Department of Human Services Bureau of Human Service Licensing

August 30, 2022



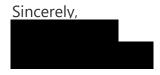
RE: THE LONG COMMUNITY AT

HIGHLAND

600 EAST ROSEVILLE ROAD LANCASTER, PA, 17601 LICENSE/COC#: 33504



As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/02/2022, 08/02/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.



Enclosure Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: THE LONG COMMUNITY AT HIGHLAND License #: 33504 License Expiration: 01/10/2023

Address: 600 EAST ROSEVILLE ROAD, LANCASTER, PA 17601

County: LANCASTER Region: CENTRAL

Administrator

Name: Email:

Legal Entity

Name: THE LONG COMMUNITY AT HIGHLAND INC

Address: 600 EAST ROSEVILLE ROAD, LANCASTER, PA, 17601

Phone:

Email:

Certificate(s) of Occupancy

Type: I-2 Date: 09/27/2019 Issued By: Township of Manheim

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 46 Waking Staff: 35

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:

Reason: Renewal Exit Conference Date: 08/03/2022

Inspection Dates and Department Representative

08/02/2022 - On-Site:

08/02/2022 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 64 Residents Served: 31

Special Care Unit

In Home: Yes Area: Dogwood Capacity: 15 Residents Served: 15

Hospice

Current Residents: 2
Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 31

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

Have Mobility Need: 15 Have Physical Disability: 0

Inspections / Reviews

08/02/2022 - Full

Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 08/20/2022

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Reviewer:

Inspections / Reviews (continued)		
08/22/2022 - POC Submission		
Reviewer:	Follow-Up Type: POC Submission	Follow-Up Date: 08/29/2022
08/25/2022 - POC Submission		
Reviewer:	Follow-Up Type: Document Submission	Follow-Up Date: 09/01/2022
08/30/2022 - Document Submission		

Follow-Up Type: Not Required

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22a1 Medical Eval - time frames

1. Requirements

2800.

- 22.a. Documentation. The following admission documents shall be completed for each resident:
 - 1. Medical evaluation completed within 60 days prior to admission on a form specified by the Department. The medical evaluation may be completed within 15 days after admission if one of the following conditions applies

Description of Violation

Resident # 1 was admitted on

. The initial medical evaluation for Resident # 1 was completed on

Plan of Correction Accept

Admissions and Resident Services Manager/LPN were educated on 8/17/2022 to review all ADME's prior to admission to ensure that they are within the 60 days requirement.

Resident Services Manager and Assisted Living Manager will audit all ADME's prior to admission to ensure that they are within the 60 days requirement. This will now be done with each new admission.

Completion Date: *08/17/2022*

Document Submission Implemented

Admissions and Resident Services Manager/LPN were educated on 8/17/2022 to review all ADME's prior to admission to ensure that they are within the 60 days requirement.

Resident Services Manager and Assisted Living Manager will audit all ADME's prior to admission to ensure that they are within the 60 days requirement. This will now be done with each new admission.

Plan has been implemented

25b Contract signatures and renewal

1. Requirements

2800.

25b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees. The contract must run month-to-month with automatic renewal unless terminated by the resident with 14 days notice or by the residence with 30 days notice in accordance with § 2800.228 (relating to transfer and discharge).

Description of Violation

Resident #2's contract dated

was not signed by Administrator/Designee.

Resident #3's Exhibit 1 Change in Fees page, an addendum to contract, from was signed by resident but not dated.

<u>Please add the date of the contract that you are referencing above.</u>

Plan of Correction

Contract dated was signed and dated by Assisted Living Manager on Updated copies were

given to resident and sent to POA.

Exhibit 1 Change in Fees page from was dated by the resident on Updated copy given to resident and POA.

Assisted Living Manager was educated on signature requirement on all contracts and Change in Fees pages on 8/3/2022 during exit survey by DHS surveyor.

Assisted Living Manager and Admissions met on 8/16/2022 to ensure that all contracts are signed upon admission.

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25b Contract signatures and renewal (continued)

Audit will be completed by Assisted Living Manager or Designee to ensure all contracts are signed before scanning into electronic chart.

Completion Date: *08/24/2022*

Document Submission Implemented

Exhibit 1 Change in Fees page from 11/19/2020 was dated by the resident on resident and POA.

Assisted Living Manager was educated on signature requirement on all contracts and Change in Fees pages on 8/3/2022 during exit survey by DHS surveyor.

