



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 02 2017

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

RE: Dubois Village  
License #: 316060

Dear Mr. Adams:

As a result of the Department of Human Services' annual licensing inspections on February 8, 2017 and February 9, 2017 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](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 that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



RECEIVED

APR 06 2017

Violation Report: 31606 - 02/08/2017 - Cullor, Jan  
PCH Name: DUBOIS VILLAGE  
WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800  
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION  
On 2/8/2017, there was a 5-gallon can of gasoline unlocked and accessible to residents in the unlocked, outside storage shed.

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 lock was placed on the storage shed at the time of inspection. This was confirmed by Department Representative Josh Hoover at the time of inspection.

To prevent a future reoccurrence of this violation the Lead Maintenance employee will be responsible to ensure that all combustible materials are locked away and are inaccessible to residents at all times. This safety measure has been added to the maintenance daily audit worksheet. This worksheet is then given to the Administrator for review.

Attached: Photo of locked storage shed, Maintenance Daily Audit Worksheet

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, Administrator*      Date *4-4-2017*

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

The above plan of correction is approved as of 4/18/17  
(Date)

Plan of correction implementation status as of 4/18/17  
(Date)

The above plan of correction was approved by JW.  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *JW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

APR 08 2017

Violation Report: 31606 - 02/08/2017 - Cutler, Jan  
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

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 #1 was admitted on [redacted] 2016. The resident's medical evaluation was completed on 7/27/2016.

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.*

The home understands the importance for all residents to be evaluated by a PCP, CNP, or PA. These medical evaluations help to determine a resident's individual needs and are vital for creating the resident assessment and support plans.

A calendar system is now in place to ensure timely completion of the medical evaluations. The administrator and LPN will together be accountable for reviewing evaluation due dates and so that all are completed on schedule.

*Audit of all resident medical evaluations was completed 4/12/17. p.w. 4/18/17  
Within 30 days of receipt of the plan of correction: all direct care staff will receive training on the home's policy + procedure for completing timely and accurate medical evaluations, including the requirement that the medical evaluation must be completed within 60 days prior or 30 days after admission. p.w. 4/18/17  
Documentation of training shall be kept.*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

03/21/2016 et al

07/28/2016 et al

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 Administrator*

Date *4-4-2017*

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The above plan of correction is approved as of

*4/18/17*  
(Date)

Plan of correction implementation status as of

*4/18/17*  
(Date)

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- Not Implemented

The above plan of correction was approved by

*p.w.*  
(Initials)

RECEIVED

APR 06 2017

Violation Report: 31808 - 02/08/2017 - Culter, Jan  
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  
Resident #3's February 2017 MAR includes the initials of staff person A administering 1 capsule of Probiotic 250mg at 8:30 AM on 2/2/17 and 1 capsule of the same medication at 7:30 AM on 2/3/17; however, the medication was not available for administration on those dates.

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 understands the importance of proper medication administration and documentation.

Following this finding, proper medication administration procedures were reviewed with Staff person A. The importance of these procedures were reviewed with this employee as well as the potential consequences of not following proper procedures.

Staff person A is no longer administering medications. This employee must retake and pass the medication administration training course prior to passing medications in the future.

The Resident Care Manager and Administrator have reviewed and updated the facility's medication error policy and have posted a copy in each med room for review. The RCM will continue to audit medication carts and hold all med techs accountable for proper medication administration.

Attached: Medication Error Policy

With 30 days of receipt of the plan of correction: all staff persons who are qualified to administer medications will receive training on the proper documentation of medication in the resident's MAR including the requirement that the documentation is recorded at the time the medication is administered. Documentation of training shall be kept. JW. 4/18/17

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)      Date  
Heather Test Administrator      4-4-2017

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

The above plan of correction is approved as of 4/18/17  
(Date)

Plan of correction implementation status as of 4/18/17  
(Date)

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

The above plan of correction was approved by JW.  
(Initials)

RECEIVED

APR 06 2017

Violation Report: 31608 - 02/08/2017 - Cutler, Jan  
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Probiotic 260 mg take one capsule daily; however, the resident did not receive the medication on 2/2/2017 or 2/3/2017 because it was not available in the home.

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 will ensure that residents receive medications and treatments as ordered by a physician.

To prevent future occurrences of this violation all medication rooms are now supplied with OTC stock medications. There is also an emergency supply of prescription medications located in the LPN office. If the needed prescription is not available in the home the med tech responsible for the resident in need of the prescription will contact the facility pharmacy for an emergency delivery that day.

The Resident Care Manager will ensure that all med rooms have current stock supplies and that all med techs are educated how to contact the pharmacy.

See page 5<sup>a</sup> of 6

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

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 Administrator* | Date *4-4-2017*

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The above plan of correction is approved as of <u>4/18/17</u> (Date)	Plan of correction implementation status as of <u>4/18/17</u> (Date)
The above plan of correction was approved by <u>HT</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>HT</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 31606 - 02/08/2017 - Culler, Jan  
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600  
 2600.187(d) - The home shall follow the directions of the proscriber.

2a. DESCRIPTION OF VIOLATION  
 Resident #3 is prescribed Probiotic 250 mg take one capsule daily; however, the resident did not receive the medication on 2/2/2017 or 2/3/2017 because it was not available in the home.

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's Probiotic was reordered and received by the home.

Within 15 days of receipt of the plan of correction: a designated staff person, qualified to administer medications, will complete an initial and monthly audit of all medication orders, MARs and medication storage areas, to ensure that all currently ordered medication is available for administration in the home. Documentation of the audits shall be kept.

Within 30 days of receipt of the plan of correction: all staff persons qualified to administer medications will receive training on the home's policy and procedure for reordering medication to ensure that all currently ordered medication is always available for administration in the home. Documentation of the training shall be kept.

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 - Administrator</i>	Date <i>4-18-17</i>
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The above plan of correction is approved as of _____ (Date)  The above plan of correction was approved by _____ (Initials)	Plan of correction implementation status as of _____ (Date) <input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
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RECEIVED

APR 06 2017

Violation Report: 31606 - 02/08/2017 - Cutter, Jan  
PCH Name: DUBOIS VILLAGE

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

The initial assessment for resident #1, admitted [redacted] 2016, was completed on [redacted] 2016.

The initial assessment for resident #2, admitted [redacted] 2016, was completed on [redacted] 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.

The home understands that importance of developing an accurate and comprehensive profile of a resident's needs. This written assessment enables the home to serve the resident and to meet the resident's needs as efficiently as possible.

A calendar system is now in place to ensure timely completion of the resident assessments. The LPN and administrator will each review assessment due dates and will hold each other accountable for the timely completion of this form.

Audit of all resident assessments was completed on 4/12/17 pw. 4/12/17  
Staff training on resident assessments was completed 4/12/17 pw. 4/12/17

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

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 Administrator*      Date *4-4-2017*

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The above plan of correction is approved as of 4/12/17 (Date)

The above plan of correction was approved by pw. (Initials)

Plan of correction implementation status as of 4/15/17 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *pw.*
- Partially Implemented - Inadequate Progress
- Not Implemented