



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 02 2019

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's Bureau of Human Services Licensing annual inspection on November 14, 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.

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: 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 07/26/2006 Indiana County		
Staffing Hours Resident Support: 0 Total Daily Staff: 28 Working Staff: 21		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 11/14/2018: Cutter, Jan; Garrigan, Laurie		
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: 38 ✓ Number of Residents Served: 27 ✓ 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: 11 ✓		Number of Residents who: Receive Supplemental Security Income: 13 ✓ Are 60 Years of Age or Older: 21 ✓ Have Mental Illness: 11 ✓ Have an Intellectual Disability: 3 ✓ Have a Mobility Need: 1 ✓ Have a Physical Disability: 0 ✓

RECEIVED

FEB 19 2019

Violation Report: 44516 - 11/14/2018 - Culler, Jan
PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
The home's current license inspection summary, dated 11/16/2017, was not posted in the home.

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 most current license summary was COPIED AND POSTED AT the time of inspection. The Administrator will COPY each new inspection summary and post it upon the receipt of the new and finalized inspection report is returned to the facility. The Administrator will check the posted report quarterly to ensure it is a current copy.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Bence Stuckich*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Bence Stuckich - Adm* Date *2-12-19*

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

The above plan of correction is approved as of	<u>3/4/19</u> (Date)	Plan of correction implementation status as of <u>3/4/19</u> (Date)
		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
The above plan of correction was approved by	<u><i>JW</i></u> (Initials)	

FEB 12 2019

Violation Report: 44518 - 11/14/2018 - Cutter, Jan
PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
Resident #1 did not sign his/her contract, dated 5/1/2018.

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 Signed his contract. Administration checked all other current resident contracts to ensure compliance. All new resident contracts will be checked by 2 staff members to ensure 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* ^{Admin} Date *2/12/19*

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The above plan of correction is approved as of 3/4/19 (Date)

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

Plan of correction implementation status as of 3/4/19 (Date)

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

RECEIVED

Violation Report: 44518 - 11/14/2018 - Cutter, Jan
PCH Name: LYNN HAVEN PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The only menu posted in the home was for the current week, ending November 18, 2018. The following week's menu was not posted.

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 2nd week of Menus were posted at the time of inspection.

The Morning Med Aid Each Monday morning will check the menu board to ensure the current week menu and the next weeks menu are both posted. If not they will post it.

The Administrator will weekly check menu Board to ensure compliance and provide upcoming menus to staff for posting.

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

Signature of Legal Entity Representative (Required on EVERY Page) L. Renee Stuckrich

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Renee Stuckrich-Adm Date 2/12/19

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

The above plan of correction is approved as of 3/4/19 (Date)

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

Plan of correction implementation status as of 3/4/19 (Date)

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