

Department of Human Services
Bureau of Human Service Licensing

October 31, 2022

[REDACTED]
ASBURY ATLANTIC
[REDACTED]

RE: BETHANY VILLAGE RETIREMENT
CENTER
5225 WILSON LANE
MECHANICSBURG, PA, 17055
LICENSE/COC#: 33023

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/04/2022, 10/05/2022 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

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

Facility Information

Name: *BETHANY VILLAGE RETIREMENT CENTER* License #: *33023* License Expiration: *06/27/2023*
Address: *5225 WILSON LANE, MECHANICSBURG, PA 17055*
County: *CUMBERLAND* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *ASBURY ATLANTIC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/27/2005* Issued By: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *128* Waking Staff: *96*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/05/2022*

Inspection Dates and Department Representative

10/04/2022 - On-Site: [REDACTED]
10/05/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *115* Residents Served: *98*

Special Care Unit

In Home: *Yes* Area: *Golden Maple* Capacity: *30* Residents Served: *30*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *98*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *30* Have Physical Disability: *0*

Inspections / Reviews

10/04/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/24/2022*

10/24/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/28/2022*
Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/31/2022*

10/27/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: *10/28/2022*
Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/04/2022*

10/31/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: *10/28/2022*
Reviewer: [REDACTED] Follow-Up Type: *Not Required*

65g Initial direct care training

1. Requirements

2800.

65.g. Direct care staff persons may not provide unsupervised assisted living services until completion of 18 hours of training in the following areas:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Member A, hired on [REDACTED] 2022, did not complete the Department approved direct care training course and passing of the competency test until [REDACTED] 2022. Staff Member A began providing unsupervised assisted living services on [REDACTED] 2022, prior to the completion of the training.

POC Submission**Accept (CR - 10/27/2022)**

An audit of all direct care staff members was completed by Clinical Scheduler on 10/25/22 to ensure all staff have completed the direct care training course and passing of the competency test. All other direct care staff members have completed the competency test.

Training was provided to Clinical Scheduler by the Administrator on the training requirements for all new hires providing direct care services on 10/25/22; training will be kept on file at the home.

All new associates will meet with Administrator and Clinical Scheduler on day 4 and 28 post start date to review and ensure completion of all required training. In the event it is discovered there are incomplete courses the associate will not be permitted to provide unsupervised care to any residents. This will be ongoing.

Licensee's Plan Completion Date: 10/26/2022

Implemented (CR - 10/28/2022)

105g Dryer lint removal

2. Requirements

2800.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/4/2022 at approximately 9:48 AM, an accumulation of lint was found in the lint trap of the 3rd floor front hall laundry room, covering approximately 75% of the lint trap screen. There were no clothes in the dryer at the time.

POC Submission**Accept (CR - 10/27/2022)**

On 10/4/22 Administrator immediately removed lint from the lint trap. On 10/4/22 Administrator placed new postings in all laundry rooms on colored paper for easy recognition. On 10/4/22 all lint traps were inspected by Facilities Tech. No Lint was found in any additional traps. On 10/10/22 DON provided education to the nursing team. Administrator re-educated Salon Manager on 10/10/22 regarding requirement to empty lint traps after each use. On 10/17/22 Administrator provided a memo to Residents indicating the requirement to clean the lint trap after each use. Weekly inspection of the lint traps began on 10/11/22 by Administrator. Administrator will complete additional inspections weekly x 4 weeks. Facilities Tech will complete ongoing monthly inspections.

Licensee's Plan Completion Date: 10/26/2022

105g Dryer lint removal (*continued*)*Implemented (CR - 10/28/2022)*

132a Monthly fire drill

3. Requirements

2800.

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

Description of Violation

On 1/26/2022 and 2/21/2022, the facility conducted simulated fire drills, due to high positively rate and outbreak status of COVID-19. The facility did not contact the Regional Director to indicate why the drill was not conducted or modified and what was done.

POC Submission*Accept (CR - 10/27/2022)*

On 10/17/22 Administrator contacted [REDACTED] to report the simulated drills held January and February of 2022. Administrator and Security Supervisor will review most current regulation related to fire drills to identify any changes prior to completing the monthly drills. This review will be completed x 3 months then additional review will be completed in the event there is a need to alter any routine monthly drills moving forward.

