



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUN 14 2018

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's Bureau of Human Services Licensing annual inspection on February 15, 2018 and February 16, 2018, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

**VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

H Name: DUBOIS VILLAGE		License Number: 44867
Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801		County: Clearfield
Administrator: Caroline Rockwell		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 Labor & Industry		
<b>Staffing Hours</b> Resident Support: N/A                      Total Daily Staff: 88                      Working Staff: 72		
Type of Inspection: Full                      BHA Docket Number: N/A                      Notice: Unannounced		
<b>Reason(s) for Inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 02/15/2018: Park, Beth; McConnell, Deb 02/16/2018: Park, Beth; McConnell, Deb		
<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: 79 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: 3 Number of Hospice Residents in past year: 9	<b>Number of Residents who:</b> Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 78 Have Mental Illness: 3 Have an Intellectual Disability: 3 Have a Mobility Need: 17 Have a Physical Disability: 1	

Violation Report: 44867 - 02/15/2018 - Park, Beth  
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION  
\*The enabler bar on the bed in bedroom 242 is not securely attached to the bedframe.  
  
\*The enabler bar on the bed in bedroom 100 is not securely attached to the bedframe. Also, this enabler bar has an uncovered opening measuring 12 inches by 8 inches presenting an entrapment hazard.

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.

- Enabler bar in room #242 and #100 were immediately secured by maintenance on 2/15/18
- Temporary cover was applied to the enabler bar in #100 on 2/15/18
- Audit performed to ensure all enabler bars were securely attached on 2/15/18
- Nonslip covers were made and adhered to all 4 enabler bars in facility (see attached Item #1)
- Staff will be educated on 5/11/18 to notify maintenance if families/residents bring any equipment/assistive devices into the facility that require installation. Notice has been added to the admission checklist (see attached Item #2) to inform new resident/families that any device requiring installation must be performed by the facility maintenance department.
- Monthly room audits will be performed by the administrator/designee to ensure continued secure attachment of any assistive device/apparatus and to ensure that nonslip covers are securely in place (see attached Item #3)
- Administrator will ensure ongoing compliance by reviewing audit results at the monthly quality assurance meeting

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) *Carolanne Rockwell, Administrator* Date *5/4/18*

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

The above plan of correction is approved as of <u>5/10/18</u> (Date)	Plan of correction implementation status as of <u>5/10/18</u> (Date)
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- Fully Implemented
- Partially Implemented - Adequate Progress *JU*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 44867 - 02/15/2018 - Park, Beth  
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 66 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The emergency numbers posted by the phone on Lilac Lane did not include the number for the local emergency management agency.

There were no emergency numbers posted on or by the phone in the sitting room of bedroom #101.

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.

- Emergency number posting on 2/16/18 was moved from kitchenette area where resident had moved it back to sitting area by the telephone. Resident was educated that it must remain close to each phone for emergency usage
- Emergency number posting was revised to include the local emergency management agency number (attached Item #4)
- All Emergency number postings were replaced with revised listing on 3/13/18
- Monthly audit will be performed by administrator/designee for 3 months then quarterly thereafter (see attached Item #5)
- Residents educated on 3/22/18 at resident council meeting on the importance of the regulation and requirement to keep the posting close to their phone
- Administrator will ensure ongoing compliance and review at the monthly quality assurance meeting

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) *Caroline Rockwell Administrator* Date *5/4/18*

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

The above plan of correction is approved as of 5/10/18  
(Date)

Plan of correction implementation status as of 5/10/18  
(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

MAY 09 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

Violation Report: 44887 - 02/16/2018 - Park, Beth  
PCH Name: DUBOIS VILLAGE

1. REGULATION 88 Pa.Code §2800  
2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION  
On 2/16/2018, there was an open and unsealed bag of pretzels in the freezer in the Bistro on the second floor.

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.

- Opened bag of pretzels in the bistro freezer was immediately re-bagged, labeled, dated and sealed
- Audit of the food items in the bistro refrigerator/freezer has been added to the daily checklist (see attached Item #6)
- Department Manager/supervisor will audit weekly to ensure compliance
- Dietary staff has been re-educated on food storage regulations on 4/19/18 (see attached item #7)
- Administrator will ensure ongoing compliance and review results at the monthly quality assurance meeting

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carolyn Rockwell*

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

*Carolyn Rockwell, Administrator*

Date *5/4/18*

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

The above plan of correction is approved as of

*5/10/18*  
(Date)

Plan of correction implementation status as of

*5/10/18*  
(Date)

The above plan of correction was approved by

*CR*  
(Initials)

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

MAY 09 2018

Violation Report: 44867 - 02/15/2018 - Park, Belh  
PCH Name: DUBOIS VILLAGE

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 85 Pa.Code §2600  
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 2/15/2018 there was an approximately 1/8 inch layer of lint in the lint traps of dryers #1 and #2 in the main laundry room.

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.

- Maintenance immediately removed lint identified in dryers at the time of inspection
- Postings updated on each dryer to remind staff and residents to remove lint after every use (see attached item #8)
- Staff educated on 3/15/18 on the importance due to fire hazard to remove the lint after every use (see attached item #9)
- Daily audits started on 3/16/18 to ensure compliance with lint removal. Administrator/DOW/weekend manager/maintenance will perform audits and address any immediate concerns with staff on duty (see attached item #10)
- Administrator will ensure ongoing compliance and review at the monthly quality assurance meeting

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Carol Ann Rockwell*

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

Carol Ann Rockwell Administrator

Date

5/4/18

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The above plan of correction is approved as of

5/10/18  
(Date)

Plan of correction implementation status as of

5/10/18  
(Date)

The above plan of correction was approved by

*CR*  
(Initials)

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- Partially Implemented - Adequate Progress *CR*
- Partially Implemented - Inadequate Progress
- Not Implemented