

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

March 15, 2024

[REDACTED]
THE VILLAGES OF HARMAR, LLC
[REDACTED]
[REDACTED]

RE: THE VILLAGES OF HARMAR
715 FREEPORT ROAD
CHESWICK, PA, 15024
LICENSE/COC#: 45456

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/23/2024, 02/05/2024 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: *THE VILLAGES OF HARMAR* License #: *45456* License Expiration: *06/21/2024*
 Address: *715 FREEPORT ROAD, CHESWICK, PA 15024*
 County: *ALLEGHENY* Region: *WESTERN*

Administrator

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

Legal Entity

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

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/24/2006* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *86* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Complaint, Incident* Exit Conference Date: *02/05/2024*

Inspection Dates and Department Representative

01/23/2024 - On-Site: [REDACTED]
 02/05/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *133* Residents Served: *65*

Special Care Unit
 In Home: *Yes* Area: *Memory Impaired Unit* Capacity: *23* Residents Served: *14*

Hospice
 Current Residents: *5*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *65*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *21* Have Physical Disability: *2*

Inspections / Reviews

01/23/2024 - Partial
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/26/2024*

02/26/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/22/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/04/2024*

Inspections / Reviews *(continued)*

03/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/12/2024

03/15/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

88a Floors, walls, ceilings, windows, doors

1. Requirements

2800.

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

Description of Violation

On [REDACTED], there was a large hole in the ceiling in the main living room area measuring approximately 4 feet x 4 feet. In mid-January 2024, there was a leak in the roof and on or about [REDACTED] and the ceiling collapsed.

Plan of Correction

Accept [REDACTED] - 02/26/2024)

2800. 88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

The facility is disputing this violation. On [REDACTED] the facility had already identified the hole in the ceiling, had scheduled a roofing company to repair the leak on the roof that caused the damage, and had blocked off the area. The roofing company arrived on [REDACTED], once the roof was repaired the facility had to wait until moisture was gone to complete the repairs. As of [REDACTED] the hole in the ceiling has been fully repaired with new drywall. The processes were in place to repair this damage prior to the inspection. The facility will continue to complete weekly environmental rounds as part of previous auditing practices, which began in January of 2024, these will be completed by the administrator or designee.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented [REDACTED] - 03/15/2024)

132h Designated meeting place

2. Requirements

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On [REDACTED] at approximately [REDACTED] agents of the Department were in the residence's parking lot and heard the fire alarm sound.

Staff person A, the administrator, indicated that not all of the residents were evacuated, that only residents of the SCU were evacuated. According to the residence, burnt toast activated the fire alarm in the SCU. The fire department responded to the home and and gave the all-clear signal.

Plan of Correction

Accept [REDACTED] - 03/05/2024)

On [REDACTED] the fire alarm sounded due to burnt toast, all residents in the immediate area were evacuated into a fire safe area, all residents outside of the SCU were behind fire rated doors. Moreover, the next time a fire alarm sounds all residents in the effected and the non-effected areas will be relocated to one of the designated meeting areas across the campus. When residents arrive to the designated meeting areas staff will conduct a head count to ensure all residents are accounted for. All new and current staff will be educated on the specifics of this regulation which will be completed by the administrator and or designee, no later than [REDACTED]. The administrator will supervise the next two (2) fire drills to ensure the residents evacuate to the meeting area and that the residents are all accounted for.

Licensee's Proposed Overall Completion Date: 03/15/2024

132h Designated meeting place (continued)

Implemented [redacted] - 03/15/2024)

141b1 Annual medical evaluation

3. Requirements

2800.

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

- 1. At least annually.

Description of Violation

Resident [redacted] annual medical evaluation, dated [redacted], is blank in the following areas:

* Immunization current

* Date of [redacted] or results of a chest X-ray or if a new test is required

* [redacted]

Also, this medical evaluation indicates that the resident does not require dementia-related care in a secured area. However, the resident was admitted to the SCU on [redacted].

Resident [redacted] annual medical evaluation, dated [redacted] is blank in the following areas:

* Immunization history

* Date of [redacted] or results of a chest X-ray or if a new test is required

* [redacted]

* Mobility needs.

Plan of Correction

Accept [redacted] - 02/26/2024)

2800. 141.b. A resident shall have a medical evaluation: 1. At least annually

As of [redacted] both resident [redacted] and resident [redacted] ADME have been updated to include the missing information, in addition all residents who reside in the facility's SCU have had their ADME's audited to ensure that it is noted on the ADME they require the services of the SCU due to dementia/Alzheimer's.

These updates and audits were completed by the Administrator or designee. Moving forward the facility will continue to update ADME's as part of previous audits to ensure compliance with this regulation. ADME audits are conducted monthly at the facility to ensure this information is captured.

