at 7:38pm a reading of 128

Resident #8 is prescribed Lorazepam 0.5mg Take 1 tablet by mouth daily as needed for Anxiety. On 08/28/24 at approximately 11:45am, the Medication cart showed a count of 18 tablets remaining; however, the electronic Narcotic Sheet shows a total of 19 tablets remaining.

Resident #10 is prescribed Tramadol HCL 50mg Take 1 tablet by mouth as needed for pain. On 08/28/24 at

185a - Implement Storage Procedures (continued)

approximately 11:51am, the medication Cart showed a count of 56 tablets remaining. However, the electronic Narcotic Sheet showed a total of 166 tablets remaining.

Resident #10 is prescribed Modafinil 200mg take 1 tablet by mouth daily. On 08/28/24 at approximately 11:52am, the Medication Cart showed a count of 13 tablets remaining. However, the electronic Narcotic Sheet shows a total of 40 tablets remaining.

Resident #12 is prescribed Methadone HCL 170mg take 17ML (170mg) by mouth daily. On 08/28/24 at approximately 12:01pm, the secured lockbox in the medication cart showed a total of 13 bottles numbered 1 through 13 and dated 08/28/24 through 09/09/24. However, the electronic Narcotic Sheet shows a total of - 38 remaining.

Resident #12 is prescribed Alprazolam 1mg Take one tablet by mouth twice daily as needed for anxiety. On 08/28/24 at approximately 12:04pm, the medication cart showed a count of 24 tablets remaining. However, the electronic Narcotic Sheet showed a total of 28 tablets remaining.

Resident #14 is prescribed Oxycodone HCL 5mg take 1 tablet by mouth every 4 hours as needed for pain. On 08/28/24 at approximately 12:06pm, the medication cart showed a count of 12 tablets remaining. However, the electronic Narcotic Sheet showed a total of 40 tablets remaining.

Resident #14 is prescribed Hydromorphone 2mg take 1 tablet by mouth every 12 hours as needed for pain. On 08/28/24 at approximately 12:07pm, the medication cart showed a count of 24 tablets remaining. However, the electronic Narcotic Sheet shows a total of 58 Tablets remaining.

Resident #14 is prescribed Belsomra 10mg take 1 tablet by mouth at bedtime for insomnia. On 08/28/24 at approximately 12:08pm, the medication cart showed a total count of 46 tablets remaining. However, the electronic Narcotic Sheet shows a total of 58 tablets remaining.

Resident #15 is prescribed Clonazepam 0.5 MG, take one table by mouth at bedtime for anxiety. On 08/28/24 at approximately 12:13pm, the medication cart shows a total count of 12 tablets remaining. However, the electronic Narcotic Sheet showed a total of - 5 tablets remaining.

Resident #16 is prescribed Alprazolam 0.5mg. take 1 tablet by mouth twice a day for anxiety. On 08/28/24 at approximately 12:14pm, the medication cart shows a count of 21 tablets remaining. However, the electronic Narcotic Sheet showed a total of 31 Tablets remaining.

Resident #17 is prescribed Tramadol HCL 50mg take 1 tablet by mouth every 6 hours as needed for moderate to severe pain. On 08/28/24 at approximately 12:15pm, the medication cart showed a total of 90 tablets remaining. However, the electronic Narcotic Sheet showed a total of 180 tablets remaining.

Plan of Correction

Accepted [REDACTED] - 09/27/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the Administrator to contacted EHS provider technical support to verify how narcotic counts are being conducted within the system and determine cause of discrepancies in counts. The cause of the issue was found to be the automated input mechanism of the medications within the system were set up to count medication upon being entered into the MAR and was input again manually by staff which caused counts to increase.

185a - Implement Storage Procedures (continued)

To enhance the currently compliant operations, on 08/28/2024 the Administrator will have EHS provider eliminate electronic count and move to a physical narcotic count on paper, with a completion date of 10/01/2024.

Effective 10/01/2024 the direct care staff will perform daily narcotic counts through 10/01/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/01/2025

Implemented [REDACTED] - 12/05/2024)

187d - Follow Prescriber's Orders

33. Requirements

2600.

