



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: November 3, 2016

Ms. Janice Hamsche, Board President
Dubois Continuum of Care Community Inc.
282 South Eighth Street
Dubois, Pennsylvania 15801

RE: Dubois Village
License #: 316060

Dear Ms. Hamsche

As a result of the Department of Human Services' licensing inspection on July 28, 2016, July 29, 2016 and August 5, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 4/6/16 resident #1 fell in the resident's bedroom. Upon evaluation of the resident, the resident's speech was slurred, and the resident was unable to grip anything with the resident's hands. The resident was sent to the hospital for evaluation after the fall. This incident was not reported to the Department as required.

Resident #2 had a fall on 7/4/16 and was sent to the emergency room, the fall resulted in 12 staples to the back of the residents head. The incident was not reported to the Department as required.

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 direct care employee's have been inserviced regarding what qualifies as a reportable incident, and the reporting process that should be followed. A copy of the Reportable Incident section in the RCG, as well as the reportable incident list from appendix A, has been posted in each medication room and the Resident Care Manager's office and reviewed with staff.

It has been stressed to the direct care staff that they are to file a report with BHSL within 24 hours of an incident occurring. The direct care staff have been told to follow the guideline "When in doubt, Send it out."

All staff have access to the administrator's phone number if the administrator is not in the facility at the time of the incident. They have been instructed to inform the administrator of the facility of any and all reportable incidents. Copies of these Reportable Incidents are to be kept in both the resident's file and the Quality Management binder located in the administrator's office.

The Adm will ensure there is a system in place for staff in the home to communicate to the Administrator or the designee when there are events or incidents that need to be reported to the Department. JF, 11-1-16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	<u>05/31/2016</u>	<u>03/21/2016</u>
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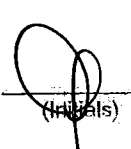
Signature of Legal Entity Representative (Required on EVERY Page) *Heather Test*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Test* Date *10-3-16*

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

The above plan of correction is approved as of 11-1-16 (Date)

Plan of correction implementation status as of 11-1-16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa. Code §2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 The assessment and support plan for resident #3 dated 11/23/16 indicates that the resident requires assistance with toileting every 2 hours. It has been determined through staff interviews that on the 11pm- 7am shift on 7/18/16 the resident did not receive this assistance as required.

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 direct care staff have a bowel and bladder work sheet (see attached) which they are required to update every 2 hours. The direct care staff on the 11pm – 7am shift have been retrained regarding the importance of checking on residents and assisting with toileting even at times when a resident may be sleeping.

The Resident Care Manager will audit these check sheets during her morning rounds.


Current Resident RASPs will be reviewed and individualized for night time toileting depending on the resident's needs. This will be completed by the Administrator by October 31, 2016.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Test* Date *10-3-16*

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The above plan of correction is approved as of <u>11-1-16</u> (Date) The above plan of correction was approved by <u></u> (Initials)	Plan of correction implementation status as of <u>11-1-16</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Staff persons A, B & C who work for an outside agency did not have Pennsylvania State Police Criminal Background Checks 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.

The DuBois Village performed a Pennsylvania State Police Criminal Background Check for Staff person B and has it on file. Please see the attached copy. Staff person B is now a permanent employee The DuBois Village. The other two agency employees have not returned to our facility.

All Nursing Agency employees contracted to work at the DuBois Village shall have a Pennsylvania State Police Criminal Background Check completed prior to their first day of work. If a criminal background check is not provided by the agency then the DuBois Village shall perform the background check, at the agency employee's expense, prior to the agency employee's first work shift.

The DuBois Village does not currently have any Nursing Agency employees on the schedule.

Administrator will be responsible to maintain ongoing compliance. eq. 10-14-16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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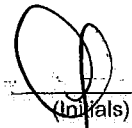
Signature of Legal Entity Representative (Required on EVERY Page)	<i>Heather Test</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Heather Test</i>	<i>10-3-16</i>

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 (Date)

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 (Initials)

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Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2500
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 Resident #4 has a grab bar on the residents bed. The grab bar has a 12 inch by 12 inch opening and is not covered, posing a possible limb entrapment.

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 relies on the grab bar to prevent [redacted] from rolling out of bed. [redacted] also utilizes this grab bar to assist with sitting on [redacted] bed and getting up to stand. [redacted] does walk with a wheeled walker and has an unsteady gait without it. The grab bar increases [redacted] independence. In order to safely maintain the grab bar and eliminate the risk of possible limb entrapment the grab bar has been adapted with a cover.