An in-service was provided to Director of Security by Administrator on 10/27/22 on the current regulations on 132.a and any additional requirements necessary due to COVID-19 outbreaks.

Should a simulated and/or modified drill be needed in the future, Administrator will contact the regional director. Documentation of this communication will be kept on file at the home for compliance verification.

Licensee's Plan Completion Date: 10/27/2022

Implemented (CR - 10/28/2022)

141a Medical evaluation

4. Requirements

2800.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

8. Body positioning and movement stimulation for residents, if appropriate.

11. An indication that a tuberculin skin test has been administered with negative results within 2 years; or if the tuberculin skin test is positive, the result of a chest X-ray. In the event a tuberculin skin test has not been administered, the test shall be administered within 15 days after admission.

Description of Violation

The medical evaluation for Resident #1, dated [REDACTED] 2022, does not include whether or not Resident #1 requires specific body positioning and/or movement stimulation. This area of the form is blank.

The medical evaluation for Resident #2, dated [REDACTED] 2022, indicates the resident does not require a new TB skin test or chest X-ray. However, Resident #2's most recent TB skin test was completed on [REDACTED] 2018 with negative results.

141a Medical evaluation (continued)

POC Submission**Accept (CR - 10/27/2022)**

Resident #1 On [REDACTED] 22 PCP provide orders for body positioning and/or movement stimulation. POA notified.

Resident #2 On [REDACTED] 22 LPN obtained order to place PPD. PPD placed on [REDACTED] 22. POA notified. Resident shows no signs/symptoms of Tuberculosis.

Staff education was provided by DON to LPN Supervisors on 10/10/22 on the requirements for ADME completion.

ADME training has been added to the LPN new hire check list effective 10/10/22.

Chart audits began on 10/10/22 and will be completed by LPN Supervisor and LPN Clinical Scheduler, 30 charts per week x 5 weeks then quarterly until substantial compliance is achieved.

In the event missing required information is discovered during chart audits, the LPN Supervisor and/or Clinical Scheduler will notify DON and Administrator immediately. DON will contact Physician and obtain necessary orders. DON and Administrator will investigate the error and hold those responsible accountable.

Additionally, Administrator, DON, SW, PT/OT, Admissions Director, and LPN Supervisors will meet every Monday at 2pm to review admission documentation and discuss upcoming admissions. Weekly review will be held x 4wks, then monthly x 3 months. First weekly review was held on 10/10/22.

Licensee's Plan Completion Date: 11/13/2022

Implemented (CR - 10/31/2022)

171b4 Transportation-staff training

5. Requirements

2800.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

4. At least one staff member transporting or accompanying the residents shall have completed the initial new hire direct care staff person training as specified in § 2800.65 (relating to direct care staff training and orientation).

Description of Violation

Staff Member B transports residents to medical appointments when driving services are requested by a resident.

However, Staff Member B has not completed the initial new hire direct care staff person training. The facility does not provide additional staff persons to accompany residents during transportation.

POC Submission**Accept (CR - 10/24/2022)**

On 10/10/22 Staff member B completed first day direct care training/orientation with Administrator. Additionally, all first 40 hours and 30 day courses have been assigned to staff member B by Human Resources. Completion date for the courses is 11/7/22.

Administrator notified transportation department manager and Human Resources of this required training for drivers moving forward. Human Resources has placed a system change that will automatically assign the required trainings to any new drivers.

Licensee's Plan Completion Date: 11/07/2022

Implemented (CR - 10/28/2022)

183d Current medications

6. Requirements

183d Current medications (*continued*)

2800.

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

Description of Violation

On 10/5/2022 at approximately [REDACTED] AM, Resident #3's Novolog Flex pen, located in the [REDACTED] medication cart, indicated a Date Opened of [REDACTED] 2022 with instructions to discard after 28 days. The Medication Administration Record (MAR) indicates the Novolog Flex pen was used to administer 2 units of insulin on [REDACTED] 2022 at approximately [REDACTED] PM.

On 10/5/2022 at approximately [REDACTED] AM, Resident #4's Novolog Flex Pen with instructions to inject 2 units once daily at supper was in the [REDACTED] medication cart; however, the order for the medication was discontinued on [REDACTED] 2022.

