



August 23, 2019

Mr. Thomas A. Scanga
Administrator/Owner
Pine View Personal Care Facility, Inc.
PO Box 150
Vandergrift, Pennsylvania 15690

RE: Pine View Personal Care Facility
1113 Pine View Lane
Vandergrift, Pennsylvania 15690
Certificate #: 426690

Dear Mr. Scanga:

As a result of the Department's Bureau of Human Services Licensing annual inspection on May 7, 2019, 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 "Kevin Hancock", written over a white background.

Kevin Hancock
Deputy Secretary
Office of Long Term Living

Enclosure
Violation Report

Violation Report

RECEIVED
JUNE 28 2019
WEST REGION FIELD OFFICE
Human Services Licensing

Facility Information

Name: *PINE VIEW PERSONAL CARE FACILITY*
Address: *11113 PINE VIEW LANE, VANDERGRIFT, PA 15690*
County: *ARMSTRONG* Region: *WESTERN*

License Number: *426690*

Administrator

Name: *Cheryl Koontz* Phone: *7245683631* Email: *cherylkoontz66@gmail.com*

Legal Entity

Name: *PINE VIEW PERSONAL CARE FACILITY INC*
Address: *P.O. BOX 150, PA, 15690*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/14/1999* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection

Type: *Full* BHA Docket #: Notice: *Unannounced*
Reason: *Renewal*

Inspection Dates and Department Representative

05/07/2019 - On-Site: *Debra McConnell, Laurie Garrigan*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *28* Residents Served: *19*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *1* Are 60 Years of Age or Older: *19*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

85a - Sanitary Conditions

Regulations

2600.

85a. Sanitary conditions shall be maintained.

Description of Violation

At approximately 11:04 am., there were dead bugs and construction debris on the stairwell steps leading from the second floor of the "old side" of the home to the outside.

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.))

Due to recent construction on our roof (roof replaced) Construction workers were up and down that stair case. This particular stairwell is not used on a daily basis. It is a fire escape only. We had our cleaning staff clean and sweep all steps. Cleaning staff will now go to that staircase weekly and Sweep it.

Legal Entity Representative

Cheryl Koontz
Signature

Cheryl Koontz - admin.
Printed Name and Title

6-25-19
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of

7/31/19
(Date)

Plan of correction implementation status as of

7/31/19
(Date)

The above plan of correction was approved by

(Initials)

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

88a - Surfaces

Regulations

2600.

88a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There is a hole measuring approximately 2" by 2" in the lower right side of the fire door in the main kitchen in the basement.

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.)

Admin. met with maintenance man. Maintenance put a steel covering over the hole. The hole is completely covered - very secure. Moving forward maintenance will inspect covering monthly when he does his walkthrough of the building - he will inspect all doors on his monthly walkthrough and make repairs immediately if needed.

Legal Entity Representative

Cheryl Koontz
Signature

Cheryl Koontz
Printed Name and Title

6-25-19
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94b - Non-Skid Surface

Regulations

2600.

94b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

There were multiple steps on the fire escape that did not have a non-skid surface.

REPEAT VIOLATION: 5/11/18

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.)

Admin. did a walk around with maintenance. Showed him area of concerns - Treads were replaced. As previous document this will also be added to his walkthrough monthly inspection - any necessary replacements will be done immediately in the future.

Legal Entity Representative

Cheryl Koontz
Signature

Cheryl Koontz
Printed Name and Title

6-25-19
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96a - First Aid Kit

Regulations

2800. 96a. 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.

Description of Violation

The first aid kit in the closet in the resident kitchen did not include scissors.

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.)

Scissors were replaced day of inspection. A notation in our communication book was made to remember to ALWAYS replace any item that is removed from kit immediately. A sign was put on First Aid kit explaining to replace items immediately as well. This matter was also discussed at the staff meeting. Administrator will continue to inventory monthly as well.

Legal Entity Representative

Cheryl Keate
Signature

Cheryl Keate
Printed Name and Title

6-25-19
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101r - Bedroom - shades/drapes/window covering

Regulations

2600.

101r. There must be drapes, shades, curtains, blinds or shutters on the bedroom windows. Window coverings must be clean, in good repair, provide privacy and cover the entire window when drawn.

Description of Violation

Resident #1's bedroom window did not have any covering to provide privacy.

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.)

This particular blind was removed per resident's request. She was a hospice patient and has since passed away. On our walk through (Administrators & maintenance) we noticed another blind had been damaged. New blinds are ordered and will be installed by July 2, 2019 at the latest.

Legal Entity Representative

Cheryl Koantz
Signature

Cheryl Koantz
Printed Name and Title

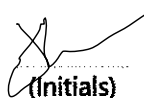
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11211a - Unobstructed Egress

Regulations

2800. 121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At approximately 11:04 am., the exit door from the second floor stairwell of the "old side" of the home to the outside was very difficult to open. An Agent of the Department was unable to open it. Staff person B, the administrator, was able to open it with difficulty.

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.)

This was discussed with maintenance by administrator. He has lubricated the door-hinges and it opens much easier now. Doors opening easily will also be added to his walk-through list and checked monthly - even lubricated to prevent this issue.