Please see the attached photo.


Administrator will ensure ongoing compliance for any resident equipment going forward. 10-14-16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Test</i>	Date <i>10-3-16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>10/4/16</u> (Date)	Plan of correction implementation status as of <u>10/4/16</u> (Date)
The above plan of correction was approved by  (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. **REGULATION 55 Pa.Code §2600**
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. **DESCRIPTION OF VIOLATION**
 3 chairs with red cushions were located in front of the exit in the dining room. The chairs prevent immediate egress in the event of 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 chairs have been rearranged in this area to ensure that the egress routes are unobstructed. All staff will be educated to ensure that all exits remain open. The dietary staff will inspect the exit in the dining room daily. A sign has been placed on the door to remind the residents to please not block the exit with the patio furniture.

The administrator will perform daily walks through the facility to ensure all exits remain open. The maintenance staff will also be instructed to perform daily walkabouts of the facility to ensure that all exits remain clear. The maintenance staff will perform their daily rounds at 7am and 5:30pm. The administrator will plan to perform her daily inspections of the facility exits at noon.

The maintenance daily auditing tool is attached.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/21/2016

Signature of Legal Entity Representative
 (Required on EVERY Page) Heather C. Test

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Heather C. Test Date 10-3-16

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 (Date)

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 (Date)

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- Not Implemented

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

Violation Report: 31000 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.132(i) - A fire alarm or smoke detector shall be set off during each fire drill.

2a. DESCRIPTION OF VIOLATION

Department Representatives determined the following through staff interviews:
 During fire drills; upon activation of the alarm system, staff responds to the fire alarm panel and silence the alarm, prior to fully completing the evacuation of the residents.

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 staff members have been inserviced and retrained on the importance of leaving the fire alarm sounding during all fire drills. The alarm system monitoring stations have been guarded the last 2 fire drills by non participating employees (administrator, maintenance, and administrative assistant) to ensure that the alarms were not silenced.

The alarm system monitoring stations will continue to be watched by non participating staff during the fire drills through the end of 2016 to ensure that all employees have been sufficiently retrained to keep the alarm bells ringing during fire drills. *After that Adm will monitor periodic fire drills to ensure ongoing compliance.*
 Non participating staff will vary for each drill.

QP. 10-17-16

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

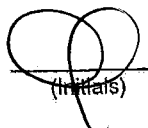
Signature of Legal Entity Representative
 (Required on EVERY Page) *Heather Test*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Heather Test* Date *10-3-16*

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The above plan of correction is approved as of 10-17-16
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Plan of correction implementation status as of 10/17/16
 (Date)

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 (Initials)

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Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted to the home on [redacted] 16, the initial DME was completed on [redacted] 16.

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 DME is currently a required part of our application and admission packet. Upon completion the DME will be forwarded to both the Resident Care Manager and the Administrator for review.

The Administrator will make notes in a designated calendar of all new resident admissions to ensure that the DMEs are completed within the required time frame. *This will also ensure compliance going forward. CP 10-14-16*

All current resident DMEs will be reviewed by the administrator to ensure that they are complete and timely. This inspection shall be completed by October 31, 2016.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 03/21/2016

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heather Test

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

Heather Test

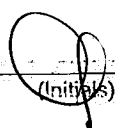
Date: 10-3-11

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The above plan of correction is approved as of 10-14-16
 (Date)

Plan of correction implementation status as of 10-14-16
 (Date)

- Fully Implemented
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- Not Implemented

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 (Initials)

Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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

2a. **DESCRIPTION OF VIOLATION**
 The medical evaluation completed on 4/7/16 for resident #5 does not include the resident's Temperature or Immunization History.

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 #5 is no longer living at this facility.


Upon completion a copy of all DMEs will be forwarded to the Administrator and Resident Care Manager for review. Upon review if any sections on the DME are found to have been left blank the RCM will contact the Resident's PCP for either an updated copy with the needed information or for written permission to update the forms in house.

Repeat Violation: Yes Date(s) of Previous Violation(s): 03/21/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Heather Test*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Heather Test* Date *10-3-16*

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Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #6's most recent DME was completed on 6/20/16, the previous DME was completed on 5/5/16.