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

Description of Violation

On 08/28/24, medications were not observed in the medication cart for Resident #8. Staff Member D stated the medications were due to be delivered 08/28/24 and that the morning doses of the medications were administered to residents. However, on 08/28/24 at approximately 11:45am the MAR was observed and shows the 7:00am doses of the following medications were not administered to Resident #8:

- Atorvastatin 100MG Take 1 tablet by mouth once daily (Hyperlipidemia)
- Fluticasone Prop 50 MCG Spray instill 2 sprays into each nostril daily (Allergic Rhinitis)
- Freestyle Lite Test Strips Use to check blood sugar once a day (Diabetes Mellitus)
- Jardiance 25MG Take 1 tablet by mouth daily for diabetes.
- Levothyroxine 100 MCG take 1 tablet by mouth daily on an empty stomach (Hypothyroidism)
- Metformin HCL 1,000 MG Take 1 tablet by mouth twice daily with Breakfast and Dinner (Diabetes Mellitus)
- Pantoprazole SOD DR 40 MG Take 1 Tablet by mouth Daily (Gastroesophageal Reflux Disease)
- Sertraline HCL 50 MG Tablet take 1 tablet by mouth daily for anxiousness associated with depression.

Resident #9 is prescribed the OneTouch Verio Test strips and the OneTouch Verio Glucometer and is required to check blood sugars twice daily for Type 2 Diabetes Mellitus with other Diabetic Kidney Complication. The resident's blood sugar were checked as follows:

- On 08/01/24 at 7:15am only.
- On 08/12/24 at 7:00am only.
- On 08/13/24 at 7:18am only.
- On 08/14/24 at 7:00am only.
- On 08/17/24 at 11:58am only.
- On 08/09/24 through 08/11/24; 08/18/24, and 08/23/24 through 08/25/24 blood sugar was not tested.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept () - 09/24/2024

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

1. on 08/28/2024 by the administrator to speak with staff on shift regarding missed medication and documentation, discovered resident was away and documentation was not entered to reflect that status.
2. on 08/28/2024 by the administrator to verify time of routine delivery as this day was the weekly delivery date of weekly medications for all residents.

To enhance the currently compliant operations, on 08/28/2024 the direct care staff will update MAR at latest time of administration when residents are away as instructed in medication administration training.

Effective 09/02/2024 the () will reinstruct staff regarding medication administration documentation and conduct shift observations monthly through 12/31/2024 to maintain ongoing compliance. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented () - 12/05/2024

224a - Preadmission Screen Form

34. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #9's preadmission screening form, was not completed determining if the needs of the resident can be met by the services provided by the home.

Plan of Correction

Accept () - 09/24/2024

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/29/2024 by the Administrator to document in the resident's form that could not be found.

To enhance the currently compliant operations, on 10/01/2024 the administrator will audit all resident charts and document any missing forms that were not saved in system, with a completion date of 10/31/2024.

Effective 10/01/2024 the administrator will perform quarterly chart audits through 12/31/2024 to maintain ongoing compliance with ensuring a determination is made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2024

224a - Preadmission Screen Form (continued)

Implemented () - 12/05/2024)

227d - Support Plan Medical/Dental

35. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #3's medical evaluation dated /24 indicates a Special Diet which includes, Low Cholesterol, Hearth Healthy, and No Concentrated Sweets. However, the resident's assessment and Support Plan dated 7/15/24 states that the resident consumes a regular diet.

Resident #8's medical evaluation dated /24 indicates a Special Diet which includes, Low Cholesterol, and No Concentrated Sweets. However, the Resident's assessment dated /24 states the resident consumes a regular diet, and the resident is aware of what foods can and should not consume.

Plan of Correction

Accept () - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 08/28/2024 by the administrator to updated residents' files to reflect residents support plans.

To enhance the currently compliant operations, on 09/23/2024 the administrator will audit and update resident support plans to ensure support plans reflect medical evaluations completed by physician, with a completion date of 11/30/2024.

Effective 12/01/2024 the administrator will perform monthly audits through 12/31/2025 to maintain ongoing compliance with documenting in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/30/2024

Implemented () - 12/05/2024)

251b - Record Entries Legible

36. Requirements

2600.

251b - Record Entries Legible (continued)

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used on Resident #1's Medical Evaluation dated [REDACTED]/24, in the Medical Professional Name and the Medical Professional License # sections of the form.

Plan of Correction

Accept [REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/12/2024 by the Administrator to speak with doctor regarding regulations surrounding documentation and asked for an updated form to be completed.

To enhance the currently compliant operations, on 09/17/2024 the Administrator will review all completed documents to be sure they are in compliance with regulation, with a completion date of 12/31/2025.

Effective 09/02/2024 the [REDACTED] will perform monthly checks through 12/31/2025 to maintain ongoing compliance with ensuring the entries in a resident's record are permanent, legible, dated and signed by the staff person making the entry. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/05/2024)

252 - Record Content

37. 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 #3's record does not include the resident's religion, hair color, and eye color.

