



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 6, 2017**

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

RE: Dubois Village  
Certificate #: 448670

Dear Mr. Adams:

As a result of the Department of Human Services' licensing inspection on August 30, 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.

Sincerely,

A handwritten signature in black ink that reads "Brent Sutherland".

Brent Sutherland  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary

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

PCH Name: DUBOIS VILLAGE		License Number: 44867
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: HEATHER TEST		Region: WEST
Legal Entity Name: DUBOIS CONTINUUM OF CARE COMMUNITY INC		
Legal Entity Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 08/07/1996 L&I	I-2 08/05/2011 Bureau of Veritas N America	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 93	Waking Staff: 70
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/30/2017: Barone, Barbara; Winters, Lynn		
<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: 118 Number of Residents Served: 77 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 76 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 16 Have a Physical Disability: 0	

Violation Report: 44867 - 08/30/2017 - Barone, Barbara  
 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 8/19/2017 at approximately 5:00 p.m., resident #1 complained that the temperature was cold and staff person A raised his/her fist in the air and told resident #1 that he/she would discharge the resident if the resident complained. The staff person was then removed from the dining room by the administrator. The home did not submit an incident report to the Department until 8/21/2017.

**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.

- Supervisors/Managers/Administrator participated with the online Adult Protective Services Webinar provided by Department of Human Services on 9/13/17 (see attached). Re-training was provided on Adult Protective Service/Department of Human Services Licensing Reporting Requirements.
- Staff training was provided on definition of Abuse and Neglect, Resident Rights and abuse reporting requirements as directed by Adult Protective Services and Department of Human Services on 9/19/17 (see attached training record).
- Reviewed Supervisor/Designee binder which includes abuse reporting policy, abuse reporting instructions and mandatory reporting form. This binder is located in each nurse's station as well as in dining services.

*Within 30 days of receipt of these plans of correction - All staff persons will be educated on the home's reportable incident policies and procedures. BB 11/20/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Rockwell, Administrator</i>	Date <i>10/25/17</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>11/20/17</u> (Date)	Plan of correction implementation status as of <u>11/20/17</u> (Date)
The above plan of correction was approved by <u>BB</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>BB</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 44867 - 08/30/2017 - Barone, Barbara  
 PCH Name: DUBOIS VILLAGE

**1. REGULATION 55 Pa.Code §2600**  
 2600.42(t) - A resident has the right to file complaints with any individual or agency and recommend changes in policies, home rules and services of the home without intimidation, retaliation or threat of discharge.

**2a. DESCRIPTION OF VIOLATION**  
 On 8/19/2017 at approximately 5:00 p.m., resident #1 complained that the temperature was cold and staff person A raised his/her fist in the air and told resident #1 that he/she would discharge the resident if the resident complained. The staff person was then removed from the dining room by the administrator.

**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.

- Employee was placed on suspension while investigation was completed. It was determined by witness statement that the employee did make the statement that resident would be discharged if she kept complaining. Employee's position with the facility was terminated on [redacted] 17.
- Staff training was provided on definition of Abuse and Neglect, Resident Rights and abuse reporting requirements as directed by Adult Protective Services and Department of Human Services on 9/19/17 (see attached training record).
- Quarterly Review of the definitions of abuse/neglect and Resident Rights will be completed along with regularly schedule staff in-services'.

*During the next quality management plan review and evaluation - The administrator will ensure that these plans of correction are addressed. BB 11/20/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Carolene Rockwell, Administrator</i>	Date <i>10/25/17</i>
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