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 Resident Care Manager and LPN Supervisor now have a binder used to track renewal dates for all DMEs. The RCM and LPN Supervisor are also now required to forward a monthly list to the Administrator of all DMEs which are due for renewal that month. The Administrator will then make notes in a designated calendar to ensure that the DMEs are completed within the required time frame.

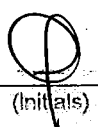
The Administrator will continue to follow up on the progress of the DMEs. Once the DMEs are completed a copy will be forwarded to the Administrator for review.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Test</i>	Date <i>10-3-16</i>
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Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa. Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral, topical, eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff person C who works for an outside agency administered medication in July 2016 at the home. Staff person C's license expired on 6/30/16.

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.

Staff person C is no longer contracted to work at the DuBois Village. There are currently no agency personnel on the staffing schedule.

Should the facility need to contract staffing through an agency in the future it will be required of the agency to provide a nursing license for each LPN sent to the DuBois Village to pass medications prior to their first day of employment. Each license will be inspected for an expiration date. Any LPN's nearing their license expiration date will be noted by the administrator and a request for a license renewal verification will be sent to the staffing agency.

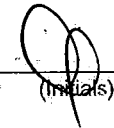
All LPNs employed by the DubBois Village have an up to date nursing license. The administrator will document the expiration dates in her calendar to ensure timely renewal when necessary.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/21/2016
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Signature of Legal Entity Representative (Required on EVERY Page)
 Heather Test

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Heather Test	10-3-16

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Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa. Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #7's Lantus solo star insulin pen was not dated when the pen was opened.

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 insulin pens have been inspected to ensure that they have been dated when opened.

All insulin pens will now be dated directly on the pen using a permanent marker. They were previously dated using a sticker which could occasionally fall off.

There is also training for all direct care staff scheduled for October 7th and 8th. At this training it will be reinforced to all staff that insulin pens are to be dated upon opening.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/21/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heather Test*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Heather Test* Date *10-3-16*

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 (Initials)

Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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
 The current Assessment of the personal care needs of resident #5 was completed on 7/25/16. The previous Assessment of personal care needs was completed on 5/17/15, more than 12 months prior.
 Resident #6's most recent RASP was completed on 7/24/16, the previous RASP was completed on 5/5/16.

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 Resident Care Manager and LPN Supervisor now have a binder used to track renewal dates for all RASPs. The RCM and LPN Supervisor are also now required to forward a monthly list to the Administrator of all RASPs which are due for renewal that month. The Administrator will then make notes in a designated calendar to ensure that the RASPs are completed within the required time frame.

The Administrator will continue to follow up on the progress of the RASPs. Once the RASPs are completed a copy will be forwarded to the Administrator for review.

All current resident RASPs will be reviewed by the administrator to ensure that they are complete and timely. This inspection shall be completed by October 31, 2016.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/21/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Heather Test*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Heather Test</i>	Date <i>10-3-16</i>
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Violation Report: 31606 - 07/28/2016 - Novak, Ryan
 PCH Name: DUBOIS VILLAGE

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 #5 has a documented history of visual as well as auditory hallucinations. The resident's Assessment and Support Plan finalized on 7/25/16 was not updated to include the change in the resident's personal care needs or what interventions the facility will implement to meet the needs of the resident.

Resident #1 has a history of falls with injury as well as a history of severe nose bleeds which require hospitalization. The resident's Assessment and Support Plan finalized on 2/5/16 was not updated to include the resident's history of falls and or recent history of severe nose bleeds and what interventions the facility will implement to meet the needs of the resident.

Resident #2's RASP dated 7/25/16 has not been updated to reflect the residents frequent falls. The RASP also notes the resident requires some assistance with a wheeled walker, the resident currently utilizes a wheelchair.

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.

Residents #5 and #2 are no longer living at this facility.

The RASP for resident #1 has been updated to reflect the resident's history of falls and frequent nose bleeds.

Both the Resident Care Manager and LPN Supervisor have been informed that they can update a RASP by hand when there is a change in resident care or behavior. They are to include the date with any hand written changes.

The updated RASP for resident #1 is attached.

*and initials
 Q. 10-14-16*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Heather Test

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

Heather Test

Date

10-3-16

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

The above plan of correction is approved as of 10-17-16
 (Date)

Plan of correction implementation status as of 10/14/16
 (Date)

The above plan of correction was approved by *Q*
 (Initials)

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