



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail: [REDACTED]

MAILING DATE: February 25, 2021

[REDACTED]
Personal Care Home Administrator
CMS Danville LLC
61 Sheldon Avenue SE
Grand Rapids, Michigan 49503

RE: Vintage Knolls
9 Justin Drive
Danville, Pennsylvania 17821
License: 228310

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on April 17, 2020 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: VINTAGE KNOLLS

License Number: 22831

Address: 9 JUSTIN DRIVE, DANVILLE, PA 17821

County: MONTOUR

Region: NORTHEAST

Administrator

Name: [REDACTED]

Phone: 5702751824

Email: [REDACTED]

Legal Entity

Name: CSM DANVILLE LLC

Address: 61 SHELDON AVENUE SE, GRAND RAPIDS, MI, 49503

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 60

Waking Staff: 45

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Incident

Inspection Dates and Department Representative

04/17/2020 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66

Residents Served: 55

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 55

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 5

Have Physical Disability: 0

85a - Sanitary Conditions

Regulations

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

Description of Violation

On 4/10/2020 at 4:00 pm medication technician A used resident #1's glucometer on resident #2. The home self-reported the incident to the Department on 4/10/20.

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.)

Med -Tech told Resident Care Coordinator that #2's Libre patch was not working. Resident Care Coordinator asked med-tech A how [redacted] obtained resident #2's blood sugar. Med Tech A stated that [redacted] used Resident #1's glucometer to obtain the blood sugar from Resident #2. The Resident Care Coordinator immediately called Danville Pharmacy for a new meter for both Resident #1 and #2. The pharmacy brought it to us immediately. Then the primary care physician was notified and labs were requested due to this incident. Labs were obtained and results were negative. Med Tech was educated on the proper use of glucometers by the resident care coordinator. Med Tech was also given an educational paper that clearly stated that glucometers are never to be used on another resident ever. Med-Tech A signed and dated education stating that [redacted] clearly understood these educations.

Legal Entity Representative

[Redacted Signature]

Signature

[Redacted Name and Title]

Printed Name and Title

5/15/2020

Date

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

The above plan of correction is approved as of 2-24-21
(Date)

Plan of correction implementation status as of 2-24-21
(Date)

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

Implemented
 Not Implemented