



June 20, 2019

Ms. Amanda Snyder
PC Administrator
Allegheny Christian Ministries, Inc.
2000 Cambridge Drive
Davidsville, Pennsylvania 15928

RE: Laurel View Village
Certificate #: 321350

Dear Ms. Snyder:

As a result of the Department's Bureau of Human Services Licensing's annual licensing inspection on May 22, 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 that reads "J. Rowe". The signature is written in a cursive, flowing style.

Jacqueline L. Rowe
Director

Enclosure
Violation Report

Violation Report

Facility Information

Name: LAUREL VIEW VILLAGE

License Number: 321350

Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928

County: SOMERSET

Region: CENTRAL

Administrator

Name: AMANDA SNYDER

Phone: 8142882724

Email:

Legal Entity

Name: ALLEGHENY CHRISTIAN MINISTRIES INC

Address: 2000 CAMBRIDGE DRIVE, PA, 15928

Certificate(s) of Occupancy

Type: C-2 LP

Date: 11/04/1998

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 70

Waking Staff: 53

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal

Inspection Dates and Department Representative

05/22/2019 - On-Site: Cybil Bomberger, Michael Palermo

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 107

Residents Served: 60

Secured Dementia Care Unit

In Home: Yes

Area: Reflections 600 wing

Capacity: 15

Residents Served: 9

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 60

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 10

Have Physical Disability: 0

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

The blood sugar readings on Resident #1's glucometer included a reading of 351 on 5/19/19 at 10:56 AM. This reading was recorded on the Medication Administration Record for Resident #2. Resident #1's glucometer was used to test the blood sugar level of Resident #2 on this date.

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.)

See attached POC - AS.

Continued of Page 2A

Legal Entity Representative

Amanda Snyder

Signature

Amanda Snyder 6/4/19
RN, BSN, PCHA.

Printed Name and Title

Date

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

The above plan of correction is approved as of

6/5/2019
(Date)

Plan of correction implementation status as of

6/5/2019
(Date)

Fully Implemented

The above plan of correction was approved by

BAS
(Initials)

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Laurel View Village

License # 321350

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Regulation Cited 2600.85 (a) Sanitary conditions shall be maintained.

Description of Violation: The blood sugar readings on Resident #1's glucometer included a reading of 351 on 5/19/19 at 10:56 AM. This reading was recorded on the Medication Administration Record for Resident #2. Resident #1's glucometer was used to test the blood sugar level of Resident #2 on this date.

Action plan to fix immediately: On 5/19/19 new glucometers were ordered and utilized immediately for Resident #1 and Resident # 2. All glucometers in the facility were audited by Personal Care Coordinator and Personal Care Administrator and no other discrepancies noted. This was one isolated, accidental incident. Resident # 1 and Resident # 2 completed blood exposure panel testing. Both having negative results.

Systems implemented: It has been the policy of the facility that all diabetic residents that utilize glucose testing equipment have their own glucometer, lancets, syringes and insulin supply. The equipment is stored in separate, clearly marked containers. This has been ongoing in the facility and was previously in place. Updates to the policy completed.

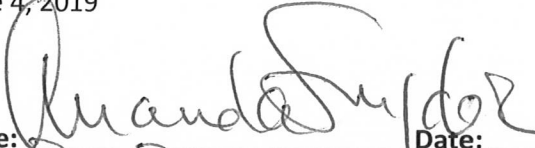
The current medication administration process is electronically scanning medications into the pharmacy owned system to prevent medication error. The glucometers will now be scanned into the electronic system to provide extra assurance the resident's own glucometer will be used solely for their use.

Education: Education to all Licensed Practical Nurses on infection control, sanitary practices with medication administration, blood glucose testing and diabetic equipment and supplies, glucometer use, and blood sugar auditing along with policy and procedure updates was completed on 5/30/19 and 5/31/19. The Personal Care Administrator and Personal Care Coordinator provided this education.

Audits to maintain ongoing compliance: An audit tool was revised and will be completed by the licensed nurse every day after every blood sugar is taken. This audit tool will ensure the correct glucometer was used, the meter reading matches the glucometer and documentation is accurate. This audit tool will be ongoing for all residents with glucometers.

The audit tool will be reviewed three times a week by the Personal Care Coordinator/ Personal Care Administrator/designee to maintain ongoing compliance.

Date corrected by: June 4, 2019

Administrator Signature:  **Date:** 6/4/19
RN, BSN, PCHIA