



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 07 2017

Ms. Michelle Rassler,  
CEO  
Allegheny Christian Ministries, Inc.  
2000 Cambridge Drive  
Davidsville, Pennsylvania 15926

RE: Laurel View Village  
License #: 321350

Dear Ms. Rassler:

As a result of the Department of Human Services' annual licensing inspection on May 2, 2017 and May 3, 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

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

Page 1 of 4

PCH Name: LAUREL VIEW VILLAGE		License Number: 32135
Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15028		County: Somerset
Administrator: Amanda Snyder		Region: CENTRAL
Legal Entity Name: ALLEGHENY CHRISTIAN MINISTRIES INC		
Legal Entity Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15028		
<b>Certificate(s) of Occupancy</b> C-2 LP 08/19/1998 Labor & Industry		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 73	Waking Staff: 55
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/02/2017: McCloskey, Jason; Comstock, Kelly 05/03/2017: McCloskey, Jason		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 107 Number of Residents Served: 58 Secured Dementia Care Unit in Home: Yes Area: Reflections Secured Dementia Unit Capacity, if Applicable: 16 Number of Residents Served in Secured Dementia Care Unit, if applicable: 15 Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 7	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 56 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 17 Have a Physical Disability: 0	

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Violation Report: 32135 - 05/02/2017 - McCloskey, Jason  
PCH Name: LAUREL VIEW VILLAGE

1. REGULATION 55 Pa.Code §2600

2600.132(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

The home's sleeping hour fire drills were held on 3-17-17 at 6:22am and on 10-31-16 at 10:48pm. Both drills were held when additional staff was present including those working different shifts as well as ancillary or administrative staff. The drill on 3-17-17 had 12 staff assisting. The drill on 10-31-16 had 19 staff assisting. The average number of direct care staff on duty during the overnight shift is 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.

See attached  
typed POC, Page 2A  
-AS.

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

Signature of Legal Entity Representative (Required on EVERY Page) Amanda Snyder RN, BSN, PCHA.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amanda Snyder RN, BSN, PCHA. Date 5/11/17

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

The above plan of correction is approved as of 5/15/17 (Date)

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

Plan of correction implementation status as of 5/15/17 (Date)

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

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Laurel View Village

License # 321350

Page # 1


Regulation Cited: 2600.132(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.

How was the regulation violated: The homes sleeping hour fire drills were held on 3/17/17 at 6:22AM and on 10/31/16 at 10:48PM. Both drills were held when additional staff was present including those working different shifts as well as ancillary or administrative staff. The drill on 3/17/17 had 12 staff assisting. The drill on 10/31/16 had 19 staff assisting. The average number of direct care staff on duty during the overnight shift is 3.

Action plan to fix right away and prevent in the future: The facility had a sleeping hour fire drill 5/11/17. This was held at 1:07AM. This drill had 7 staff assisting. Please see attached fire drill log for documentation. The sleeping hour fire drill will be held during sleeping hours once every six months. The facility will have fire drills held on different days of the week, at different times of the day and night and not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Who is responsible for preventing future violation: Personal Care Administrator and Director of Environmental Services will closely monitor fire drill times, days and routines to ensure regulatory compliance.

Date corrected by: 5/11/2017

Administrator Signature:  Date: 5/11/17  
By: BSN, PCHA

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Violation Report: 32135 - 05/02/2017 - McCloskey, Jason  
PCH Name: LAUREL VIEW 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 for resident 1, signed 4-13-17, does not include information related to body positioning or mobility, and the date that the evaluation occurred.

The medical evaluation for resident 2, dated 1-18-17, does not include information related to health status and cognitive functioning.

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.

See attached Page 3A  
typed POC.

AS

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

Signature of Legal Entity Representative (Required on EVERY Page) Amanda Snyder RN BSN PCHA.

