Department of Human Services
Bureau of Human Service Licensing

March 25, 2022

[redacted] PRESIDENT & COO

RE: FRANCISCAN MANOR
71 DARLINGTON ROAD
BEAVER FALLS, PA, 15010
LICENSE/COC#: 45055

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021, 09/22/2021, 10/28/2021 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: *FRANCISCAN MANOR* **License #:** *45055* **License Expiration:** *01/01/2023*

Address: *71 DARLINGTON ROAD, BEAVER FALLS, PA 15010*

County: *BEAVER* **Region:** *WESTERN*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

[redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date:** *07/25/1997* **Issued By:** *L&I*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *84* **Waking Staff:** *63*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal* **Exit Conference Date:** *10/28/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site: [redacted]
09/22/2021 - On-Site:
10/28/2021 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *119* **Residents Served:** *77*

Secured Dementia Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *77*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *7* **Have Physical Disability:** *0*

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *11/29/2021*

Inspections / Reviews *(continued)*

01/14/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *01/24/2022*

01/28/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *02/04/2022*

03/25/2022 - 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

The home used a house glucometer to measure the blood glucose level for multiple residents, to include resident #1 on [redacted] at 3:29 p.m.

On [redacted] at 5:23 a.m., resident #4's glucometer was used to measure resident #5's blood glucose level.

On [redacted] at 9:19a.m., resident #7's glucometer was used to measure resident #8's blood glucose level.

On [redacted] at 4:21 p.m., resident #6's glucometer was used to measure resident #1's blood glucose level.

On [redacted] at 4:23 p.m., resident #6's glucometer was used to measure resident #3's blood glucose level.

On [redacted], there was an approximate ¼" stain of what appeared to be blood on the face of resident #4's blue One Touch Ultra 2 glucometer.

On [redacted], there were spots of what appeared to be blood on the face of resident #9's black Prodigy Auto Code glucometer.

On [redacted] there was an approximate 1" stain of what appeared to be blood on the face of resident #10's blue One Touch Ultra 2 glucometer.

Plan of Correction ***Accept***

85.a All diabetic residents requiring glucometer testing were ordered new glucometer meters at the cost of the facility and were delivered 9-24-21. Neither resident nor their insurance was billed for new meters. All glucometers were properly sanitized while awaiting new meter arrivals. Upon delivery of new meters, all existing meters were disposed of immediately. Each new unit was labeled with residents' name. Glucometer pouches were also labeled with residents' pictures, room numbers, and names. Once the meter and pouches were labeled they were placed in individual plastic containers with appropriate resident name and room number on them.
Staff was provided with an individual in-service on importance of infection control, risk of cross contamination sharing meters, and proper usage and cleaning of glucometer meters after every use. Staff was also instructed to assess the meters prior to checking blood glucose levels to maintain cleanliness.
PCP for all involved residents was notified immediately of situation and staff was advised to continue with plan as mentioned above and PCP would evaluate residents in clinic on 9-29-2021 for any signs of injury or infections. PCP reviewed medication administration sheets to check that glucose readings were in therapeutic ranges and approved of our corrective actions.

An audit is now being performed weekly for all staff that perform blood glucose checks. We will perform this

85a - Sanitary Conditions (continued)

weekly for a minimum of 3 months and periodically after.
Document is attached.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

Weekly blood glucose monitoring audit attached

2. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/21/21, there were multiple crumbs and food particles in the microwave oven in the activities area.

On 9/21/21 at 12:00 p.m., there were several dirty dishes with food from breakfast left on them in resident #11's bedroom. Resident interviews indicate breakfast was served at approximately 9:00 a.m.