Resident #8's record does not include the resident's eye color.

Plan of Correction

Accept [REDACTED] - 09/24/2024)

In response to the violation on 08/27/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/02/2024 by the Administrator to go through all electronic charts to review and update any possible missing information.

To enhance the currently compliant operations, on 09/02/2024 the Administrator will complete all required fields within Tabulapro upon admittance of a new resident, with a completion date of 12/31/2024.

Effective 09/02/2024 the Administrator will perform quarterly chart audits through 12/31/2024 to maintain ongoing compliance with ensuring each resident's record includes, including race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

252 - Record Content *(continued)*

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ([REDACTED] 12/05/2024)

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

December 5, 2024

[REDACTED]
DIVINE LIVING HOME LLC
3828 COLUMBIA AVENUE
MOUNTVILLE, PA, 17554

RE: DIVINE LIVING HOME
3828 COMLUMBIA AVENUE
MOUNTVILLE, PA, 17554
LICENSE/COC#: 33824

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/16/2024 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: *DIVINE LIVING HOME* License #: 33824 License Expiration: 09/08/2024
 Address: 3828 COMLUMBIA AVENUE, MOUNTVILLE, PA 17554
 County: LANCASTER Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: *DIVINE LIVING HOME LLC*
 Address: 3828 COLUMBIA AVENUE, MOUNTVILLE, PA, 17554
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: 07/07/1983 Issued By: *Department of labor and industry*

Staffing Hours

Resident Support Staff: Total Daily Staff: 33 Waking Staff: 25

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: 10/16/2024

Inspection Dates and Department Representative

10/16/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 39 Residents Served: 33
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 21 Are 60 Years of Age or Older: 24
 Diagnosed with Mental Illness: 26 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

10/16/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 11/04/2024

11/06/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/22/2024
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 11/18/2024

Inspections / Reviews *(continued)*

12/05/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/22/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

63a - First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On Monday 09/30/24 through Saturday, 10/05/24, and Sunday, 10/13/24 during the hours of 10:00pm to 6:00am, there were approximately 33 Residents in the home. During these times, there were no staff working in the home that had a current certificate in obstructed airway techniques and CPR.

Plan of Correction

Accept [redacted] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken:

- 1. on 10/16/2024 by the administrator to instruct indicated staff to complete recertification of FIRST AID and CPR.
- 2. on 10/21/2024 by the administrator to review all of other staff charts to verify any other upcoming expiration dates of FIRST AID/CPR certification.

To enhance the currently compliant operations, on 10/16/2024 the Administrator will update schedule to have staff member with current FIRST AID/CPR certification to cover shift until further notice, with a completion date of 11/04/2024.

Effective 11/01/2024 the administrator will perform quarterly audits through 12/31/2025 to maintain ongoing compliance with ensuring at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR is present in the home at all times. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [redacted] 12/04/2024)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 10/16/24 at approximately 9:05am, there was a chair observed in the lounge area showing evidence of feces, a chair in room [redacted] also shows evidence of feces.

On 10/16/24, at approximately 9:39am, there was a molding peach sitting on top of the small refrigerator in the bedroom [redacted]

85a - Sanitary Conditions (continued)

On 10/16/24, at approximately 9:40am, the bathroom located on the ground floor across from bedroom [REDACTED] a liquid substance which smelled like urine on the toilet seat, around the base of the toilet, and on the floor.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/16/2024 by the house manager to clean soiled areas indicated.

To enhance the currently compliant operations:

- 1. on 10/16/2024 the direct care staff will add additional checks of the communal spaces each shift to ensure cleanliness of the shared spaces, with a completion date of 11/04/2024.
- 2. on 10/17/2024 the direct care staff will complete shift checks in room [REDACTED] to ensure no furniture is soiled, with a completion date of 11/01/2024.

The overall completion date is 11/04/2024.

Effective 10/28/2024 the direct care staff will perform daily inspections through 12/31/2024 to maintain ongoing compliance with maintaining sanitary conditions. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented [REDACTED] - 12/04/2024)

101j2 - Bedroom Chairs

3. Requirements

- 2600.
- 101.j. Each resident shall have the following in the bedroom:
 - 2. A chair for each resident that meets the resident's needs.

Description of Violation

Bedroom [REDACTED] occupied by 3 residents, however, there was only 1 chair present in this room.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/18/2024 by the Administrator to placed previously ordered chairs in room once delivered.

