



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 10 2018

Ms. Renee Stuckich
Administrator
Renee Stuckich
119 Walnut Street
PO Box 484
Black Lick, Pennsylvania 15716

RE: Lynn Haven Personal Care Home
Certificate #: 445160

Dear Ms. Stuckich:

As a result of the Department of Human Services' annual licensing inspection on November 16, 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.

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: 44516 - 11/16/2017 - Grace, Desmond
PCH Name: LYNN HAVEN PERSONAL CARE HOME

JAN 22 2018

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

On 11/16/17, Staff person A started working in the home on 10/4/17. However the staff person's criminal history background check was not requested until 11/16/17.

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.

WE HAVE IMPLEMENTED A check list to go with each employee file that show's what is required for the file. once the required document is completed - the Admin will check off and date it's completion. the Administrator will be responsible for ensuring the timely completion of all required documentation. Our LPN/ Admin. will then re-check the new staff' file at time of hire, 1 week, 2 week and 3rd week of employment to ensure completeness. All other staff files have been checked for back ground checks and all other required documents.

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 *1-16-18*

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

The above plan of correction is approved as of 1-23-18 (Date)

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

Plan of correction implementation status as of 1-23-18 (Date)

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

JAN 22 2018

Violation Report: 44516 - 11/16/2017 - Grace, Desmond
PCH Name: LYNN HAVEN PERSONAL CARE HOME

LYNN HAVEN PERSONAL CARE HOME
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION

On 11/16/17, none of the home's fire extinguishers have been inspected by a fire safety expert since September 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.

JANCO FIRE WAS contacted on 11-16-17. they sent a tech to Lynn Haven on 11/17/17 TO inspect all fire extinguishers. we have created a Monthly / YEARLY calendar for Maintenance to ensure extinguisher and other Annual checks are being completed in a timely manner. the Administrator will call the provider 2 weeks before the inspection of extinguishers are due to remind them of needed service and to ensure they are serviced annually. Administrator will also check extinguisher tags monthly for compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Renee Stuchick

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

Renee Stuchick - Administrator

Date

1-16-18

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

The above plan of correction is approved as of

1-23-18
(Date)

Plan of correction implementation status as of

1-23-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44516 - 11/16/2017 - Grace, Desmond
 PCH Name: LYNN HAVEN PERSONAL CARE HOME

JAN 23 2018

WEST VIRGINIA BUREAU OF
 Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Klonopin 0.5mg three time a day as needed for anxiety. However, the medication label indicates Klonopin 0.5mg three times per day and one time per day as needed.

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 change of direction Label was placed on medication by our L.P.N. TO BE USED until supply used up and can be re-order with correct Label.

Our LPN will check each medication change to ensure the labels are correct or a change of direction sticker is placed on the said medication package.

The Administrator will monitor medication changes for 30 days to ensure all labels are correct to ensure compliance and then will do monthly checks thereafter to monitor for compliance

| | | | |
|----------------------|-----------------------------------|--|--|
| 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 1-23-18

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

| | |
|---|---|
| The above plan of correction is approved as of <u>1-23-18</u> (Date) | Plan of correction implementation status as of <u>1-23-18</u> (Date) |
| The above plan of correction was approved by <u>[Signature]</u> (Initials) | <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 |

JAN 29 2018

Violation Report: 44516 - 11/16/2017 - Grace, Desmond
PCH Name: LYNN HAVEN PERSONAL CARE HOME

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

Resident #2's assessment, dated 10/31/17, does not include an assessment of the resident's communication of needs, understanding instructions, and short term memory. These sections were blank.

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 blank sections were completed. The Administrator checked the document for completeness, and corrected all missing information. We have started a weekly Meeting with our LPN, PCA Supervisor and Administrator to discuss changes with Resident Needs and we will update all RASP's as information changes. All current RASP's have been checked for completeness and accuracy.

| | | | |
|----------------------|-----------------------------------|--|--|
| 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) | Date |
| Renee Stueckich | 1-16-18 |

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

The above plan of correction is approved as of 1-23-18
(Date)

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

Plan of correction implementation status as of 1-23-18
(Date)

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