Plan of Correction ***Accept***

Crumbs were found in microwave in the Activities area and were immediately removed, microwave was cleaned, and Housekeeping department added that area to be checked, monitored, and maintained on a daily basis.
Dirty dishes were found to be in resident #11's room for a lengthy amount of time resulting in breakfast dishes being removed at lunch time. Staff was instructed to double check resident rooms for trays and dirty dishes after the initial tray cleanup is done. Staff was also instructed to communicate to their fellow RCA's, Medication Techs, or Charge Nurses if there are trays and dishes still needing picked up so they could assist them in a more timely manner.

A checklist was put in the activities center next to the microwave for housekeepers to check and sign off daily that the area was cleaned.
An additional task has been added to the resident care staff assignment sheet for them to verify that resident room trays and all dishes are removed within one hour of delivery of the meal. The sheet is to be signed by the resident care aide and supervisor by end of shift.
Document is attached.

Completion Date: *01/20/2022*

Document Submission ***Implemented***

Daily cleaning audits attached from days in January and February.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.
101.j. Each resident shall have the following in the bedroom:
7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On 9/21/21, resident #3 did not have access to a source of light that can be turned on/off at bedside. The bedside lamp was not operable.

Plan of Correction ***Accept***

101j7 The lamp had its light bulb replaced immediately and is now in working order. All lamps in resident rooms were checked the next day 9-22-21. Housekeeping staff were trained on the process for completing work orders if

101j7 - Lighting/Operable Lamp (continued)

they find a lamp not working. Housekeeping will perform a monthly audit by going room to room to check bedside lights to make sure they work for each resident.

Completion Date: *11/26/2021*

Document Submission ***Implemented***

Bedside lamp audit attached

121a - Unobstructed Egress

1. Requirements

2600.
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The home's front door, which leads to the front veranda, is marked as a fire exit. However, on 9/21/21, there was a bench blocking egress from the stairs exiting from the front veranda to the front lawn.

Plan of Correction ***Accept***

Bench was immediately removed from in front of stairway. Housekeeping staff was also instructed to monitor area daily in their routine that bench does not get moved again. Area is to be monitored for safety daily by staff.
A sign saying "Do Not Block Exit" was also placed on railing

Completion Date: *09/21/2021*

Document Submission ***Implemented***

Photo attached

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Due to COVID-19, Governor Wolf signed an Emergency Disaster Declaration on 3/6/20. As a result, regulation §2600.141(b)(1) has a limited suspension. The suspension shall end when Governor Wolf ends the Disaster Proclamation, unless OLTL has stated a different time or unless OLTL later sets another time. The limited suspension states "If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declarations is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review."

Resident #2's most recent medical evaluation was completed on [redacted]; however, the resident's previous medical evaluation was completed on [redacted]. The home has no documentation from the resident's primary care physician indicating the medical evaluation can be conducted at a later date.

141b1 - Annual Medical Evaluation (continued)

Resident #12's most recent medical evaluation was completed on [redacted]; however, the resident's previous medical evaluation was completed on [redacted]. The home has no documentation from the resident's primary care physician indicating the medical evaluation can be conducted at a later date.

Plan of Correction ***Directed***

141b1 Further Medical Evaluations will be done in a timelier manner and within compliance to Regulatory requirements. ~~If there would be another Emergency Declaration due to the on-going COVID-19 pandemic, Director of Resident Care will consult with PCP/Medical Director for the determination if resident's medical evaluation can be done at a later date and postpone the evaluation until the date provided by physician and document in writing in accordance to State Regulations.~~ ***S.Q. 1/28/22***

Will follow written policy and procedure concerning medical evaluations. Monthly audits will be performed. New Point, Click Care program will trigger evaluation due dates to ensure they are done. Initial audit will be done on all new admissions according to policy.
Document attached.