Assisted Living Manager and Admissions met on 8/16/2022 to ensure that all contracts are signed upon admission. Audit will be completed by Assisted Living Manager or Designee to ensure all contracts are signed before scanning into electronic chart.

Plan has been implemented

63a First Aid/CPR 1:35

1. Requirements

2800.

63.a. For every 35 residents, there shall be at least one staff person trained in first aid and certified in obstructed airway techniques and CPR present in the residence at all times to meet the needs of the residents.

Description of Violation

On 7/9/22, from 10:00 PM to 6:00 AM, 30 residents were present in the residence. There were no staff working in the residence who were trained in first aid and certified in obstructed airway techniques and CPR.

On 7/10/22, from 10:00 PM to 6:00 AM, 30 residents were present in the residence. There were no staff working in the residence who were trained in first aid and certified in obstructed airway techniques and CPR.

On 7/14/22, from 10:00 PM to 6:00 AM, 30 residents were present in the residence. There were no staff working in the residence who were trained in first aid and certified in obstructed airway techniques and CPR.

On 7/19/22, from 10:00 PM to 6:00 AM, 31 residents were present in the residence. There were no staff working in the residence who were trained in first aid and certified in obstructed airway techniques and CPR.

Plan of Correction Accept

10pm - 6am staff have been enrolled in CPR, First Aid and AED course with Township EMS. Upon completion of on-line portion staff will be tested for hands-on portion by our trainer.

Full time staff person completed the on-line portion on 8/19/2022 and the hands-on skills testing on 8/23/2022. Part time staff person completed the on-line portion on 8/21/22 and is scheduled for hands-on skills testing on 8/24/22.

All future courses for new and existing staff will cover adult CPR, First Aid and AED.

Assisted Living Manager will audit CPR and First Aid Certifications monthly.

Completion Date: 08/24/2022

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63a First Aid/CPR 1:35 (continued)

Document Submission Implemented

10pm - 6am staff have been enrolled in CPR, First Aid and AED course with Township EMS. Upon completion of on-line portion staff will be tested for hands-on portion by our trainer.

Full time staff person completed the on-line portion on 8/19/2022 and the hands-on skills testing on 8/23/2022. Part time staff person completed the on-line portion on 8/21/22 and is scheduled for hands-on skills testing on 8/24/22.

All future courses for new and existing staff will cover adult CPR, First Aid and AED.

Assisted Living Manager will audit CPR and First Aid Certifications monthly.

One of the cards came with the email address not the name so it is being resent to us.

Plan has been implemented

82c Locked poisons

1. Requirements

2800.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the residence are able to safely use or avoid poisonous materials.

Description of Violation

On 8/2/22 at approximately 9:30 AM, a bottle of Noble Chemical Wash Brite with a safety data sheet indicating "Causes severe skin burns and eye damage", was found in the laundry room in the Secure Care Unit. The Wash Brite was unlocked, unattended, and accessible to residents.

Plan of Correction Accept

Noble Chemical Brite Wash was moved to a locked cabinet in the Laundry Room of the secured unit on 8/18/2022. All staff have been educated on keeping chemicals locked up at all times on the unit. Education was provided to staff on 8/18/22.

Housekeeping audits are preformed monthly by the Assisted Living Manager to ensure chemicals are locked up and inaccessible to residents in the secure unit.

Completion Date: 08/24/2022

Document Submission Implemented

Noble Chemical Brite Wash was moved to a locked cabinet in the Laundry Room of the secured unit on 8/18/2022. All staff have been educated on keeping chemicals locked up at all times on the unit. Education was provided to staff on 8/18/22.

Housekeeping audits are preformed monthly by the Assisted Living Manager to ensure chemicals are locked up and inaccessible to residents in the secure unit.

Plan has been implemented

124 Notice to fire department

1. Requirements

2800

124. The residence shall notify the local fire department in writing of the address of the residence, location of the living units and bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The residence did not have documentation of written notification from the residence to the local fire Department including the address of the residence, location of the living units and bedrooms, and the assistance needed to evacuate

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124 Notice to fire department (continued)

in an emergency.

Plan of Correction Accept

Assisted Living Manager was educated during exit interview with DHS surveyor to send a letter to the Fire Department annually or when changes in resident mobility occur.

A letter was sent on 8/4/2022 and return receipt letter was received from the Fire Department the same day.

Completion Date: *08/04/2022*

Document Submission Implemented

Assisted Living Manager was educated during exit interview with DHS surveyor to send a letter to the Fire Department annually or when changes in resident mobility occur.