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Amanda Snyder RN, BSN, PCHA Date 5/11/17

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The above plan of correction is approved as of 5/15/17 (Date)

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

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Laurel View Village

License # 321350

Page # 2

Regulation Cited: 2600.141(a)(2) – The medical evaluation must include the following :

- (1) A general physical examination by a physician, physician's assistant or nurse practitioner.
- (2) Medical diagnosis including physical or mental disabilities of the resident, if any.
- (3) Medical information pertinent to diagnosis and treatment in case of an emergency.
- (4) Special health or dietary needs of the resident.
- (5) Allergies.
- (6) Immunization history.
- (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
- (8) Body positioning and movement stimulation for residents, if appropriate.
- (9) Health status.
- (10) Mobility assessment, updated annually or at the Department's request

How was the regulation violated: The medical evaluation for resident 1, signed 4/13/17 does not include information related to body positioning or mobility, and the date that the evaluation occurred. The medical evaluation for resident 2, dated 1/18/17, does not include information related to health status and cognitive functioning.

Action plan to fix right away and prevent in the future: The medical evaluation for resident 1 was reviewed on the phone with the attending physician and the information related to body positioning and the date the evaluation occurred was completed. \*\*After investigation, this resident did not require a medical evaluation in April. There was a status change in December 2016 and a new medical evaluation and support plan was done at that time. The April 2017 medical evaluation was removed as per physician request.

The medical evaluation for resident 2 was reviewed on the phone with attending physician and the information related to health status and cognitive functioning was completed. This medical evaluation is complete.

In order to ensure the medical evaluations are complete the Personal Care Coordinator/ Personal Care Administrator will review the evaluation form before the resident goes to the Physician visit and on return from the physician visit to ensure completion of all sections. This will be on going effective 5/8/2017. The auditing tool is attached for review.

Date corrected by: May 8, 2017 – moving forward on medical evaluations

Who is responsible for preventing future violation: Personal Care Coordinator/Personal Care Administrator

Administrator Signature:

*[Handwritten Signature]*

*By BSM, PCHA*  
Date: 5/11/17

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Violation Report: 32135 - 06/02/2017 - McCloskey, Jason  
PCH Name: LAUREL VIEW 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 3's most recent medical evaluation was completed on 10-28-16. The previous evaluation occurred on 9-23-16.  
Resident 4's most recent medical evaluation was completed on 6-24-18. The previous evaluation occurred on 3-17-15.

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.

See attached Page 4A  
typed POC  
- AS.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Amanda Snyder RN, BSN, PCHA.*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Amanda Snyder RN, BSN* PCHA Date *5/11/17*

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The above plan of correction is approved as of 5/15/17  
(Date)

Plan of correction implementation status as of 5/15/17  
(Date)

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- Not Implemented

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

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Laurel View Village

License # 321350

Page # 3

Regulation Cited: 2600.141(b)(1) – A resident shall have a medical evaluation at least annually, 12 month – 15 day grace period.

How was the regulation violated: Resident # 3 had a medical evaluation completed on 10/26/16 and the previous evaluation was on 9/23/15.

Resident # 4 had a medical evaluation on 5/24/16 and the previous evaluation was on 3/17/15.

Action plan to fix right away and prevent in the future: All residents' charts will be reviewed for dates and medical evaluations. A new tracking form has been implemented that will record admit date and break down month to month which resident is due for a medical evaluation. This tracking audit tool will be used in Personal Care from this point forward to track dates to ensure medical evaluations are being reviewed and scheduled in a timely manner. This calendar will also track facility support plans. This auditing tool will be reviewed monthly by the Personal Care Coordinator and the Personal Care Administrator and signed that the resident has a medical evaluation appointment within the appropriate time frame and the DME is complete. See attached audit tool. This will be utilized ongoing in the facility.

Who is responsible for preventing future violations: Personal Care Coordinator and Personal Care Administrator

Date corrected by: June 7, 2017 for charts to be audited

Administrator Signature: Amanda Snyder Date: 5/11/17  
PCA, BSH, PCHA

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