Repeated Violation - 1/28/2020, et al

POC Submission**Accept (CR - 10/27/2022)**

Resident #3- On 10/5/22 Novolog FlexPen was immediately disposed of per policy by LPN Supervisor. On 10/5/22 LPN Supervisor notified Resident, POA, and PCP of expired medication administration. PCP indicated no new orders, also stated the medication is typically good for 6 months after the open date, no concern for adverse reaction. On 10/5/22 LPN Supervisor inspected all remaining insulin pens and found no additional expired or d/c'd insulin pens. On 10/5/22 LPN Supervisor secured replacement Novolog FlexPen. On 10/7/22 Administrator placed laminated signage in nurses stations indicating storage life for a variety of insulin pens including Novolog FlexPen. On 10/7/22 Administrator also discussed with Pharmacist changing the way the pens are being labeled. To date, the pharmacy places the storage life (in this case 28 days) in the expiration space on the label. Administrator has requested the storage life be indicated in smaller text so the LPN Supervisors can add the exact expiration date. This was communicated via DON at team huddle on 10/10/22. In addition, on 10/10/22 DON provided education regarding expired meds And via email communication from Administrator on 10/19/22.

Resident #4- On 10/5/22 Novolog flex pen was immediately disposed of per policy by LPN Supervisor. On 10/5/22 LPN Supervisor inspected all remaining insulin pens and found no additional d/c'd or expired insulin pens. On 10/10/22 DON provided staff education regarding disposal of discontinued medication.

LPN Supervisors completed cart audits on 10/10/22. LPN Supervisors will perform cart audits weekly x5 weeks, then monthly until substantial compliance is achieved.

Director of Education will provide in-service to licensed staff on 11/9/22 and 11/14/22 related to proper storage of medication, proper labeling of medication, expired medication, d/c'd medication, and excessive medications left in carts .

Director of Education will provide quarterly cart audits beginning 11/9/22

Licensee's Plan Completion Date: 11/13/2022

Implemented (CR - 10/31/2022)

183f Discontinued medications

7. Requirements

2800.

183f Discontinued medications (*continued*)

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the residence 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 residence, 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 residence.

Description of Violation

On 10/5/2022 at approximately [REDACTED] AM, spare prepackaged medication packets for Resident #5 were in the [REDACTED] medication cart. Resident #5 received the below medications from another roll of prepackaged medication packets; however, the spare tablets were not disposed of. Medications that should have been destroyed include:

Atorvastatin 10mg, 1 tablet, [REDACTED] PM

Sertraline 50mg, 1 tablet, Take on 10/4/2022 at 8:00 AM

Atorvastatin 10mg, 1 tablet, [REDACTED] PM

POC Submission**Accept (CR - 10/27/2022)**

Resident #5- On 10/5/22 DON immediately removed extra medication and destroyed per policy. On 10/5/22 upon inspection there were no extra medications found in the cart.

On 10/10/22 DON provided education regarding discontinuation of medication to LPN Supervisors.

LPN Supervisors began cart audits on 10/10/22. LPN Supervisors will perform cart audits weekly x5 weeks, then monthly until substantial compliance is achieved.

Director of Education will provide in-service to licensed staff on 11/9/22 and 11/14/22, related to proper storage of medication, proper labeling of medication, expired medication, d/c'd medication, and excessive medications left in carts.

Director of Education will provide quarterly cart audits beginning 11/9/22

Licensee's Plan Completion Date: 11/13/2022

Implemented (CR - 10/31/2022)

184b - Labeling OTC/CAM

8. Requirements

2800.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 10/5/2022 at approximately [REDACTED] AM, a tube of Diclofenac Sodium 1% Gel, belonging to Resident #6, was in the [REDACTED] medication cart and was not labeled with the resident's name.

On 10/5/2022 at approximately [REDACTED] AM, a tube of Diclofenac Sodium 1% Gel belonging to Resident #7 was in the [REDACTED] medication cart and was not labeled with the resident's name.

On 10/5/2022 at approximately [REDACTED] AM, a packet of XyliMelts Lozenges belonging to Resident #8 was in the [REDACTED] medication cart and was not labeled with the resident's name.