To enhance the currently compliant operations, on 11/01/2024 the direct care staff will conduct weekly checks during room cleanings to ensure chairs are in room and functioning, with a completion date of 12/31/2024.

Effective 11/01/2024 the house manager will perform quarterly inspections through 12/01/2025 to maintain ongoing compliance with ensuring each resident has a chair in their bedroom and that it meets their needs. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

101j2 - Bedroom Chairs (continued)

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented (redacted) - 12/04/2024)

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

On 10/04/24 at 7:00am, Resident #1 self-administered Mounjaro 5mg/0.5mg Pen and on 10/05/24 at 7:00am, Resident #1 checked (redacted) own blood sugar, using the Freestyle Lite Glucometer and Freestyle Lite Test Strips. However, there was no documentation provided showing the resident has been assessed by a physician, physician's assistant, or certified, registered nurse practitioner regarding their ability to administer medication or their blood sugar.

Plan of Correction

Accepted (redacted) - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/29/2024 by the administrator to follow up with provider regarding previous request for documentation for self-administration.

To enhance the currently compliant operations, on 11/04/2024 the administrator will follow up with pharmacy regarding receipt of self-administration documents sent by doctors for any resident authorized to check their own blood sugar or administer their own insulin, with a completion date of 11/01/2024.

Effective 11/01/2024 the house manager will perform annual audits through 12/01/2025 to maintain ongoing compliance with ensuring the resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (redacted) - 12/04/2024)

183b - Meds and Syringes Locked

5. Requirements

2600.

183b - Meds and Syringes Locked (*continued*)

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room.

Description of Violation

On 10/6/24 at 9:31am, the following medications were observed unlocked, unattended and accessible next to a locked medication box belonging to Resident #2:

- 1 – Loperamide Hydrochloride Tablet USP, 2mg Anti-diarrheal
- 1 - 5.29oz tube of Diclofenac Sodium Topical Gel 1%,
- 1 – 0.5oz 1 tube of Neosporin Ointment.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/06/2024 by the Admnisitrator to discarded creams that were empty outside of resident's lock box and placed the loperamide tablet into the resident lock box.

To enhance the currently compliant operations, on 10/14/2024 the Administrator will contact resident's PCP regarding resident having medication outside of [REDACTED] lock box and spoke about the possibility of reevaluating [REDACTED] ability to self-administer medication, with a completion date of 10/31/2024.

Effective 10/14/2024 the direct care staff will perform every shift room checks through 12/31/2024 to maintain ongoing compliance with ensuring prescription medications, OTC medications, CAM and syringes will be kept in an area or container that is locked. This includes medications and syringes kept in the resident’s room. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 10/31/2024

Implemented [REDACTED] - 12/04/2024)

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 #3 is prescribed the OneTouch Verio Test strips and the OneTouch Verio Flex Glucometer to check blood sugars twice daily for Type 2 Diabetes Mellitus with other Diabetic Kidney Complication. The resident’s OneTouch Verio Flex Glucometer was cross-referenced with the MAR and showed the following readings which were not found in the glucometer.

- 10/02/24 at 7:10am a reading of 93
- 10/10/24 at 6:22am a reading of 137
- 10/12/24 at 6:47am a reading of 120
- 10/14/24 at 7:37pm a reading of 133

185a - Implement Storage Procedures (continued)

Plan of Correction

Accept [REDACTED] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/21/2024 by the administrator to review all documented readings in resident's chart and update all not reflected in the reader.

To enhance the currently compliant operations, on 10/29/2024 the administrator will contact physician regarding self-administration of blood glucose readings for this resident to ensure proper documentation, with a completion date of 11/01/2024.

Effective 11/01/2024 the administrator will perform monthly MAR audits through 12/31/2025 to maintain ongoing compliance with ensuring the home will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented [REDACTED] - 12/04/2024)

187b - Date/Time of Medication Admin.

7. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed the Freestyle Libre 2 Sensor, check blood sugar 4 times a day, the glucometer was crossed-referenced with the MAR resulting in the following:

- *On 10/05/24, the glucometer showed a reading of 114 at 3:50pm, however the MAR showed the reading was not documented until 5:15pm.*
- *On 10/05/24, the glucometer showed a reading of 120 at 6:25am; however, the MAR showed the reading was not documented until 11:45am.*
- *On 10/06/24, the glucometer showed a reading of 128 at 8:13pm; however, the MAR showed the reading was documented at 10:31am.*

Plan of Correction

Accept [REDACTED] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/18/2024 by the administrator to reinstruct staff regarding documentation of vitals within the resident's chart at the time of administration.

