



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 21, 2016

Ms. Renee Stuckich, Owner / Administrator
Renee Stuckich
119 Walnut Street
PO Box 484
Black Lick, Pennsylvania 15716

RE: Lynn Haven Personal Care Home
#445160

Dear Ms. Stuckich:

As a result of the Department of Human Services' licensing inspection on September 11, 2015, 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 "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: LYNN HAVEN PERSONAL CARE HOME		License Number: 44516
Address: 119 WALNUT STREET PO BOX 484, BLACK LICK, PA 15716		County: Indiana
Administrator: Renee Stuckich		Region: WEST
Legal Entity Name: RENEE STUCKICH		RECEIVED
Legal Entity Address: PO BOX 484, BLACK LICK, PA 15716		
Certificate(s) of Occupancy I-1 07/26/2008 Indiana County Off Planning		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2015: McConnell, Deb		
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: 36 Number of Residents Served: 25 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: 5		Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 21 Have Mental Illness: 19 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 44516 - 09/11/2015 - McConnell, Deb
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/11/15, at 1:34p.m., the electronic medication administration records (e-MAR) were unlocked and unattended, and accessible on the medication cart in the lower level kitchen. The e-MAR included the medication administration records and pictures for multiple residents, including residents #1, #2, and #3.

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.

A new Laptop was installed so that it is closing to a blank screen after 60 seconds of inactivity. All Medication aides were reminded to log off of the E-MAR system when leaving the computer unattended or at the completion of a med pass. The Administrator will monitor the computers to assure the EMAR is logged off and locked when not in use. The Administrator will at least weekly check all E-MAR Lap-tops to ensure they are working properly to be in compliance.

Within 30 days of receipt of the accepted plan of correction: All staff persons will be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location, including the home's specific policy and procedures to comply with regulation 2600.17. Documentation of education shall be kept. 7-21-16 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Renee Stuckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Renee Stuckich* Date *4-12-16*

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

The above plan of correction is approved as of 7-21-16 (Date)

Plan of correction implementation status as of 7-21-16 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress ✓
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44516 - 09/11/2015 - McConnell, Deb
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The resident #1's assessment, dated [redacted] 5, does not address the resident's need for prompting/cueing to shower, change clothing and to wear appropriate clothing for the weather.

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.

Resident #1's assessment was updated on 4/12/16 to correct the above violations. A copy is attached the Administrator will check MARS QUARTERLY And with each new/re-assessment RASP completed to ensure compliance

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will review all resident records to ensure all residents have a current support plan and the support plan accurately indicates the care and services the home will provide to each resident. 7-21-16 ✓

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) Renee Stuckich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckich Date 4/12/16

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The above plan of correction is approved as of 7-21-16
 (Date)

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 (Initials)

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