



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Mailing Date: MAY 15 2014

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

RE: Dubois Village
#316060

Dear Mr. Martella:

As a result of the Department of Public Welfare's licensing inspection on December 20, 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.


Sincerely,

A handwritten signature in black ink, appearing to read "Janine Wenzig", written over a horizontal line.

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: DUBOIS VILLAGE		License Number: 316002
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: Tammy Homer		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 I-2 08/05/2011 Bureau of Veritas North Am Tammy		
Staffing Hours Resident Support: 0 Total Daily Staff: 130 Waking Staff: 98		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/20/2013: Bacher, Mike		 MAY 13 2014 WEST REGION FIELD OFFICE Human Services Licensing
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: 2 Are 60 Years of Age or Older: 79 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 50 Have a Physical Disability: 0	

Violation Report: 31606 - 12/20/2013 - Bacher, Mike
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(b) - The home shall have written emergency procedures that include the following:

- (1) Contact information for each resident's designated person.
- (2) The home's plan to provide the emergency medical information for each resident that ensures confidentiality.
- (3) Contact telephone numbers of local and State emergency management agencies and local resources for housing and emergency care of residents.
- (4) Means of transportation in the event that relocation is required.
- (5) Duties and responsibilities of staff persons during evacuation, transportation and at the emergency location. These duties and responsibilities shall be specific to each resident's emergency needs.
- (6) Alternate means of meeting resident needs in the event of a utility outage.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures indicate that in case of emergency, the LPN and/or medication technician on each floor are responsible to bring the emergency bag containing resident contact information, medication administration records, flashlights, blankets and other emergency equipment. The emergency bags are stored in the medication rooms.

On 12/14/13, at approximately 6:45 p.m., a lamp in bedroom #253 caught fire and enveloped the room and thick black smoke filled the hallways of the home. The fire alarm sounded and residents were evacuated from the home; however staff persons A and B did not take the emergency bags during the evacuation.

Also, a count of all of the residents was not completed at the time of evacuation. It was completed after residents were permitted back into the building.

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 Home's emergency procedures has been Reviewed by The Administrator to assure that appropriate procedures have been developed for various localized and general emergencies that may affect the facility residents, visitors and staff. Revisions have been made to improve processes as may be necessary. The emergency procedures include: 1) contact information for each resident's designated person 2) The home's plan to provide confidentiality. 3) Contact Telephone numbers for the office of the local emergency management agency and for The Pennsylvania Emergency Management Agency. 4) means means of transportation in event relocation

Repeat Violation: No Date(s) of Previous Violation(s): - See Page 2A - (cont.)

Signature of Legal Entity Representative
(Required on EVERY Page) *Sammy L. Horner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) TAMMY L. HORNER, Administrator Date 5/12/14

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

The above plan of correction is approved as of 5/15/14
(Date)

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

Plan of correction implementation status as of 5/15/14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *d*
- Partially Implemented - Inadequate Progress
- Not Implemented

is required. 5) Staff duties and responsibilities for evacuation, transport and an emergency location in each of the different scenarios will be included. 6) Alternate means of meeting resident needs in the event of a utility outage.

The emergency bag containing resident contact information, flashlights, and other emergency equipment will be checked by maintenance on a monthly basis and log maintained. An updated resident census will be included in the emergency bag whenever there is a change in residents so that the count can be completed at time of evacuation.

Staff education was provided on 4/22/14, 5/6/14, and 5/8/14.

Emergency procedures that include bringing the emergency bag with contact information, medication administration records and emergency equipment continues to be included as part of monthly fire drills.

RECEIVED

MAY 13 2014

WEST REGION FIELD OFFICE
Human Services Licensing

5/15/14

MAY 13 2014

Violation Report: 31606 - 12/20/2013 - Bacher, Mike

PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

On 12/14/13, the 8 p.m. medication pass that usually begins at 7 p.m. did not commence until after 8 p.m. due to a fire and temporary evacuation of the home.

The medication administration record indicates that residents #1, and #2 received their 8 p.m. medications on time; however, the medications were not administered until after 9 p.m.

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 administration of medication will include The date and time of medication Administration as well as name and initials of The staff person administering The medication at The time of Administration.

In The event That medication administration is delayed for an unforeseen reason such as an emergency That requires evacuation and possible relocation, The residents physician will be contacted for orders regarding proceeding with administration if at all possible. The time and initials of The person administering will be included as well as an explanatory note documented on The back of The MAR. Staff education will be provided on new procedures which may be developed

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Sammy L. Hoener

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) TAMMY L. HOENER, Administrator Date 5/12/14

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