



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 02 2016

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

RE: Lynn Haven Personal Care Home
License #: 445160

Dear Ms. Stuckich:

As a result of the Department of Human Services' annual licensing inspection on February 24, 2016 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 "Rowe".

Jacqueline L. Rowe
Director

Enclosure
License 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 16716		County: Indiana
Administrator: Cindy Machak		Region: WEST
Legal Entity Name: RENEE STUCKICH		
Legal Entity Address: PO BOX 484, BLACK LICK, PA 15716		
Certificate(s) of Occupancy I-1 07/26/2006 Indiana County		RECEIVED WEST VIRGINIA HELL OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
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 02/24/2016: McConnell, Deb; Cutter, Jan		
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 who:	
Number of Residents Served: 28	Receive Supplemental Security Income: 13	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 26	
Area:	Have Mental Illness: 22	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, If applicable:	Have a Mobility Need: 2	
Number of Current Hospice Residents: 2	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 5		

Violation Report: 44516 - 02/24/2016 - McConnell, Deb
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 65 Pa.Code §2600
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #1's support plan, dated 11/13/15, indicates the resident needs assistance of 2 staff in transferring the resident to/from bed/chair. However, there is only 1 staff person routinely scheduled for the 11:00 p.m. to 5:00 a.m. shift.

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 IS NO LONGER AT LYNN HAVEN
 ALL RESIDENT RASPS HAVE BEEN EVALUATED AND THERE ARE NO OTHER RESIDENTS AT THE FACILITY THAT REQUIRE AN ASSIST OF 2.
 Mobility needs of each resident will be assessed at the time of admission and with each significant change. Staffing will be increased to meet the needs of each resident as their needs change.

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate care and services to each resident, including the appropriate level of staffing to evacuate all residents in the event of an emergency within the safe evacuation specified in writing by the home's fire safety expert. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. 7-20-16 g

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

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 **5-25-16**

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

The above plan of correction is approved as of 7-20-16
 (Date)

The above plan of correction was approved by g
 (Initials)

Plan of correction implementation status as of 7-20-16
 (Date)

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

Violation Report: 44516 - 02/24/2016 - McConnell, Deb
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

All three telephones used by residents do not have any emergency service numbers posted on or by each telephone, including the telephone in the kitchen and the one in the administrator's office upstairs.

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.

All telephones that are inside the facility have been fitted with a printed label containing all required phone numbers.

Twice monthly the Administrator will check each phone to ensure these stickers are in place and readable and will update numbers when needed

a copy of label is enclosed

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Renee Stuckich* Date *5-25-16*

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Violation Report: 44516 - 02/24/2016 - McConnell, Deb
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a loose and wobbly over the toilet seat riser on the toilet in the upstairs powder room, posing a fall hazard. -1
The toilet seat riser on the toilet in the upstairs shower room across from the office is not secured, posing a fall hazard. -2
There are loose over the toilet handrails on the toilet in the west hallway bathroom on the upstairs floor, posing a fall hazard. -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.

- #1 - THE TOILET SEAT RISER HAS BEEN REPLACED WITH A TOILET SEAT THAT FITS SECURELY
- #2 - THE TOILET SEAT RISER HAS BEEN REPLACED WITH A TOILET SEAT THAT FITS SECURELY
- #3 - THE HAND RAILS HAVE BEEN REPLACED WITH A DIFFERENT TYPE OF HANDRAIL THAT IS NOT LOOSE.

Maintenance will check each toilet on a weekly basis to look for loose or wobbly rails or safety hazards and replace immediately or repair

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renec Stuckee

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page)

Renec Stuckee

Date 5-25-16

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(Initials)

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Violation Report: 44516 - 02/24/2016 - McConnell, Deb
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There are three, raised screws with sharp, exposed edges on the bottom rail of the ramp in front of the building, posing a skin tear hazard.

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 Ramp has been repaired - photo enclosed - a new board was put in place and all raised screws were removed.

Maintenance will check the outside / exterior of the building and grounds weekly for hazards and any repairs needing done

Repeat Violation: No

Date(s) of Previous Violation(s):

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

5/25/16

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Violation Report: 44516 - 02/24/2016 - McConnell, Deb
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 (NUMBER BETWEEN LINES)

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

At 10:25 a.m., the temperature in the upright, white freezer located in the kitchen measured 20 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.

The temperature control has been turned up for the freezer. the FREEZER temperature was monitored for 7 days and is below 0°F.