Directed:
The limited suspension for regulation 2600.141b1 was lifted 12/6/21. A resident's primary care physician can no longer determine that the medical evaluation can be conducted at a later date.
S.Q. 1/28/22

Within 30 days of receipt of the plan of correction and at least monthly thereafter, the administrator or designated staff person shall audit all current resident records to ensure a medical evaluation has been completed within the past year. The audit shall also include ensuring all required information is accurate and complete. Missing or incomplete medical evaluations shall immediately be returned to the physician for completion or new medical evaluations shall be scheduled. Documentation of the audits shall be kept.
S.Q. 1/28/22

Completion Date: *01/20/2022*

Document Submission ***Implemented***

January and February eval audits attached

183b - Meds and Syringes Locked

1. 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 9/21/21 at 1:21 p.m., there was a 160 count plastic bottle, approximately half full, of [redacted] – [redacted], unsecured, unattended and accessible on resident #13's bedside table.

On 9/21/21 at 1:21 p.m., there was a 0.5 ounce bottle of [redacted], unsecured, unattended and accessible on resident #13's private bathroom sink.

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

Plan of Correction ***Accept***

183b Medications found were immediately removed by Skilled Nurse and given to medication Nurse to store properly in medication cart to be administered by certified staff as per doctor orders. A notice was sent to all residents and their families on October 18, 2021 reminding them of the importance of not bringing in, leaving, or providing medications, as safe as they may feel they are, into the residents rooms. All members were encouraged and instructed to please give such items to the Charge Nurse, Medication Tech, or Director of Resident Care to ensure proper orders are obtained, medications are properly labeled, properly stored, are not expired and can be administered appropriately.

Task added to Resident Care Aide assignment sheet requiring the to monitor rooms daily for any medications , eyedrops or OTC medications and report to Med Tech for proper removal.
Document attached.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

Signed Resident care assignment sheets attached for days in January and February.

184a - Labeling OTC/CAM

1. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
2. The name of the medication.
3. The date the prescription was issued.
4. The prescribed dosage and instructions for administration.
5. The name and title of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] *at bedtime. However, on 9/22/21, there was no prescription label on the injector pen.*

Resident #2 is prescribed [redacted] *– Take 1 tablet by mouth twice daily, may give two 40mg tablets. However, on 9/22/21, the medication label indicated -Furosemide 40mg – Take 1 tab twice a day.*

Plan of Correction ***Accept***

184a
1) All insulin pens were labeled with residents name from pharmacy. The pens were then placed in individual baggies, appropriate for medication ordered, with the prescribed order attached to the baggies. Insulin pens that use sliding scales were also put in perspective individual baggies labeled appropriately with resident name, type of medication, date prescription ordered, prescribed dosage and instructions for administration, as well as the name and title of prescriber.
2) The prescription bottles were examined and a Physicians Order Change sticker was applied to the discovered bottle immediately. Staff was instructed to review all mail order medications, medications brought by family members, and medications provided from alternate pharmacies and double check the order on the label to match the correct order. If there is a change in the order dose and the bottles can no longer be used, the pharmacy, family, and resident will be notified, the medication destroyed and medication filled with proper order labeled on bottle.

184a - Labeling OTC/CAM (continued)

An audit was conducted on 9-24-21 by [redacted] pharmacy to make sure all other orders and labels were correct.

Two monthly audits have been created and will be performed monthly. They are for insulin pen labeling and bottled medication labels assuring proper labels and directions will be followed as per physicians orders.
Documents attached.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

Insulin pen, glucometer and OTC med label, directions audits attached

190a - Completion Medication Course

1. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A, who has not successfully completed the Department-approved medications administration course, administered medications to residents to include the following:
On 9/20/21 at 4:30 p.m., 2 units of [redacted] to resident #8

Plan of Correction ***Accept***

See attachment for employees training records. A diabetic training class is scheduled for December 6, 2021 at 8:00AM

Staff person A completed department approved medication course on [redacted]. [redacted] had additional reviews yearly. [redacted] had review 7-1-2020 and 12-28-2021. Diabetic training was completed [redacted] and additionally [redacted]. All medication administrators successfully training course on [redacted]. Courses will be scheduled annually and records monitored monthly.
Document attached
Completion Date: *01/20/2022*

