



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: wrv1@live.com
MAILING DATE: March 4, 2020

Ms. Traci Schultz
Administrator
Wolf Run Village LLC
3750 Route 220 Highway
Hughesville, Pennsylvania 17737

RE: Wolf Run Village
License #: 221490

Dear Ms. Schultz:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on December 4, 2019 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Anne Graziano".

Anne Graziano
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report

Facility Information

Name: WOLF RUN VILLAGE

License Number: 22149

Address: 3750 ROUTE 220 HIGHWAY,, HUGHESVILLE, PA 17737

County: LYCOMING

Region: NORTHEAST

Administrator

Name: Traci Schultz

Phone: 5705840101

Email: WRV1@LIVE.COM

Legal Entity

Name: WOLF RUN VILLAGE LLC

Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA, 17737

Certificate(s) of Occupancy

Type: I-2

Date: 11/12/2009

Issued By: Code Inspectors

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 56

Waking Staff: 42

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal,Incident

Inspection Dates and Department Representative

12/04/2019 - On-Site: Gerald Dumas, Cybil Bomberger

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75

Residents Served: 55

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 5

Number of Residents Who:

Receive Supplemental Security Income: 2

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 2

Have Mobility Need: 1

Have Physical Disability: 0

28e - Death of a Resident

Regulations

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

The refund that was issued for resident # 1, who died on [REDACTED], was not issued in accordance with the Elder Care Restitution Act (Act 171). The refund was computed from 4/14/19, the date the room was cleared.

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 contract was incorrectly worded to state " as per Elder Care Law, within 10 days of death of a resident - Room Fee Only"

The correction was made to all contracts by the Administrator and Office Director, on 12/5/2019, to state "as per Elder Care Restitution Act " All contracts were reviewed with residents by 12/13/2019.

2019 Discharge files were reviewed by the Administrator and Office Director on 12/6/2019 and the appropriate refunds were immediately issued.

Going forward the Administrator will ensure that any refunds are computed from the date of death.

Legal Entity Representative

Traci J. Schultz
Signature

Traci J. Schultz, Administrator

2/3/2020

Printed Name and Title

Date

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

The above plan of correction is approved as of 2-28-2020
(Date)

Plan of correction implementation status as of 2-28-2020
(Date)

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

Implemented
 Not Implemented

42c - Treatment of Residents

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On 10/7/19, at approximately 4:30 a.m., A video tape showed Staff Person "A" approached by resident # 4 - on three sequential episodes. Staff person A was observed as disrespectfully pointing at resident # 4 in a demeaning manner-towering over resident # 4 who sat in a wheelchair. At one point, Staff Person "A" blocked the resident with their own leg. Staff person "A" made no attempt to retreat from being hit by resident # 4 and instead engaged with the resident inappropriately.

Regulations

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

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.)
Around 4:30 AM the Administrator received a call from Staff Person "B" about the above incident. Upon arrival at the facility, the administrator viewed the CCTV footage of the common living room to find the behavior of Staff Person "A" to be unacceptable. The administrator copied the footage onto a flash drive so that it would not be lost.
Staff person "A" was immediately taken off the schedule by the Administrator.
A formal investigation was initiated by the Administrator immediately and Staff person "A" was terminated as soon as AAA was given the opportunity to investigate.
On October 10, 2019, a reenactment of the incident was used in a staff retraining on Resident Rights and how to handle combative residents. A review of the zero tolerance policy was also gone over at this meeting. This meeting and retraining was conducted by the Administrator and LPN.
New hire orientation will continue to include the above topics and the Administrator will continue to monitor staff for unbecoming behaviors daily.

Legal Entity Representative

Traci J. Schultz (Signature) Traci J. Schultz, Administrator (Printed Name and Title) 2/3/2020 (Date)

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

The above plan of correction is approved as of 2-28-2020 (Date) Plan of correction implementation status as of 2-28-2020 (Date)
The above plan of correction was approved by ag (Initials) [X] Implemented [] Not Implemented

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

On October 7, 2019, the home recorded an incident which occurred in the common living room between staff "A" , "B" and resident # 4. Video recording is prohibited in common areas were residents live.

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.)