A letter was sent on 8/4/2022 and return receipt letter was received from the Fire Department the same day. Plan has been implemented

132a Monthly fire drill

1. Requirements

2800.

132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

An unannounced fire drill was not held during the month of January in 2022.

Plan of Correction Accept

Assisted Living Manager and Maintenance Manager met on 8/16/2022 to make a schedule for fire drills for 2022 and 2023.

Calendar reminders were set in Outlook for Assisted Living Manager and Maintenance Manager on 8/16/2022.

Fire Drill will be reviewed during monthly Risk Management meetings.

Completion Date: *08/16/2022*

Document Submission Implemented

Assisted Living Manager and Maintenance Manager met on 8/16/2022 to make a schedule for fire drills for 2022 and 2023.

Calendar reminders were set in Outlook for Assisted Living Manager and Maintenance Manager on 8/16/2022.

Fire Drill will be reviewed during monthly Risk Management meetings.

Plan has been implemented

141b1 Annual medical evaluation

1. Requirements

2800.

141.b. A resident shall have a medical evaluation:

1. At least annually.

Description of Violation

Resident #2's most recent medical evaluation was completed on ______ The resident's previous medical evaluation was completed on ______.

Plan of Correction Accept

Educated Resident Services Manager and LPNs that annual medical evaluations need to be completed whether a resident is in the facility or out of the facility on 8/15/2022.

We will begin to schedule annual medical evaluations a month in advance of the annual due date.

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141b1 Annual medical evaluation (continued)

If a resident is out of the facility, as was the case with this resident, Resident Services Manager or LPN will contact the facility that they are currently residing in for rehab or hospitalization for the form to be completed by them and sent back to us before the annual due date.

Assisted Living Manager will review ADME tracking chart monthly for compliance. Email reminders will be sent to Resident Services Manager & LPN with ADME due dates for compliance the next month.

Completion Date: 08/24/2022

Document Submission Implemented

Educated Resident Services Manager and LPNs that annual medical evaluations need to be completed whether a resident is in the facility or out of the facility on 8/15/2022.

We will begin to schedule annual medical evaluations a month in advance of the annual due date.

Plan has been implemented

If a resident is out of the facility, as was the case with this resident, Resident Services Manager or LPN will contact the facility that they are currently residing in for rehab or hospitalization for the form to be completed by them and sent back to us before the annual due date.

Assisted Living Manager will review ADME tracking chart monthly for compliance. Email reminders will be sent to Resident Services Manager & LPN with ADME due dates for compliance the next month.

227g Support plan - signatures

1. Requirements

2800.

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

Description of Violation

Resident #1's support plan from was not signed or dated by resident.
Resident #1's support plan from was not signed or dated by resident and staff.
Resident #2's support plan from was signed but not dated by resident.
Resident #2's support plan from was signed but not dated by resident and staff.
Resident #3's support plan from was not signed or dated by resident.

Plan of Correction Accept

All support plans for residents #1,#2 and #3 have been signed and dated by resident and staff.

Resident #1's support plan from was signed and dated by the resident on

Resident #1's support plan from was signed and dated by the resident and staff on

Resident #2's support plan from was dated by the resident on was dated by the resident on .

Resident #3's support plan from was signed and dated by the resident on

All support plans have been moved to electronic copies in our MatrixCare system as of 8/5/2022.

When support plans are finalized in Matrix, one LPN has been assigned to review every support plan to ensure that signatures and dates have been obtained prior to scanning to electronic charts and inserting into binder for caregivers to review. Assisted Living Manager will review support plans for compliance monthly.

Completion Date: *08/24/2022*

Document Submission Implemented

All support plans for residents #1,#2 and #3 have been signed and dated by resident and staff.

Resident #1's support plan from was signed and dated by the resident on

Resident #1's support plan from was signed and dated by the resident and staff on

Resident #2's support plan from was dated by the resident on

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227g Support plan - signatures (continued)

Resident #2's support plan from was dated by the resident on was signed and dated by the resident on

All support plans have been moved to electronic copies in our MatrixCare system as of 8/5/2022.

When support plans are finalized in Matrix, one LPN has been assigned to review every support plan to ensure that signatures and dates have been obtained prior to scanning to electronic charts and inserting into binder for caregivers to review. Assisted Living Manager will review support plans for compliance monthly.

Plan has been implemented

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