

MAY 08 2014

Mr. Dennis Martella, Board President
Dubois Continuum of Care Community, Inc.
282 South Eighth Street
Dubois, Pennsylvania 15801

RE: Dubois Village
License #: 316060

Mr. Martella:

As a result of the Department of Public Welfare's licensing inspection on December 4, 2013 and December 5, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your regular license for the period June 4, 2014 to June 4, 2015 was issued on February 28, 2014. Your regular license remains in good standing.

Sincerely,



Matthew J. Jones
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: DUBOIS VILLAGE		License Number: 31606
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: Tammy Horner		Region: WEST
Legal Entity Name: DUBOIS CONTINUUM OF CARE COMMUNITY INC		
Legal Entity Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		
Certificate(s) of Occupancy		
C-2 LP 09/18/1995 L&I	I-2 08/05/2011 Bureau Veritas North America	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 110	Waking Staff: 83
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/04/2013: Phillips, Joseph; Mandock, Nancy 12/05/2013: Phillips, Joseph; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>APR 16 2014</p> <p>WEST REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 118 Number of Residents Served: 80 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 80 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 30 Have a Physical Disability: 0	

RECEIVED

APR 28 2014

Violation Report: 31608 - 12/04/2013 - Phillips, Joseph
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

There are 86 wall mounted heaters in bathrooms accessible to residents throughout the home. However, there were no protective guards in place to prevent residents from coming in contact with the heaters. On 12/4/13, temperatures of the heating units measured as follows:

- *Resident bathroom of room #200 measured 186 degrees Fahrenheit
- *Resident bathroom of room #205 measured 183 degrees Fahrenheit
- *The second floor common female bathroom measured 170.9 degrees Fahrenheit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon notification on 12/4/13, The electrical circuit was immediately turned off for all the bathroom heaters. After this facility was notified by Department of Public Welfare on 12/16/13 that the heater power could be turned back on.

However, on 2/26/14 we received notification that regulation 2600.84 was in violation and a plan of correction needed to be determined and submitted.

On 4/25/14, all wall mounted heaters in the bathrooms have been turned off and a waiver is being submitted to Department of Public Welfare for approval.

The heating units will not be used again unless a waiver is granted and the provisions of the waiver are met. If the waiver is denied, the heating units will be permanently disconnected such that they are inoperable. 4-29-14

Repeat Violation No	Date(s) of Previous Violation(s)		
---------------------	----------------------------------	--	--

Signature of Legal Entity Representative (Required on EVERY Page) *Sammy G. Hoenee*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sammy G. Hoenee, Administrator* Date *4/28/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-29-14 (Date)

The above plan of correction was approved by [Signature] (Initials)

Plan of correction implementation status as of 4-29-14 (Date)

- Fully implemented
- Partially Implemented - Adequate Progress *4-29-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 31608 - 12/04/2013 - Phillips, Joseph
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION

On 12/4/13 at 9:00 p.m., agents of the Department attempted to exit the home through the second floor main entrance; however, these doors were locked prohibiting egress. Also, staff person A indicated the first floor main exit doors have the same locking system. Several residents of the home were including resident #1, #2, #3, #4, #5, #6, #7 and #8 did not know the process to unlock the doors.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The locking system on BOTH sets of main doors lock on a timer set to lock at 10pm and unlock at 7am to provide SAFETY to resident by preventing intruders. It was never the intent to prevent residents from freely exiting The facility. There was A button located by each door labeled push to exit to grant residents leave during The above times.

Immediate egress from The facility was assured by installing a motion sensor on BOTH sets of doors when A resident is within three (3) feet of The inner doors which will disengage The locking mechanism to permit any resident immediate egress. The locking mechanism will also automatically disengage when The Fire Alarm System is Activated. Staff education provided on The new locking and disengagement system and Residents RIGHTS to freely exit The building

Repeat Violation: No	Date(s) of Previous Violation(s):		
----------------------	-----------------------------------	--	--

Signature of Legal Entity Representative
(Required on EVERY Page) *Tammy L. Hoerner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Tammy L. Hoerner Administrator* Date *4/14/14*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>4-16-14</u> (Date)	Plan of correction implementation status as of <u>4-16-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>4-16-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: DUBOIS VILLAGE		License Number: 31606
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: Tammy Horner		Region: WEST
Legal Entity Name: DUBOIS CONTINUUM OF CARE COMMUNITY INC		
Legal Entity Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		RECEIVED
Certificate(s) of Occupancy		JAN 28 2014
C-2 LP 09/18/1995 L&I	I-2 08/05/2011 Bureau Veritas North America	WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 110	Waking Staff: 83
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/04/2013: Phillips, Joseph; Mandock, Nancy 12/05/2013: Phillips, Joseph; Mandock, Nancy		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 118 Number of Residents Served: 80 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 80 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 30 Have a Physical Disability: 0	

Violation Report: 31606 - 12/04/2013 - Phillips, Joseph
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

RECEIVED

2a. DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation, dated 9/8/13, does not include a medication regimen.
 Resident #2's medical evaluation, dated 5/28/13, does not include a medication regimen.

JAN 28 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Medical evaluations for residents #1 + #2 Medication Regimen
Resident #1 - Section #7 Medications - states "see attached"
 The medications list were physically attached during the inspection on 12/4/13 to correct.
Resident #2 - Section #7 Medications - states "see attached"
 The medication list were physically attached during the inspection on 12/4/13 to correct.

The LPN on duty is to receive, and review DME's to ensure completion. If there is any information missing or incomplete, they are to contact physician for correction. The LPN that completes the RASP is to double check DME for completion. All LPN's have been re-educated on this procedure on 12/12/13. On 12/12/13, the LPN's completed a building wide audit on all DME's to ensure all were complete + all stated attached information was present and attached.

To ensure continued compliance a quarterly DME audit on all new residents will be performed. Documentation will be provided to the administrator to be reviewed at the monthly quality assurance meeting.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Caroline M Sanko*

Printed Name and Title of Legal Entity Representative Date
 (Required on EVERY Page) *Caroline M Sanko Assistant Administrator* 1/22/14

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-30-14</u> (Date)	Plan of correction implementation status as of <u>1-30-14</u> (Date)
The above plan of correction was approved by <u>CS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>1-30-14 g</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented