



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 25 2019

Mr. William Todd Hoover  
President  
Wilbri, Inc.  
206 Lane Avenue  
Punxsutawney, Pennsylvania 15767

RE: Lane Avenue Personal Care Home  
Certificate #: 424090

Dear Mr. Hoover:

As a result of the Department's Bureau of Human Services Licensing annual inspection on July 25, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report 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  
Violation Report

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

PCH Name: LANE AVENUE PERSONAL CARE HOME		License Number: 42409
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767		County: Jefferson
Administrator: TIARRA KUNTZ		Region: WEST
Legal Entity Name: WILBRI INC		
Legal Entity Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767		
Certificate(s) of Occupancy C-2 LP 05/28/1992 L&I		RECEIVED DEC 10 2018 WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES Licensing Office
Staffing Hours Resident Support: 0                      Total Daily Staff: 31                      Working Staff: 23		
Type of Inspection: Full                      BHA Docket Number:                      Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/25/2018: Winters, Lynn; Grace, Desmond		
Off-Site Inspection Dates and Inspectors, if Applicable 08/14/2018: Winters, Lynn		
Other Details Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 42 ✓ Number of Residents Served: 31 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: 0	Number of Residents who: Receive Supplemental Security Income: 31 ✓ Are 60 Years of Age or Older: 17 ✓ Have Mental Illness: 22 ✓ Have an Intellectual Disability: 4 ✓ Have a Mobility Need: 0 ✓ Have a Physical Disability: 0 ✓	

Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST COUNTY FIELD OFFICE  
HUMAN SERVICES DIVISION

1. REGULATION 55 Pa.Code §2800  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

House Bill No. 1785, The Influenza Awareness Act of 2016, requires that preparation and publication of information relating to the influenza vaccine is posted in a public place in the facility year-round. This information was not posted in the home.

The home permits smoking in designated smoking areas. Senate Bill No. 246 Session of 2007, known as the Clean Indoor Air Act, states:

"Section 4 Signage- 'Smoking' or 'No Smoking' signs or the international 'No Smoking' symbol, which consists of a pictorial representation of a burning cigarette in a circle with a bar across it, shall be prominently posted and properly maintained where smoking is regulated by this act, by the owner, operator, manager or other person having control of the area." There is no signage at the home's designated smoking areas, located in the smoke room in the center of the building across from the main front entrance and on the back porch off of the smoking room. The home did not have signs at the entrances/exits indicating that smoking is permitted in the smoking area.

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.

Attached are photos of posted signage posted immediately 7/25/18.

Weekly checks will be made to ensure signage is still posted in proper areas.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tiarra Kuntz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tiarra Kuntz, Administrator*      Date *12-10-2018*

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

The above plan of correction is approved as of 4/10/19 (Date)

The above plan of correction was approved by *SE* (Initials)

Plan of correction implementation status as of 4/10/19 (Date)

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

RECEIVED

DEC 10 2018

Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2800.20(b)(1) - The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

2a. DESCRIPTION OF VIOLATION

Resident #1's financial records inaccurately indicate the resident account total is \$1,668.25. However, the resident's actual cash available in the home is \$1,680.25.

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 home corrected resident #1's financial records on 7/25/18. *SE* 4/5/19

Resident's financials will be kept in larger bill denomination to decrease counting errors.

Resident's financial records will be reviewed monthly by Administrator/owner to ensure accuracy.

Within 30 days of receipt of the plan of correction: All staff involved with resident financial management shall be trained on accurately documenting all financial transactions with the resident.

*SE* 4/10/19

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

Signature of Legal Entity Representative (Required on EVERY Page) *Tiarra Kuntz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Tiarra Kuntz, Administrator*      Date *12-10-2018*

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PURVIS, MISSISSIPPI

Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

DEC 10 2018

1. REGULATION 55 Pa.Code §2800  
2600.85(a) - Sanitary conditions shall be maintained.

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN SERVICES

2a. DESCRIPTION OF VIOLATION

The glucometer belonging to resident #1 was used to take resident #2's blood glucose reading on 7/21/18 at approximately 8:00 PM.

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.

When made aware of the error Administrator replaced resident #1 glucometer immediately and made resident's aware of the error.

LPN will continue to monitor accuracy weekly and assure Charge nurses are more accurate.

Immediately, the home shall review all glucometers to ensure each is labeled to identify the specific resident it is to be used upon. SE 4/10/19

Immediately, resident #1 and resident #2's physicians shall be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogens) should be followed. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. SE 4/10/19

Immediately, then once per week for 3 months, the administrator or designated staff person qualified to administer medication shall observe each staff person responsible for diabetic care perform blood glucose checks to ensure each resident glucometer is used only for the resident to whom it belongs. Documentation of the observations shall be maintained by the home for Department review. SE 4/10/19

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tiarra Kuntz, Administrator      Date 12-10-2018

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Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST VIRGINIA CHILDREN'S OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION

The screen in the window of bedroom #13 has a hole approximately 5" x 5", a horizontal tear approximately 2" x 15" at the bottom left of the screen, and a hole approximately 2" x 2" on the right of the screen.

The screen in the window of bedroom #15 has a hole approximately 4" x 4" at the bottom center of the screen.

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.

Screens in Bedroom #13 and Bedroom #15 have been replaced.

Monthly checks of all windows and screens will be done by owner.

Immediately, then at least weekly, the administrator or designated staff person shall inspect all areas of the home to ensure all windows, including doors with windows, are in good repair, and all operable windows have screens that are securely attached and in good repair. Any deficiencies discovered shall immediately be repaired or replaced.

*SE* 4/10/19

Within 30 days of receipt of the plan of correction: All staff shall be trained to immediately report any damaged windows or screens to the administrator.

*SE* 4/10/19

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/27/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tiaira Kuntz*

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

Tiaira Kuntz, Administrator

Date 12-10-2018

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(Date)

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(Initials)

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RECEIVED  
RECEIVED

Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

DEC 10 2018

1. REGULATION 55 Pa.Code §2800  
2800.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
The first aid kit located at the nurse's station did not contain a breathing shield.

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.

First aid kit has been replenished with all required items including breathing shield.

Monthly checks will be implemented by charge nurse to assure all required items are available.

Within 30 days of receipt of the plan of correction: All staff persons shall be educated on the need to maintain proper first aid kit contents and the uses for each item in the event of an emergency.

 4/10/19

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


Signature of Legal Entity Representative  
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Tiarra Kuntz, Administrator      Date 12-10-2018

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(Date)

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(Initials)

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Violation Report: 42408 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

DEC 10 2018

1. REGULATION 55 Pa.Code §2600  
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

WEST PENNSYLVANIA FIELD OFFICE  
Human Resources Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 has been ordered Nectar thick liquids since 10/16/17. However, this dietary need is not addressed on resident #1's annual medical evaluation, dated 3/29/18, and the needs addendum area of the form is 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.

When medical evaluation is completed LPN will review to ensure all needs are described, when new orders are added LPN and Administrator will address it on all documents.

See Attached for correction.

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall review all current medical evaluations to ensure that all required information is complete, including special health or dietary needs. Incomplete medical evaluations shall be returned to the physician for completion or new medical evaluations shall be scheduled.

 4/10/19

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/27/2017

Signature of Legal Entity Representative  
(Required on EVERY Page)



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


Tiara Kuntz, Administrator

Date 12-10-2018

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(Date)

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Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

DEC 10 2018

1. REGULATION 66 Pa.Code §2600

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation, dated 5/31/18, for resident #2 indicates the resident cannot self-administer medications. However, staff A, the home's administrator, reported that resident #2 does self-administer medications with assistance.

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 #2 family doctor approved Resident #2 to self-administer medication with assistance and documentation was recieved to clarify. Document attached.

LPN and charge nurses will ensure proper documentation before allowing any resident to self-administer with assistance. Documentation will be updated yearly or as change in status occurs.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Tiarra Kuntz*

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

Tiarra Kuntz, Administrator

Date 12-10-2018

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(Date)

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(Date)

The above plan of correction was approved by *SK*  
(Initials)

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

CONFIDENTIAL

Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

DEC 10 2018

1. REGULATION 55 Pa.Code §2600  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
The home's Controlled Medication Policy states, "All controlled medications are to be counted by 2 staff at the change of every shift and documented. Resident #3 is prescribed Lorazepam 0.5 mg tablet, which is a Schedule IV controlled substance under the Controlled Substances Act. Resident #4 is prescribed Clonazepam, which is also a Schedule IV substance under the Controlled Substances Act. However, there is no documentation indicating that these medications are being counted by 2 staff at the change of every shift.

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.

After reviewing regulations and home policy, The home has edited the "Accountability of medication and Controlled Substances Policy". This was taken into effect as of 08/2018. New policy attached.

The home's edited Accountability of Medication and Controlled Substance Policy states Controlled medication with exception to schedule I medication will be counted by 2 staff at change of every shift and documented. These records are kept at the nurse's station in each resident's medical administration log. Controlled medication with exception to schedule I are double locked in the medication cart. Schedule I medication are locked in medication cart and signed for individually as medication is given.

 4/10/19

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

Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tierra Kuntz, Administrator      Date 12-10-2018

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Violation Report: 42409 - 07/25/2018 - Winters, Lynn  
PCH Name: LANE AVENUE PERSONAL CARE HOME

DEC 10 2018

1. REGULATION 55 Pa. Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

During the 8:00 AM medication pass on 7/25/18, Staff A did not initial the medication administration at the time of administration for Resident #5's medications, including Escitalopram 20 mg and Docusate Sodium 100 mg capsule.

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.

LPN has worked with staff A to retrain and assure proper record keeping as medications are passed. LPN will continue to monitor medication administrators and offer retraining as needed.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Tierra Kuntz*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Tierra Kuntz Administrator*      Date *12-10-2018*

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(Initials)

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Violation Report: 42409 - 07/26/2018 - Winters, Lynn  
 PCH Name: LANE AVENUE PERSONAL CARE HOME

RECEIVED

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.

DEC 10 2018

WESTERN PA. BLD OFFICE  
 STATE OF PENNSYLVANIA

2a. DESCRIPTION OF VIOLATION

Resident #1 has been ordered Nectar thick liquids since 10/16/17. However, this dietary need is not addressed on resident #1's annual assessment dated 4/23/18.

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.

When new order is received from doctor that results in a significant change to assessment LPN or Administrator will complete an updated assessment plan.

see attached for correction.

n 7/26/18, resident #2's dietary needs were updated on the annual assessment.

 4/10/19

Within 30 days of receipt of the plan of correction: The administrator or designated staff person shall audit all resident records to ensure all resident assessments are accurate. Any discrepancies found shall immediately be corrected.

 4/10/19

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
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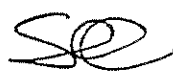
Tiarra Kuntz, Administrator

Date

12-10-2018

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