At least monthly - The administrator will check the home for blocked egresses, including ease of opening of emergency exit doors. - JRW 7/31/19

Legal Entity Representative

Cheryl Koontz
Signature

Cheryl Koontz Admin.
Printed Name and Title

6/25/19
Date

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125b - Combustible Restrictions

Regulations

2600.

125.b. Combustible materials shall be inaccessible to residents.

Description of Violation

At approximately 10:24 am., there was a filled five gallon can of gas unlocked, unattended, and accessible to residents by the generator in the backyard.

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.)

Gas can was removed immediately on the day of inspection. Maintenance man was reminded that all gas cans must be stored in outside shed. ~~He~~ - away from resident access. He did not realize the area next to generator was wrong. We went over regulation with him - he now understands

At least monthly - The administrator will complete a walk around the outside of the home to ensure no combustible materials are accessible to residents. - JRW 7/31/19

Legal Entity Representative

Cheryl Kamtz
Signature

Cheryl Kamtz Admin.
Printed Name and Title

6/24/19
Date

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141b1 - Annual Medical Evaluation

Regulations

2600.

141b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's medical evaluation, dated 10/22/18, did not include special health or dietary needs. This area was blank.

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 3 was our hospice resident. The doctor at this time wanted us to offer food as tolerated. This was communicated and documented in communication book, hospice notes, and by hospice nurse. However admin failed to add it to her med eval. In the future any areas left blank by M.D. will be returned and ask to be reviewed for completion. Admin will oversee this process.

Legal Entity Representative

Cheryl Koantz
Signature

Cheryl Koantz
Printed Name and Title

6-25-19
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1183b - Meds and Syringes Locked

Regulations

2600. 1183b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

Resident #3 is prescribed Saline Nasal Gel. On 5/7/19, at approximate 4:15 pm, the medication was unlocked, unattended, and accessible in a plastic basin in the resident's bedroom.

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.)

Our med staff is trained and regularly reminded to never leave medications unattended. This was a gel used for our hospice resident on oxygen. While doing her care it was sat down & overlooked. This oversight was discussed at staff meeting. Policy - Regulation was reviewed that all meds including gels & creams must be locked away after use. Admin will continue to monitor and remind staff.

Legal Entity Representative

Cheryl Komitz
Signature

Cheryl Komitz
Printed Name and Title

6.24.19
Date

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185a - Implement Storage Procedures

Regulations

2600.

185a. 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.

Description of Violation

On 5/7/19, resident 1's glucometer was not calibrated to the current time.

REPEAT VIOLATION: 5/11/18

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.)

Staff has been instructed to do a check on all glucometers on Mondays to make sure all are calibrated. In addition to check each time they are used they match up. Instruction was given if any issues arise to call pharmacy for assistance. All glucometers are calibrated at this time and will be monitored daily.

Legal Entity Representative

Cheryl Koontz
Signature

Cheryl Koontz
Printed Name and Title

6-24-19
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187c - Refusal of Medication

Regulations

2600. 187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #1 is prescribed Breo Ellipta INH, once daily. On 5/1/19-9/4/19 and 5/6/19 at 7:00 am., resident #1 refused to take the scheduled doses. The home did not notify the prescriber of the refusal.

Resident #4 is prescribed Diclofenac Sodium 1% Gel, four times daily. On the following dates and times, resident #4 refused to take the scheduled doses. The home did not notify the prescriber of the refusal.

- *5/1/19 - 5/2/19 at 7:00 am. and 12:00 pm.
*5/3/19 at 7:00 am., 12:00 pm., and 5:00 pm.
*5/6/19 at 7:00 am. and 12:00 pm.

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))

These refusals were by a hospice resident. A note from her doctor was faxed and shown to inspector that he was aware of refusals due to her condition and did not want notified everytime. We did go over this at our staff meeting - reminded all staff if there is a refusal to always notify admin so MD will be contacted for future direction.

Legal Entity Representative

Cheryl Kozintz
Signature

Cheryl Kozintz
Printed Name and Title

6-24-19
Date

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[X] Partially Implemented - Adequate Progress
[] Partially Implemented - Inadequate Progress
[] Not Implemented

224b - Assessment Referral

Regulations

2600.

224b. An applicant whose personal care service needs cannot be met by the home shall be referred to a local appropriate assessment agency.

Description of Violation

The preadmission screening form, dated 9/24/18, did not indicate if the home could meet the resident's care service needs. This area was blank.

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.)

This was ~~an~~ a mistake made by admin when she did the screening. In the future she will be very careful to check the box to show needs can be met.

Legal Entity Representative

Cheryl Kantz
Signature

Cheryl Kantz
Printed Name and Title

6/25/19
Date

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225c - Additional Assessment

Regulations

2800.

225c.2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

The assessment for resident #3, dated 10/2/18, does not indicate the resident's need for hospice care services and the need for assistance in an emergency. The assessment indicates the resident is independent in an emergency.

Plan of Correction (POC)

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As described this was an oversight by admin. Documentation in com. book and hospice notebook was up to date but admin did not update the RASP. In the future RASP will be her first update priority on hospice changes or any other type of change regarding resident status

Within 60 days of receipt of this plan of correction- The administrator or designee will review all resident assessments to ensure they are complete and accurate. - JRW 7/31/19

Legal Entity Representative

Cheryl Koontz
Signature

Cheryl Koontz admin
Printed Name and Title

6-25-19
Date

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