

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

January 9, 2024

[REDACTED], ADMINISTRATOR
THE VILLAGES OF MIDTOWN OAKS, LLC
[REDACTED]
[REDACTED]

RE: THE VILLAGES OF MIDTOWN OAKS
1020 GREEN AVENUE
ALTOONA, PA, 16601
LICENSE/COC#: 33864

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/16/2023 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *THE VILLAGES OF MIDTOWN OAKS* License #: 33864 License Expiration: 07/01/2024
 Address: 1020 GREEN AVENUE, ALTOONA, PA 16601
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: *THE VILLAGES OF MIDTOWN OAKS, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 04/02/1996 Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 45 Waking Staff: 34

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: 11/16/2023

Inspection Dates and Department Representative

11/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 34

Special Care Unit
 In Home: Yes Area: 4th Floor Capacity: 12 Residents Served: 9

Hospice
 Current Residents: 0

Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 34
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 11 Have Physical Disability: 1

Inspections / Reviews

11/16/2023 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 12/15/2023

12/18/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 01/02/2024
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: 01/02/2024

Inspections / Reviews *(continued)*

01/09/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

83a Indoor temperature

1. Requirements

2800.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

Description of Violation

On 11/16/23, at 10:25 am, when residents were present in the residence, the temperature in the activity room on the fourth floor used by the residents was 62.6 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 12/18/2023)

Maintenance Staff immediately adjusted the thermostat, so the temperature reached at least 70 F.

Maintenance Staff, ED and/or DON will perform weekly audits beginning 1/1/2024 x 2 months to ensure for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [redacted] - 01/05/2024)

85a Sanitary conditions

2. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The medication cart on the fifth floor contained an unlabeled glucometer. Multiple readings were stored in the memory of the meter indicating that it had been used to test blood sugar. The use of a shared glucometer poses a risk of infection and is a sanitation violation. The readings stored on the meter included:

1/31	at	12:00 am	223
9/27	at	11:09 am	235
9/27	at	11:05 am	217
2/01	at	08:45 pm	101
2/01	at	03:22 pm	74
2/01	at	12:11 am	166
1/31	at	03:13 pm	99
1/31	at	12:00 am	163
2/03	at	12:33 am	128
2/02	at	08:51 pm	161

Plan of Correction

Accept [redacted] - 12/18/2023)

Unlabeled glucometer was immediately disposed of by DON. DON will educate nursing staff on 185.a. no later than 12/22/23

Administrator, DON and/or Designee will perform weekly audits beginning the week of 1/1/2024 x 3 weeks then monthly audits to ensure for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

85a Sanitary conditions (*continued*)

Implemented [REDACTED] - 01/05/2024)

185a Storage procedures

4. 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

The blood sugar readings recorded on Resident 4's medication administration record (MAR) differed from those stored in the glucometer. Discrepancies included:

- On 11/4/23, at 04:00 – 06:00 AM MAR stated 218, glucometer stated 252 at 6:03 AM
- On 11/10/23, at 04:00 – 06:00 AM MAR stated 288, No reading on glucometer for this time and date.
- On 11/10/23, at 04:00 – 06:00 AM MAR stated 233, No reading on glucometer for this time and date.
- On 11/16/23, at 04:00 – 06:00 AM MAR stated 199, No reading on glucometer for this time and date.

Plan of Correction

Accept [REDACTED] - 12/18/2023)

DON will educate nursing staff on 185.a. no later than 12/22/23

Administrator, DON and/or Designee will perform weekly audits beginning the week of 1/1/2024 x 3 weeks then monthly audits to ensure for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 01/05/2024)

187a Medication record

5. Requirements

2800.

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

Description of Violation

The MAR for Resident 1 does not include the diagnosis or purpose of Depakote tablet, DR / EC 125 mg, 1 tablet by mouth daily.

The MAR for Resident 2 does not include the diagnosis or purpose of the following medications:

- Aspirin, OTC, 81 mg, 1 tablet by mouth every day;
- Calmoseptine, OTC, 0.44-20.6%, apply to sacrum topically every day and evening
- Ceftriaxone, 1 gram, once a day;
- Cefuroxime axetil tablet, 250 mg, 1 tablet twice a day;
- Duloxetine capsule, delayed release; 30 mg, give 1 capsule by mouth every day;
- Ergocalciferol (vitamin D2) 1,250 mcg, give 1 capsule by mouth every 1 week on Tuesday;
- Famotodine tablet, 20 mg, give one tablet by mouth every day;
- Febuxostat, 40 mg, give 1 tablet by mouth every day;

187a Medication record (continued)

- Furosemide, 20 mg, give 1 tablet by mouth twice daily;
- Levothyroxine tablet, 125 mcg, give 1 tablet by mouth every day;
- Metoprolol succinate, 25 mg, give 1 tablet mouth every day;
- Nystatin ointment, 100,000 unit / gram, apply to under breast and armpit topically every shift;
- Potassium chloride capsule, extended release, 10 meq; give 1 capsule by mouth every day;
- Quetiapine tablet, 25 mg, give 1 tablet by mouth twice daily

The MAR for Resident 3 does not include the diagnosis or purpose of the following medications:

- Acetaminophen, 325 mg, 2 tablets, (650 mg) by mouth every 4 hours as needed;
- Ammonium lactate lotion, 12%, administer to both lower legs, topical, once a day;
- Triamcinolone acetonide cream, 0.025% administer to left lower left, topical, once a day

The MAR for Resident 4 does not include the diagnosis or purpose of the following medications:

- Cephalexin capsule, 500 mg, 1 capsule orally twice a day;
- Gabapentin capsule, 100 mg, 2 capsules orally twice a day;
- Florastor capsule, 250 mg, 1 capsule orally twice a day;
- Diclofenac Sodium gel, 1%, apply 2 - 3 grams, topically, four times a day as needed

Plan of Correction

Accept (█ - 12/18/2023)

Administrator and DON added diagnoses for residents 1,2,3, and 4. Moving forward staff responsible for order entry will be re educated by 12/22/23 on listing proper diagnoses in orders.

Baseline audit of resident EMAR will take place no later than 12/29/2023, and will be completed by the administrator or designee. Moving forward Administrator or DON will perform weekly audits beginning week of 1/1/2024 x 3 weeks and then monthly x 3 months to ensure for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented (█ - 01/05/2024)

254a Records – discharge/active**6. Requirements**

2800.

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

Description of Violation

On 11/16/23, the controlled substances logbook was unlocked, unattended, and accessible atop the fourth-floor medication cart from 10:08 am through 10:14 am. The logbook contained the names of residents, prescribed controlled substances, and the diagnosis or purpose for the prescribed medications.

At 11:30 am, the computer terminal atop the fifth-floor medication cart was open and unattended allowing access to resident names, prescribed medications, and the diagnosis or purpose for prescribed medications. When staff person A returned to the cart returned from the elevator, █ stated that █ didn't know how to lock or shut-down the medication administration program.

Plan of Correction

Accept (█ - 12/18/2023)

DON immediately secured controlled substances logbook in proper confidential area. DON will educate nursing

254a Records – discharge/active (continued)

staff on 254.a. by 12/22/23

Administrator, DON and/or Designee will perform weekly audits beginning the week of 1/1/2024 x 3 weeks and then monthly x 3 months to ensure for ongoing compliance.

Licensee's Proposed Overall Completion Date: 12/31/2023

Implemented [REDACTED] - 01/05/2024)