



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 13, 2018

Ms. Renee Stuckich
Owner / 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' licensing inspection on December 12, 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, appearing to read "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: LYNN HAVEN PERSONAL CARE HOME		License Number: 44516
Address: 119 WALNUT STREET PO BOX 484, BLACK LICK, PA 15716		County: Indiana
Administrator: RENEE STUCKICH		Region: WEST
Legal Entity Name: RENEE STUCKICH		
Legal Entity Address: PO BOX 484, BLACK LICK, PA 15716		
Certificate(s) of Occupancy I-1 07/26/2008 Burrell		RECEIVED FEB 28 2018 WEST VIRGINIA FIELD OFFICE Human Services Licensing
Staffing Hours		Waking Staff: 17
Resident Support: 0	Total Daily Staff: 22	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/12/2017: Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 30 Number of Residents Served: 22 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: 1 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 18 Have Mental Illness: 11 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

FEB 28 2018

Violation Report: 44516 - 12/12/2017 - Grace, Desmond
PCH Name: LYNN HAVEN PERSONAL CARE HOME

UNION COUNTY OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.20(b)(7) - The legal entity, administrator and staff persons of the home are prohibited from being assigned power of attorney or guardianship of a resident or a resident's estate.

2a. DESCRIPTION OF VIOLATION
Staff person worked for the home as a payroll clerk and was appointed as the legal guardian of resident #1 from 7/6/17 to 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.

As of 11-16-17 staff person A is no longer employed by Lynn Haven

Administrator will ensure that no current or new employees are guardian to any current or future residents

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Renee Stuehch* Date *2-10-18*

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

The above plan of correction is approved as of 3-6-18 (Date)

Plan of correction implementation status as of 3-6-18 (Date)

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

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

Violation Report: 44516 - 12/12/2017 - Grace, Desmond
PCH Name: LYNN HAVEN PERSONAL CARE HOME

FEB 28 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1's assessment, completed on 10/31/17, does not include an assessment of securing health care, using transportation, and using a prosthetic device. These sections were blank. The resident is assessed as having his/her own teeth. However, the resident requires dentures for the top row of his/her teeth.

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 #1 - her RASP has been updated to include all missing information and that all blank areas are filled in and complete. Dental area updated
- See attached copy -

our Nurse and Administrator has audited the other resident RASP's for missing or incomplete information and updated as needed.

We have implemented weekly RASP meetings to update any needed changes to all resident RASP's

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 Date 2-10-18

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Violation Report: 44516 - 12/12/2017 - Grace, Desmond
PCH Name: LYNN HAVEN PERSONAL CARE HOME

FEB 28 2018

WEST PENN. FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, completed on 10/31/17, does not include the frequency and responsible party to provide the care and services to meet the residents needs for the medical diagnosis Cerebrospinal fluid drainage device and anxiety.

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 #1 Support Plan has been updated to reflect the frequency and responsible party for both the Cerebrospinal fluid drainage device and her Anxiety.

Admin and our nurse have audited all other resident RASP's for completeness and accuracy.

We are having weekly RASP meetings to check and update current RASP's as needed

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* Date *2-10-2018*

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

FEB 28 2018

Violation Report: 44516 - 12/12/2017 - Grace, Desmond
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST BERNON FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, completed on 10/31/17, indicates the resident's guardian service participated in the development of the support plan. However, the guardian did not sign the resident's support 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.

Resident #1 - Guardian signed the RASP
- See Attached.

all other resident RASP's have been checked to ensure all that participated in development of the RASP has signed it.

We have implemented a 3 part check to insure completion and accuracy of each newly completed RASP. The Administrator, Our Nurse and One other staff member will check RASP for completeness before filing in Resident Record

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckeek Date 2-10-18

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