Document Submission ***Implemented***

Med Tech record audit attached

225a - Assessment 15 Days

1. 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 #8's initial assessment, dated [redacted] does not include the diagnoses of type II diabetes, [redacted], as indicated on the resident's initial medical evaluation, dated [redacted]

225a - Assessment 15 Days (continued)

Resident #11's initial assessment, dated 8/19/21, does not include the diagnoses of hyperlipidemia, hypertension, atherosclerotic heart disease, cutaneous abscess of buttocks and atrial fibrillation, as indicated on the resident's initial medical evaluation, dated 8/19/21.

Plan of Correction ***Accept***

Upon review of the assessments that are done on Point Click Care, it was found that not ALL diagnoses are listed or able to be listed on the forms facility was using at the time of inspection. Corporate office was notified by Administrator immediately upon finding them to investigate and make necessary adjustments to the assessments being done on PCC in accordance to the Pennsylvania State Regulations. While corporate office was looking into and fixing the program, the assessments presented were immediately corrected by DRC with an addendum to printed evaluation to include all current diagnoses for the resident. Diagnoses were written on the blank diagnosis page from the former paper RASPS and added to charts as an addendum.
As of 11/11/2021 Assessments and evaluations in PCC now include spaces to list all diagnoses, what is being done for them, and who is responsible for performing tasks.

Charts will be audited monthly and new point click care program triggers assessment due dates as an added audit tool. The updated PCC program has added space for inclusion of all resident diagnosis.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

January and February eval audits attached

225c - Additional Assessment

1. Requirements

2600.
225.c. The resident shall have additional assessments as follows:
2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #3's assessment, dated [redacted], does not include the diagnoses of [redacted], as indicated on the resident's medical evaluation, dated 5/28/21.

Plan of Correction ***Accept***

225c All assessments and updated assessments from changes in residents condition or level of care will be properly done on Point Click Care with all diagnoses listed including new diagnoses.
On 11/11/2021 the program used to do assessments had been updated in accordance to Pennsylvania regulations and will now be able to include all diagnosis, plan to meet residents need, and who is responsible to meet need.
All updated or changes to residents assessments will be able to include appropriate, required information.

Resident #3's assessment and diagnosis sheet was updated on [redacted]. Audits will be performed monthly when performing monthly assessment audits.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

January and February eval audits attached. Resident #3 diagnosis update and signature page.

2. Requirements

225c - Additional Assessment *(continued)*

2600.
225.c. The resident shall have additional assessments as follows:
1. Annually.

Description of Violation

Resident #2's annual assessment was completed on [redacted]. However, the resident's previous assessment was completed on 6/10/20.

Plan of Correction ***Accept***

The facility misinterpreted the governors waiver on regulations on hold during the pandemic. We will complete annual assessments on time as per regulation and policy. An audit will be done monthly to assure compliance is maintained.

All charts were audited by 12-24-2021 in Point, Click, Care.
Staff involved retrained in RASP process
Document attached.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

January and February eval audits attached.

227g -Support Plan Signatures

1. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #8's initial support plan, dated [redacted], was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Resident #11's initial support plan, dated [redacted] was not signed by the resident nor does it indicate the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction ***Accept***

227g Support plans done on computer were unable to be physically signed but care plans were reviewed with residents by DRC upon completion. Upon suggestion from Department of Human Services J.E. assessments done on Point Click Care immediately had an addendum applied to it of a physical signature page from the former paper RASPS done. Residents then signed the assessments and they were dated as to the time of addendum attachment. With the new program structuring in PCC, there is a physical signature page attached for residents or family to sign.

