



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

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 December 13, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

JAN 10 2017

Violation Report: 44516 - 12/13/2016 - Sutherland, Brent
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.16(b) - The home shall develop and implement written policies and procedures on the prevention, reporting, notification, investigation and management of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
The home's written incident report policy does not address prevention, investigation, or management of reportable incidents and conditions.

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 policy pertaining to prevention, investigation and management of reportable incidents and conditions was written and implemented.

a copy is enclosed.

The Administrator will over see all policies and procedures to ensure compliance and make changes or adopt new policies as needed

By 2/28/17 - All staff persons will be educated on the updated policy and procedures of reportable incidents and conditions. BB 1/24/17

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

Signature of Legal Entity Representative (Required on EVERY Page) Benee Stuckich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) BENE E STUCKICH - Administrator Date: 1-4-17

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

The above plan of correction is approved as of 1/24/17
(Date)

Plan of correction implementation status as of 1/24/17
(Date)

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

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

RECEIVED

Violation Report: 44518 - 12/13/2016 - Sutherland, Brent
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2800.66(a) - A staff training plan shall be developed annually.

JAN 10 2017

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 The home does not have any annual staff training plan.

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 staff training plan was completed for 2017
 A copy is enclosed

The Administrator will develop a staff training for all staff persons in December for the next training year. This will be completed annually. The training plan will be updated as training topics change.

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

Signature of Legal Entity Representative (Required on EVERY Page) Renee Stuehlich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuehlich - Administrator Date 1-9-17

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

The above plan of correction is approved as of <u>1/24/17</u> (Date)	Plan of correction implementation status as of <u>1/24/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <u>BB</u> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44516 - 12/13/2016 - Sutherland, Brent
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE:
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The sink in the basement bathroom located in the hallway of bedrooms #20 and #21 had water temperature that measured 125.6 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 water temp was lowered at time of inspection.
Maintenance will check water temp at each Bathroom sink weekly for 6 weeks and then Monthly after that to ensure the correct water temp. It will be adjusted as needed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renee Stuchich

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

Renee Stuchich - Administrator

Date

1-7-17

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

The above plan of correction is approved as of

1/24/17
(Date)

Plan of correction implementation status as of

1/24/17
(Date)

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

The above plan of correction was approved by

BS
(Initials)

Violation Report: 44516 - 12/13/2016 - Sultherland, Brent
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION

The exterior handrail at the bottom of the ramp closest to the road in the rear of the home and the exterior handrail outside the office entrance door was loose and unsecured.

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 handrail at the bottom ramp was fixed by placing brackets directly into the cement steps - holding the railing secure.

The exterior handrail outside of office was tightened by adding a board to the 4x4 supporting the railing - securing it directly to the 4x4 post in the cement. It is no longer loose.

Maintenance will check all outside railings monthly and as needed - checking for loose or missing rails

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renee Stueckich

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

Renee Stueckich - Administrator

Date 1-10-17

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1/24/17
(Date)

Plan of correction implementation status as of

1/24/17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *BS*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

BS
(Initials)

Violation Report: 44518 - 12/13/2016 - Sulherland, Brent
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The sink in the basement bathroom located in the hallway of bedrooms #20 and #21 drained extremely slowly and the water temperature at the sink measured 125.6 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.

Maintenance removed the drain and cleared the clog -
the sink is draining correctly

all other sinks at the facility were checked and
are in working order.

Maintenance will check sinks monthly for slow
draining or clogs.

Direct care staff was trained to look for problems with
sink drainage and notify maintenance

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 - Administrator

Date 1-7-17

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1/24/17
(Date)

Plan of correction implementation status as of

1/24/17
(Date)

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by

BB
(Initials)

Violation Report: 44518 - 12/13/2016 - Sutherland, Brent
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.101(r)(2) - Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

2a. DESCRIPTION OF VIOLATION
The blinds in the window of bedroom #21 were collapsed and did not provide privacy.

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 window Blind was purchased and replaced the broken one.
Maintenance will check blinds monthly to ensure they are in good working order and replace any that are not.
Direct care Staff was educated to look for missing or in operable blinds and report to Administrator

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-Administrator Date 1-7-17

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