Proposed Overall Completion Date: 03/04/2024

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented [redacted] 03/15/2024)

183d Current medications

4. Requirements

2800.

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

183d Current medications (continued)

Description of Violation

Resident [redacted] is prescribed [redacted], every 4 hours as needed. On [redacted], there were [redacted] of [redacted] stored in the medication cart that expired on [redacted]

On [redacted], there was a bottle of [redacted], [redacted] sublingually every 4 hours as needed prescribed to resident [redacted] on the medication cart, however, a physician's order was not available.

Repeat violation: 8/2/23, et al, and 8/28/23 et al

Plan of Correction

Directed [redacted] - 03/05/2024)

At the time of inspection the medication that was expired was removed and destroyed. Moving forward the administrator or designee will continue to conduct daily narcotic audits. Since the violation, the administrator discovered that due to the individual syringes provided by the pharmacy, the expiration date listed on the bag was for a bottle of [redacted] and the individual syringes would expire 30 days upon receipt. Administrator and or designee will hold reeducation for all staff that pass medications to review expirations dates listed, and educate on expiration dates that may vary due to packaging. Education to take place no later than, [redacted]. Moving forward, Administrator or designee will review all physician orders by [redacted], to ensure medications in the cart match what is ordered by physicians. Additionally, after the baseline is completed by [redacted], the Administrator or designee will review new, discontinued, and additional changes to medication orders on a weekly basis.

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a complete medication audit in the home. Documentation will be kept. [redacted] 3/5/2024

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a retraining on all aspects of medication administration including all regulations from 2800.181-190 for all staff involved in medication administration, including the administrator. Documentation will be kept in accordance with regulation 2800.65(l). [redacted] 3/5/24

Directed Completion Date: 04/05/2024

Implemented [redacted] 03/15/2024)

183e Storing Medications

5. Requirements

2800.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident [redacted] is prescribed [redacted] sublingually every 2 hours as needed. On [redacted] the medication was stored in the refrigerator; however, according to manufacturer's instructions, the medication should be stored at room temperature.

Repeat violation: 8/28/23 et al and 9/26/23 et al

183e Storing Medications (continued)

Plan of Correction

Accept [REDACTED] - 02/26/2024)

2800. 183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

[REDACTED]. This medication is part of an EKIT provided by the hospice company. When the medication arrived staff put the medication in the fridge as it was a syringe. The medication arrived and did not specify where to put the medication fridge or not. The medication was put in the fridge and was expired at date of inspection due to two different expiration dates. The day after the inspection nursing destroyed the medication with approval of MD. EKIT medications will no longer be ordered ahead of time and only used if the resident is actively passing. However, if and when a similar medication is ordered staff will ensure it is stored properly per manufacture guidelines. Administrator and or the designee continue to complete daily narc audits, this daily audit will continue for the foreseeable future.

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented [REDACTED] 03/15/2024)

184a Resident meds labeled

6. Requirements

2800.

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 [REDACTED] is ordered [REDACTED] dissolve 1 tablet every 6 hours as needed. However, there are two separate labeled packages of the medication; one label indicates one tablet every 8 hours as needed, and a second label indicating 1 tablet 3 times a day as needed.

Repeat violation: 8/2/23, et al and 8/28/23 et al

Plan of Correction

Directed [REDACTED] 03/05/2024)

At the time of inspection, the resident's order for [REDACTED] indicated to take 1 tablet every 6 hours as needed. This order has been clarified by the resident's physician. Administrator or designee placed change of direction stickers on the labels to reflect the correct instructions. Moving forward, Administrator or designee will complete a baseline audit of all resident orders to compare to the labels no later than 3/15/24. Staff responsible for order changes will be educated on the process on how to relabel if the order changes. Staff responsible for medication administration will

184a Resident meds labeled (continued)

be reeducated on how to compare physician order to medication label. Educations will take place no later than [redacted] Once the baseline is completed, the facility will incorporate monitoring steps for correct labels, into their daily med pass observations as part of previous POC and provisional licensing.

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a complete medication audit in the home. Documentation will be kept. [redacted]

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a retraining on all aspects of medication administration including all regulations from 2800.181-190 for all staff involved in medication administration, including the administrator. Documentation will be kept in accordance with regulation 2800.65(l). [redacted] 3/5/24

Directed Completion Date: 04/05/2024

Implemented [redacted] - 03/15/2024)

187a Medication record

7. Requirements

2800.

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

- 1. Resident's name.

Description of Violation

Resident [redacted] is prescribed [redacted], 1 tablet daily; however, the January 2024 medication administration record (MAR) indicates [redacted], 1 tablet twice a day.