Resident #8 and #11 both signed their RASP signature addendum page [redacted] Program was updated in Point Click Care to add a signature page. Signatures will be checked with monthly RASP audit.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

January and February eval audits attached

185a - Implement Storage Procedures

1. Requirements

185a - Implement Storage Procedures *(continued)*

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

On 9/7/21 at 3:48 p.m. resident #10's glucometer reading was [redacted] however, the resident's October 2021 medication administration record (MAR) indicates the resident's blood glucose level was 180.

On 9/8/21 at 11:44 a.m., resident #14's glucometer reading was 231; however, the resident's September 2021 MAR indicates the resident's blood glucose level was 262.

On 9/12/21 at 3:45 p.m., resident #14's glucometer reading was 361; however, the resident's September 2021 MAR indicates the resident's blood glucose level was 307.

On 9/22/21, there were 7 spare glucometers in a red plastic basket in the bottom cabinet of the 2nd floor medication room. Staff interviews indicate these are old resident glucometers that are kept in case the resident or another resident needs to use them.

On 9/22/21, resident #5's glucometer was not calibrated to the correct date/time.

Repeat Violation: 2/19/2020

Plan of Correction ***Accept***

185a
1) All glucometer meters were immediately individually labeled by DRC and are to be stored independently in their own plastic containers clearly labeled with residents name to reduce risk of "mixing up" meters between residents.
2) All glucometers were immediately calibrated by DRC to the proper date and time. Staff was instructed by DRC on the proper way to calibrate meters as well as how to locate reading history on the meters to provide more accuracy with documentation of glucometer values.
3) Routine audits have been performed by DRC to monitor accuracy of documentation, accuracy of calibration of meters, and proper administration of sliding scale insulin in accordance of glucometer results.
4) All spare glucometers that were stored under the cabinet were discarded immediately by the DRC and staff was instructed to discard meters if the resident is no longer a resident at facility, CTB, or had a discontinuation of glucose monitoring to reduce risk of improper use of those meters.
5) Director of Resident care ordered extra glucose meters to be stored in the office in case a meter breaks or an admission comes and a meter is needed, she will then issue a brand new meter to the resident and discard broken, malfunctioning meter.
6) Glucometer meter audits will be performed monthly by DRC for accuracy, proper documentation, and compliance of diabetic protocols.
7) Staff was instructed by DRC to check glucose meters a second time prior to administration of insulin and documentation of values on medication records to reduce risk of errors.

Completion Date: *09/22/2021*

Document Submission ***Implemented***

Blood glucose monitoring audit attached

187d - Follow Prescriber's Orders

1. Requirements

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

Description of Violation

Resident #14 is prescribed [redacted]: 0-150=0 units, 151 to 175 = 1 unit, 176 to 200 = 2 units, 201 to 225 = 3 units, 226 to 250 = 4 units, 251 to 300 = 6 units, 301 to 350 = 8 units, 351 to 400 = 10 units.

On 9/8/21 at 11:44 a.m., resident #14 had a blood glucose reading of 231 and 4 units of [redacted] should have been administered. However, the resident's September 2021 MAR indicates the resident had a blood glucose reading of 262 and 6 units of Lispro were administered.

On 9/12/21 at 3:45 p.m., resident #14 had a blood glucose reading of 361 and 10 units of [redacted] should have been administered. However, the resident's September 2021 MAR indicates the resident had a blood glucose reading of 307 and 8 units of Lispro were administered.

Repeat Violation: 2/19/2020

Plan of Correction ***Accept***

187d
Staff was in-serviced and instructed by DRC on proper documentation of glucometer values and double checking glucometer readings on meter prior to administration of medications and insulin.
Insulin pens were placed in individually labeled baggies with prescribed order on baggies to review prior to administration.
Glucometer audits are being done monthly by DRC to ensure proper documentation of values leading to proper doses of insulin being administered by staff.

We created a tool to audit each staff member who perform diabetic care and blood glucose checks and will observe them weekly for a minimum of 3 months.
Document attached.
Completion Date: *01/20/2022*

Document Submission ***Implemented***

OTC/ Bottled medications audit attached