POC Submission**Accept (CR - 10/27/2022)**

Resident's #6 & 7- On 10/5/22 LPN Supervisor immediately discarded, per policy, unlabeled Diclofenac tubes. On 10/5/22 LPN Supervisor replaced discarded Diclofenac with new Diclofenac tubes and labeled with residents names.

184b - Labeling OTC/CAM (continued)

Resident #8- On 10/5/22 DON discovered only one resident in the community was receiving Xylimelts. On 10/5/22 DON confirmed Xylimelts were not expired and replaced back in the original labeled packaging. On 10/10/22 DON provided education to the LPN Supervisors regarding proper labeling of medication.

LPN Supervisors began cart audits on 10/10/22. LPN Supervisors will perform cart audits weekly x5 weeks, then monthly until substantial compliance is achieved.

Director of Education will provide in-service to licensed staff on 11/9/22 and 11/14/22 related to proper storage of medication, proper labeling of medication, expired medication, d/c'd medication, and excessive medications left in carts .

Director of Education will provide quarterly cart audits beginning 11/9/22

Licensee's Plan Completion Date: 11/13/2022

Implemented (CR - 10/31/2022)

185a Storage procedures

9. Requirements

2800.

185.a. The residence 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 10/5/2022 at approximately [REDACTED] AM, Resident #1's glucometer was not calibrated to the correct time.

On 10/5/2022 at approximately [REDACTED] AM, the Victoza Pen for Resident #1 was not dated when opened, per manufacturer's instructions, to ensure it was not used beyond the expiration date.

POC Submission

Accept (CR - 10/27/2022)

Resident #1- On 10/5/22 DON recalibrated glucometer immediately. All other glucometers were ok upon inspection.

Resident #1- On 10/5/22 Victoza pen was immediately discarded by LPN Supervisor. On 10/5/22 LPN Supervisor secured replacement Victoza pen.

On 10/10/22 DON provided education regarding glucometer use and calibration to LPN Supervisors.

DON will perform weekly audits x 5 weeks, beginning 10/10/22 then monthly to ensure proper calibration and dates opened are on the insulin pens .

Beginning on 10/10/22, glucometers will be checked for proper date/time weekly by the DON. Glucometers calibration will be re-set immediately if found to be incorrect

Administrator, DON, and Medical Supply Coordinator are investigating a different device, we discovered it is easy to "reset" date/time accidentally and believe this contributed to the error.

Licensee's Plan Completion Date: 11/13/2022

185a Storage procedures (continued)

Implemented (CR - 10/31/2022)

187a Medication record

10. Requirements

2800.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #4 is prescribed Simbrinza 1%-0.2% eye drops, suspension [redacted] daily. However, Resident #4's medication administration record does not include the diagnoses or purpose for the medication.

POC Submission

Accept (CR - 10/27/2022)

Resident #4- PCP notified and provided diagnosis on 10/5/22. Diagnosis added to the eMAR by LPN Supervisor on 10/5/22.

On 10/10/22 DON reeducated licensed staff on the requirement to obtain and enter a diagnosis for every prescription medication.

LPN Supervisors began chart audits on 10/10/22. Chart audits will be completed by LPN Supervisor and LPN Clinical Scheduler, 30 charts per week x 5 weeks then monthly until substantial compliance is achieved.

Director of education will educate LPN Supervisors on all required items to be listed on a MAR. This education will be provided on 11/9/22 and 11/14/22.

Licensee's Plan Completion Date: 11/13/2022

Implemented (CR - 10/31/2022)

251b Record entries - legible

11. Requirements

2800.

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/tape was used on Resident #1's medical evaluation, dated [redacted] 2022.

POC Submission

Accept (CR - 10/24/2022)

Resident #1- On 10/6/22 PCP provide order related to specific body positioning.

DON reeducated licensed staff on the use of correction fluid/tape on 10/10/22.

Chart audits will be completed by LPN Supervisor, 20 charts per week x 5 weeks then quarterly until substantial compliance is achieved.

251b Record entries - legible (*continued*)

Licensee's Plan Completion Date: *12/31/2022*

Implemented (CR - 10/31/2022)