To enhance the currently compliant operations, on 11/01/2024 the administrator/medication admin trainer will review all vitals input by direct care staff to ensure all vitals are being documented in accordance with regulations, with a completion date of 12/31/2024.

187b - Date/Time of Medication Admin. (continued)

Effective 11/01/2024 the administrator will perform quarterly chart audits through 12/31/2025 to maintain ongoing compliance with ensuring the information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ██████ 12/04/2024)

187d - Follow Prescriber's Orders**8. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed the Freestyle Lite Glucometer / Freestyle Lite Test Strips, check blood sugar once a day for: other specified diabetes mellitus without complications. The resident's blood sugar was last checked using the glucometer on 09/23/24.

Resident #1 is prescribed the Freestyle Libre 2 Sensor and the resident's blood sugar is required to be checked 4 times a day for: type 2 diabetes mellitus with hyperglycemia. However, the resident's blood sugar was checked as follows:

- 10/03/24, 3 times at 7:01am, 10:30am, and 3:35pm
- 10/05/24, 3 times at 11:45am, 5:15pm and 7:36pm
- 10/06/24, 2 times at 7:31am and 10:31am
- 10/07/24, 3 times at 7:00am, 1:30am and 3:36pm
- 10/09/24, 3 times at 7:04am, 7:11am, and 10:30am
- 10/11/24, 2 times at 6:44am and 3:37pm
- 10/12/24, 2 times at 6:39am and 10:39am
- 10/13/24, 2 times at 6:18am and 10:35am
- 10/15/24, 3 times at 7:24am, 10:28am and 3:50pm

Resident #3 is prescribed the OneTouch Verio Test strips and the OneTouch Verio Flex Glucometer and their blood sugar is required to be checked twice daily. However, the resident's blood sugar was checked once or was not checked as follows:

- 10/04/24 at 7:52am
- 10/05/24 at 7:35am
- 10/06/24 at 7:15am
- 10/08/24 at 7:40pm
- 10/11/24 at 7:24pm
- 10/12/24 at 6:47am
- 10/13/24 blood sugar was not checked.
- 10/15/24 at 7:10am
- 10/16/24 at 7:00am

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept [REDACTED] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/19/2024 by the administrator to call prescriber to obtain clarification on amount of times resident is expected to test blood sugar. Prescriber stated test strips are as needed and sensor should be used at least 4 times daily. Documentation was requested.

To enhance the currently compliant operations:

- 1. on 11/01/2024 the administrator will follow up with pharmacy to obtain receipt of documentation, with a completion date of 11/01/2024.*
- 2. on 11/01/2024 the administrator will place documentation in resident file and ensure MAR was updated, with a completion date of 11/01/2024.*

The overall completion date is 11/01/2024.

Effective 11/01/2024 the house manager will perform quarterly audits through 12/31/2025 to maintain ongoing compliance with ensuring the home must follow the directions of the prescriber. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] S - 12/04/2024)

225a - Assessment 15 Days

9. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #4's medical evaluation dated [REDACTED]/24 states Minimal (Mobile) stating resident requires limited physical or oral assistance to evacuate in an emergency. However, the resident's assessment and support plan dated 10/03/04 states the resident's assessment is Independent (Mobile) further stating resident has no mobility needs and can evacuate independently in an emergency.

Resident #5's medical evaluation dated [REDACTED] 24 states Minimal (Mobile) resident requires limited physical or oral assistance to evacuate in an emergency. However, the resident's assessment and support plan dated 09/23/04 states the resident's assessment is Independent (Mobile) further stating resident has no mobility needs and can evacuate independently in an emergency. In addition, the medical evaluation states the resident is prescribed a heart healthy diet, however, the assessment and support plan state the resident consumes a regular diet.

Plan of Correction

Accept [REDACTED] - 11/06/2024)

In response to the violation on 10/16/2024 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/18/2024 by the administrator to update assessments to reflect the medical evaluation indicated by physician.

225a - Assessment 15 Days (continued)

To enhance the currently compliant operations, on 11/01/2024 the administrator will complete an audit of resident charts to be sure all medical evaluations match with assessment and support plans, with a completion date of 03/01/2025.

Effective 11/01/2024 the administrator will perform quarterly audit through 6/30/2025 to maintain ongoing compliance with ensuring each resident has a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 03/01/2025

Implemented (█ - 12/04/2024)