



October 21, 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 17, 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

SEP 06 2019

Violation Report WEST REGION FIELD OFFICE
Human Services Licensing

Facility Information

Name: LANE AVENUE PERSONAL CARE HOME
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767
County: JEFFERSON Region: WESTERN

License Number: 42409

Administrator

Name: Tiarra Kuntz Phone: 8149382572 Email: lapch@yahoo.com

Legal Entity

Name: WILBRI INC
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA, 15767

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/28/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection

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

Inspection Dates and Department Representative

07/17/2019 - On-Site: Debora McConnell, Ashley Roser

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 42 Residents Served: 30

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: na

Number of Residents Who:

Receive Supplemental Security Income: 29 Are 60 Years of Age or Older: 29
Diagnosed with Mental Illness: 16 Diagnosed with Intellectual Disability: 5
Have Mobility Need: 0 Have Physical Disability: 0

(FR) SEP 6 2019 11:07/ST. 11:06/No. 7500000899 P 4

RECEIVED

LANE AVENUE PERSONAL CARE HOME

SEP 06 2019

42409

17 - Record Confidentiality

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

The home routinely keeps a binder containing a copy of residents' assessments and support plans, and a binder containing resident hygiene and medical information on a shelf in the open nurse station. On 7/17/19, these binders were unlocked, unattended, and accessible.

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 binders containing this information will be kept in a locked cabinet at the nurse's station.

A designated staff person will monitor the home daily, and on each shift, to ensure all confidential information is kept locked. - JRW 9/10/19

The administrator will monitor the home at least weekly to ensure all confidential information is kept locked. - JRW 9/10/19

Legal Entity Representative

[Signature]
Signature

Tiarra Kuntz, Administrator 09-05-19
Printed Name and Title Date

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

The above plan of correction is approved as of 9/10/19
(Date)

Plan of correction implementation status as of 9/10/19
(Date)

The above plan of correction was approved by *[Signature]*
(Initials)

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

(FRI) SEP 6 2019 11:07/ST. 11:06/No. 7500000000 P 5

FROM

51 - Criminal Background Check

SEP 06 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A, hired 4/2/19, did not have a Pennsylvania Criminal History Background Check completed until 7/17/19.

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.)

To avoid this violation from occurring again a new hire check list has been constructed and will be used with new employees. Check list includes deadlines for each item.

Legal Entity Representative

Tiarra Kuntz
Signature

Tiarra Kuntz, Administrator 09-05-19
Printed Name and Title Date

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6 2019 11:09/ST. 11:06/No. 7500000888 P 6 (FRI) SEP

FROM

64c - Annual Training

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person B, the home's administrator, completed only 14 hours of Department-approved training during training year 2018.

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.)

Administrator will review training directory from DPH website to ensure trainings are Department approved. Training hours from 2019 will be 34 to make up for the 2018 year and will ensure 24 hours per year after.

Legal Entity Representative

Tiarra Kuntz
Signature

Tiarra Kuntz Administrator 09-05-19
Printed Name and Title Date

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FROM

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LANE AVENUE PERSONAL CARE HOME

42409

SEP 06 2019

65g - Annual Training Content

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Staff person C did not receive annual training in fire safety by a fire safety expert, or by a staff person trained by a fire safety expert, during training year 2018.

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.)

Administrator has been trained by a fire safety expert and will conduct annual fire safety trainings for all staff yearly.

Legal Entity Representative

Tiarra Kuntz
Signature

Tiarra Kuntz, Administrator

Printed Name and Title

09-05-19

Date

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SEP 06 2019

94b - Non-Skid Surface

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

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

Description of Violation

There was no non-skid surface on the ramp leading down the home's rear deck to 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.)

Ramp has been addressed with non-skid surface. See Attached.

Will monitor monthly for wear.

Legal Entity Representative

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Signature

Tiarra Kuntz, Administrator 09-05-19
Printed Name and Title Date

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FROM

100a - Exterior - Free of Hazards

Regulations

2600.

100.a. The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

Description of Violation

A 4' x 4' piece of board on the deck was loose and raised approximately 1/2" up from the deck, posing trip/fall hazard.

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.)

Deck board was resecured on 07-17-2019.

See Attached.

By 10/1/19 and at least monthly thereafter - The administrator will monitor the deck to ensure it is in good repair. - JRW 9/10/19

(FRI) SEP 6 2019 11:12/ST. 11:06/No. 7500000999 P 11

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130h - Inoperable Smoke Detector

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

130.h. The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

Description of Violation

The home's emergency procedures do not indicate what procedures will be implemented when the smoke detector or fire alarm is inoperable.

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's emergency procedure policy has been updated to include the procedure for when smoke detector or fire alarm's are inoperable. See Attached.

Legal Entity Representative


Signature

Tiarra Kuntz, Administrator 09-05-19
Printed Name and Title Date

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LANE AVENUE PERSONAL CARE HOME

42409

SEP 06 2019

183a - Original Containers and Injections

WEST REGION FIELD OFFICE
Human Services Licensing

Regulations

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Resident #3 is prescribed Lorazepam 0.5mg. On 7/17/19, the home repackaged the resident's 3:00 p.m. dose from its original container into a plastic bag. The home routinely repacks the medication to send with the resident, when the resident is out of the home.

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.)

At the request of the home when a resident leaves for the day medication will be bubbled packed with original label from the pharmacy.

By 10/1/19 - All staff who administer medications will be educated on the procedures. - JRW 9/10/19

(FRI) SEP 6 2019 11:16/ST. 11:06/No. 7500000899 P 15

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SEP 06 2019

42409

LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 4. Strength.

Description of Violation

Resident #1 is prescribed Loratadine 10mg, once daily. The resident's July 2019 medication administration record (MAR) does not indicate the strength of the medication.

Resident #4 is prescribed Magnesium Oxide 400mg, twice daily. The resident's July 2019 MAR does not indicate the strength of the medication.

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 that reviews MARS worked with the pharmacy to ensure strengths on MARS and updated ~~error~~ July's immediately.

By 10/1/19 - MARs will be reviewed at least monthly to ensure all required information is indicated. - JRW 9/10/19

Legal Entity Representative

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227d - Support Plan Medical/Dental

SEP 06 2019

Regulations

WEST REGION FIELD OFFICE
Human Services Licensing

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The support plan for resident #1, dated 4/18/19, does not address the resident's need for wound care.

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 Support Plan was updated to address wound care. Attached is the update. Administrator moving forward will ensure prompt update with significant changes. A monthly review will be implemented with LPN and Administrator to ensure up-to-date information.

Legal Entity Representative

Signature

Printed Name and Title

Date

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