Freezers will be checked weekly and the temperature will be logged at each check. If the temperatures are found to be not in compliance, Maintenance and Administrator will be notified immediately for repair and all food items will be moved to a correctly working freezer/ refrigerator until the defective one is fixed or replaced.

see Attached chart - one was placed on each Unit.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/28/2014
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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)	Date
<u>Renee Stuckich</u>	<u>5-25-16</u>

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Violation Report: 44516 - 02/24/2016 - McConnell, Deb
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

The home has not notified the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. The home currently serves 2 residents that require assistance to evacuate in an emergency.

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 Fire Department was notified on 5/25/16 and a copy of the letter will be kept in our file at the facility a copy of the letter is enclosed

as our mobility needs change for the residents an updated letter will be sent to the fire department and a copy kept in our file

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Violation Report: 44516 - 02/24/2016 - McConnell, Deb
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The maximum safe evacuation time designated by a fire safety expert within the past year is 4 minutes 30 seconds. However, the evacuation time for the fire drill held on 1/4/16 at 8:15 p.m. was 4 minutes 40 seconds. Another fire drill was not held in January 2016.

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.

We practiced 2 fire drills in February to improve our evacuation times. Our immobile Resident is no longer at the facility with greatly improved our evacuation process and time - (copy of Log enclosed)

We will monitor our residents needs and continually practice safe evacuation techniques to improve when needed.

We will keep staffing levels adequate to ensure safety

Immediately: The administrator will monitor all fire drills and the fire drill record to ensure a fire drill is conducted at least once a month, a fire drill is conducted during sleeping hours every 6 months, all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year, and documentation is kept for each fire drill in a record which includes all information required by 2600.132(c). 7-20-16

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PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
HARRISBURG, PENNSYLVANIA

1. REGULATION 56 Pa.Code §2800

2800.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

Only 1 staff person is routinely scheduled for the 11:00 p.m. to 5:00 a.m. shift. However, there was no fire drill held in the past 12 months with only 1 staff person participating. Also, no fire drill was held over the past 12 months during the 11:00 p.m. to 5:00 a.m. shift.

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.

We held a fire drill on 4-11-16 at 5¹⁵am with 1 staff person present - Log enclosed -

Administrator will schedule fire drills to ensure that they are being done during times when minimal staff is in the facility and address any problems or concerns

Administrator will monitor Fire drill Logs monthly to ensure compliance

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Rence Stuckich Date 5/25/16

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 PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE
 Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
 Resident #4's medical evaluation, dated 12/10/15, does not include blood pressure, height, weight, pulse rate or temperature.

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 #4 MEDICAL EVALUATION has been updated to show all required information.

The Administrator has checked all current Medical Evaluations for completeness.

Each NEW MEDICAL EVALUATION will be checked by the Administrator and 1 other staff member to ensure completeness before being made part of the resident file.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Renee Stuckich* Date *5/25/16*

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WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted on [redacted] 15 from an inpatient psychiatric hospitalization, due to the resident's aggression toward caretakers, agitation, expression of suicidal feelings and self-injurious behavior. However, resident #3's assessment [redacted] 15, indicates the resident has no problem with judgment, agitation or aggression and needs minimal supervision - requires no supervision in the home but does require supervision while out of the facility. Also, the assessment does not include suicidal ideations.

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 #3 is no longer a resident at Lynn Haven when completing an assessment we will include all information available to us and double check that it is correct. the Administrator has checked addition Residents RASPs and Assessments for accuracy

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/28/2014
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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 5/25/16

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Violation Report: 44516 - 02/24/2016 - McConnell, Deb
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

On 12/3/15, a revision was made to resident #2's assessment, dated 10/20/15, indicating the resident's mobility needs changed from having no mobility needs to currently having mobility needs. However, a significant change assessment was not completed.

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 Assessment was completed on 3/16/16 for Resident #2

Administrator will continually do a new significant change assessment each time a resident requires a new Medical Evaluation be done due to a significant change.

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will review all current resident assessments for accuracy and completion to ensure accuracy and completeness. 7-20-16

Repeat Violation: No

Date(s) of Previous Violation(s):

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 5/25/16

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Violation Report: 44516 - 02/24/2016 - McConnell, Deb
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WEST REGION FIELD OFFICE
 NURSING 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
 Resident #2 receives hospice services; however, the resident's support plan, dated 10/20/15, does not include the specific services provided or the frequency of the services.

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 specific Services and frequencies have been added to Resident #2 RASP See attached with page 13

the Administrator shall check RASPs monthly to ensure all new services /needs have been updated in each residents RASP

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

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 *5/25/16*

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