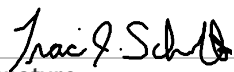
Around 4:30 AM the Administrator received a call from Staff Person "B" about the above incident. Upon arrival at the facility, the administrator viewed the CCTV footage of the common living room to find the behavior of Staff Person "A" to be unacceptable. The administrator copied the footage onto a flash drive so that it would not be lost and could be used a formal investigation.

The CCTV system was set up for a continuous loop recording. This means that the footage was copied over every 4 to 6 hours. The CCTV system is not accessible to staff other than the Administrator and the Office Director.

On December 4, 2019, at the time of the survey, the administrator changed the settings to not record any CCTV Footage in common areas of the building. It was also verified that there was no way to rewind the system.

A monthly check on the system will be completed by the Administrator to ensure that the CCTV system remains on the proper settings. A log of the checks will be kept in the monthly building checks binder.

Legal Entity Representative


Signature

Traci J. Schultz, Administrator

2/3/2020

Printed Name and Title

Date

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

The above plan of correction is approved as of 2-28-2020
(Date)

Plan of correction implementation status as of 2-28-2020
(Date)

Implemented

Not Implemented

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

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The glucometer for resident # 2 was used to check the blood sugar of resident # 3 on 11/26/19 at 5:54 a.m. Sharing glucometers is prohibited.

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.)

On 11/26/2019, a staff member took the wrong glucometer from the med cart to check the blood sugar for resident #3. Both residents shared the same drawer in the med cart at the time of the incident.

The PCP for Resident #3 was at the facility at the time of discovery and immediately wrote the order for resident #3 to be tested for communicable diseases. Negative test results were communicated to the resident and her POA by the PCP.

Resident #2 was out of the facility for an extended period at the time of the incident. The facility purchased a new glucometer for resident #2.

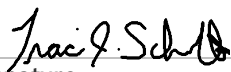
The staff member was retrained by the LPN on 12/5/19, on the importance of using the correct glucometer on the correct resident. All glucometers are labeled with the resident name. This was also addressed in the retraining.

Resident #2's items were moved to another drawer in the med cart by the LPN at the time of the survey.

Going forward if two residents have glucometers they will not be stored in the same drawer in the med cart.

Administrator will monitor that all glucometers will be checked during the weekly cart audits to be sure they are labeled, not stored in the same drawer with another resident's glucometer and the readings are for the correct resident.

Legal Entity Representative


Signature

Traci J. Schultz, Administrator
Printed Name and Title

2/3/2020
Date

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

The above plan of correction is approved as of 2-28-2020
(Date)

Plan of correction implementation status as of 2-28-2020
(Date)

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

Implemented
 Not Implemented

202 - Prohibitions

Regulations

2600.

202. The following procedures are prohibited:

- 6. A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited. A manual restraint does not include prompting, escorting or guiding a resident to assist in the ADLs or IADLs.

Description of Violation

On 10/7/19, at approximately 4:30 a.m., a video tape recording showed resident #1 hitting Staff Person "A." Staff person "A" responded inappropriately by pointing at the resident # 4 in a disrespectful manor while the resident sat in their wheelchair. Finally, the video showed Staff Person "A" in the last of three sequential episodes, raising resident # 4's hands up manually restraining the resident while pushing the resident in the wheelchair out of the living area.

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.)

Around 4:30 AM the Administrator received a call from Staff Person "B" about the above incident. Upon arrival at the facility, the administrator viewed the CCTV footage of the common living room to find the behavior of Staff Person "A" to be unacceptable. The administrator copied the footage onto a flashdrive so that it would not be lost.

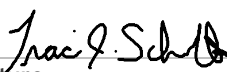
Staff person "A" was immediately taken off the schedule by the Administrator.

A formal investigation was initiated by the Administrator immediately and Staff person "A" was terminated as soon as AAA was given the opportunity to investigate.

On October 10, 2019, a reenactment of the incident was used in a staff retraining on Resident Rights and how to handle combative residents. A review of what a restraint is and the zero tolerance policy was also gone over at this meeting. This meeting and retraining was conducted by the Administrator and LPN.

New hire orientation will continue to include the above topics and the Administrator will continue to monitor staff for unbecoming behaviors daily.

Legal Entity Representative


Signature

Traci J. Schultz, Administrator
Printed Name and Title

2/3/2020
Date

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

The above plan of correction is approved as of 2-28-2020
(Date)

Plan of correction implementation status as of 2-28-2020
(Date)

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

- Implemented
- Not Implemented