



MAILING DATE: March 14, 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 inspection on December 17, 2018, of the above facility, the citations 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.

Sincerely,

A handwritten signature in black ink that reads "Jon B. Kimberland". The signature is written in a cursive style.

Jon Kimberland
Human Services Licensing Supervisor

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 07/26/2008 Burrell TWP		RECEIVED FEB 26 2019 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 36	Working Staff: 29
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 12/17/2018: McConnell, Deb		
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: 36 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: 2 Number of Hospice Residents in past year: 8	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: 0 Have a Mobility Need: 11 Have a Physical Disability: 0	

Violation Report: 44518 - 12/17/2018 - McConnell, Deb
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/17/18, at 2:30 p.m., resident #1 fell in the bathroom and sustained a closed fracture of the right tibia and right fibula. This incident was not reported to the Department until 11/29/18.

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.

As a reportable incident occurs, staff has been trained to contact an Administrator immediately. The Administrator will then investigate the incident within a 24 hour time frame AND if found to be reportable, the Administrator will within that 24 hour time frame fill out the needed paperwork and fax it to the Department's designated fax line or call the PCH complaint line. An incident form has been made to log all incidents. This will also be given to our nurse who will follow up with the Administrator that all required reporting has been done

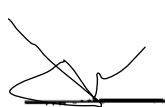
Immediately - The administrator or designee will review the incident log daily to ensure all reportable incidents are reported to the Department within the required timeframe and by the required reporting method. -- JRW 3/4/19

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 *2/25/19*

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)
The above plan of correction was approved by  (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

Violation Report: 44516 - 12/17/2018 - McConnell, Deb
PCH Name: LYNN HAVEN PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

The assessment, dated 8/10/18, for resident #1, indicates the resident is independent with toileting, independent with mobility in an emergency and only requires the use of a walker to ambulate from place to place. However, on 10/17/18, resident #1 fell sustaining a fracture of the right tibia and right fibula, requiring the resident to be non-weight bearing and needing assistance with toileting, ambulating and evacuating the building.

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.

once the needs of the resident has changed a updated or new assessment will be done within 24 hours of said change. All aspects of the Residents care will be considered and updated if affected by the change.

Administrator will monitor incident reports weekly and as needed -to check for needed changes and updates to the R.A.S.P. to ensure a correct assessment of each area on R.A.S.P.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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 2/25/19

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