The January 2024 medication administration record (MAR) for resident [redacted] does not include the diagnosis or purpose for multiple medications, including [redacted]

The January 2024 medication administration record (MAR) for resident [redacted] does not include the diagnosis or purpose for multiple medications, including: [redacted]

Repeat violation: 8/2/23, et al

Plan of Correction

Accept [redacted] - 02/26/2024)

2800. 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered: 1. Resident's name.

187a Medication record (continued)

Prior to the inspection, resident [REDACTED] order had been corrected in the EMAR. Since the inspection resident number [REDACTED] and [REDACTED] have had their missing diagnosis added. Administrator and or designee have completed an initial baseline audit to find any additional residents missing diagnoses. If there is one missing administrator and or designee have been updating the order immediately. This audit began 1/29/24 and is ongoing for the next three months. [REDACTED] 2/26/24

Proposed Overall Completion Date: 03/04/2024

Licensee's Proposed Overall Completion Date: 03/04/2024

Implemented [REDACTED] - 03/15/2024)

187b Date/time of med admin

8. Requirements

2800.

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

Description of Violation

Resident [REDACTED] is ordered [REDACTED], instill [REDACTED] into both eyes twice a day. Staff initialed the medication administration record (MAR) as having administered the medication on [REDACTED] in the evening and on [REDACTED] in the morning. However, it was not available in the home until the afternoon of [REDACTED]

Repeat violation: 8/2/23, et al and 9/26/23 et al

Plan of Correction

Directed [REDACTED] - 03/05/2024)

The medication for resident number four was recalled which is why the medication was unavailable on [REDACTED]. The order was changed to same active ingredient but a different product. Reeducation was completed by the administrator and or the designee on [REDACTED] to specifically hit on the proper documentation of medications unavailable. Previously administrator and or designee completed baseline audits of this EMAR, to physician orders, to baggie or bubble pack in January, (completed 1/15 to 1/31) Administrator and or designee are completing weekly audits where physician orders are compared to the EMAR compared to what is physically in the cart in the bubble pack and or the baggies. Moreover- the administrator and or designee will monitor the MAR daily (medication compliance reports are ran daily) to find any discrepancies. Additionally, the administrator and or designee will observe a medication pass by each staff person at least twice additionally and then move to monthly thereafter to ensure medication administration is completed accurately.

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a complete medication audit in the home. Documentation will be kept. [REDACTED] 3/5/2024

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a retraining on all aspects of medication administration including all regulations from 2800.181-190 for all staff involved in medication administration, including the administrator. Documentation will be kept in accordance

187b Date/time of med admin (continued)

with regulation 2800.65(l). █ 3/5/24

Directed Completion Date: 04/05/2024

Implemented █ - 03/15/2024)

187d Follow prescriber's orders

9. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident █ is ordered █, █ daily; however, on █, the medication was administered two times.

Resident █ is ordered █ in both █ twice a day; however, this medication was not administered on █ and █ and in the morning of █ as it was not available in the home.

Resident █ is ordered █ and █ tablet by mouth , twice daily. However, these medications were not administered the morning of █.

Resident █ is ordered multiple daily medications that were not were not administered the following medications in the morning of █

█
█
█
█
█
█

Repeat violation: 8/2/23 et al and 9/26/23 et al

Plan of Correction

Directed █ 03/05/2024)

Resident number █ moved units from one side of the building to the other. █ is a member of community life and leaves the building multiple times a week to attend center days. The resident left before the LPN on duty could provide █ morning medications. Resident did not receive the meds when █ arrived back. Immediately on █ whole house education was completed on any resident who is community life and if they leave for the center. Also; any other residents who may leave weekly for other reasons. Now; on center days resident receives █ medication earlier in the morning and prior to leaving for the center. There is also an order on file that states if resident does leave without █ medication that █ will receive the medication when █ returns. Administrator and or designee monitor daily via medication administration compliance report that resident receives █ medication prior to departure. This report is also ran by administrator and or desginee for all other residents to ensure medications are being given on time and appropriately. Additionally, the administrator and or designee will observe a medication pass by each staff person at least twice additionally and then move to monthly thereafter to ensure medication administration is completed accurately.

187d Follow prescriber's orders (continued)

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a complete medication audit in the home. Documentation will be kept. [REDACTED] 3/5/2024

DIRECTED: Within 30 days of receipt of the plan of correction - The Saber regional clinical team will conduct a retraining on all aspects of medication administration including all regulations from 2800.181-190 for all staff involved in medication administration, including the administrator. Documentation will be kept in accordance with regulation 2800.65(l). [REDACTED] 3/5/24

Directed Completion Date: 04/05/2024

Implemented [REDACTED] - 03/15/2024)