



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF HUMAN SERVICES



# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to HALCYON SENIOR LIVING LLC

LEGAL ENTITY

To operate HALCYON SENIOR LIVING

NAME OF FACILITY OR AGENCY

Located at 528 DEWEY AVENUE, BRIDGEVILLE, PA 15017

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 88

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 44

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from August 31, 2020 until August 31, 2021,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **451090**

*Robert E. Robinson*

ISSUING OFFICER

*Jamie J. Buchenauer*

Deputy Secretary

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

HS 628 – 6/20



EEmail Date: September 10, 2020

Ms. Charity Stackhouse, LNHA  
Personal Care Home Administrator  
Halcyon Senior Living  
105 Rebecca Drive  
Venetia, Pennsylvania 15367

RE: Halcyon Senior Living  
528 Dewey Avenue  
Bridgeville, Pennsylvania 15017  
License #: 451090

Dear Ms. Stackhouse:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 17, 2020, of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

*Jamie L. Buchenauer*

Jamie L. Buchenauer  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

**Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *HALCYON SENIOR LIVING* License #: *45109* License Expiration Date:  
 Address: *528 DEWEY AVENUE, BRIDGEVILLE, PA 15017*  
 County: *ALLEGHENY* Region: *WESTERN*

**Administrator**

Name: *CHARITY STACKHOUSE* Phone: *740.491.8721* Email: *CHARITY.STACKHOUSE@METISLTCC.COM*

**Legal Entity**

Name: *HALCYON SENIOR LIVING LLC*  
 Address: *105 REBECCA DRIVE, VENETIA, PA, 15367*  
 Phone: *740.491.8721* Email: *CHARITY.STACKHOUSE@METISLTCC.COM*

**Certificate(s) of Occupancy**

Type: *I-1* Date: *10/23/2014* Issued By: *BRIDGEVILLE MUNICIPALITY*  
 Type: *C-2 LP* Date: *09/03/1998* Issued By: *LABOR AND INDUSTRY*

**Staffing Hours**

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

**Inspection**

Type: *Partial* Notice: *Announced* BHA Docket #:  
 Reason: *New* Exit Conference Date: *08/17/2020*

**Inspection Dates and Department Representative**

*08/17/2020 - On-Site: Laurie Garrigan*

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *88* Residents Served: *0*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *2nd floor* Capacity: *44* Residents Served: *0*

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

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

## Inspections / Reviews

## 08/17/2020 - Partial

Lead Inspector: *Laurie Garrigan*Follow-Up Type: *POC Submission*Follow-Up Date: *08/30/2020*

## 8/26/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *POC Submission*Follow-Up Date: *08/31/2020*

## 8/28/2020 - POC Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Document Submission*Follow-Up Date: *09/17/2020*

## 8/28/2020 - Document Submission

Lead Reviewer: *Jody Garvey*Follow-Up Type: *Not required*

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

At 10:23 a.m., there was a thick layer of dust covering the entire bathroom vent in the bathroom for resident bedroom #106 and at 10:28 a.m., there was a thick layer of dust covering the entire bathroom vent in the shared bathroom for resident bedrooms #105 and #107.

Plan of Correction

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The vents in #106 and the vent in the jack-and-jill bathroom between #105 and #107 were cleaned. ALL bathroom vents in facility were applied to the cycle cleaning and audit form. The vents will be cleaned monthly and as needed during the weekly room cleaning to prevent dust/lint build up. ANY issues will be reported during the daily morning stand-up meeting.

See Attached photos and audit sheet.

Completion Date: 08/18/2020

Plan of Correction

Accept

The vents in #106 and the vent in the jack-and-jill bathroom between #105 and #107 were cleaned. ALL bathroom vents in facility were applied to the cycle cleaning and audit form. The vents will be cleaned monthly and as needed by housekeeping during the weekly room cleaning to prevent dust/lint build up. ANY issues will be reported during the daily morning stand-up meeting and addressed by the Administrator or designee. Staff will be inserviced upon hire (ongoing) on 2600.85.a and the audit form associated.

See Attached photos, Orientation Education Checklist and audit form.

Completion Date: 08/18/2020

Document Submission -8/28/20

Implemented

Supporting documentation previously sent

88a - Surfaces

1. Requirements

2600.

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

Description of Violation

At 10:28 a.m., there was an approximate 3-inch round hole in the ceiling of the shared bathroom of resident bedrooms #105 and #107.

Plan of Correction

The 3 inch hole in the jack-and-jill bathroom was repaired. Maintenance reporting forms were added to each nurse's station so that staff or residents can add areas of concern that need repaired or addressed. These forms will be reviewed daily in the morning stand-up.

Please see attached maintenance form and photos of repair.

Completion Date: 08/18/2020

88a - Surfaces (continued)

**Plan of Correction**

**Accept**

*The 3 inch hole in the jack-and-jill bathroom was repaired. Maintenance Log forms were added to each nurse's station so that staff or residents can add areas of concern that need repaired or addressed. Maintenance to check the form throughout the day and repair or schedule repair to needed items immediately. These forms will be reviewed daily in the morning stand-up and further addressed by the Administrator or designee. Staff will be educated regarding the regulation and the Maintenance log procedures upon hire.*

*Please see attached maintenance form, Orientation Education Checklist and photos of repair.*

**Completion Date:** 08/18/2020

**Document Submission -8/28/20**

**Implemented**

*Supporting documentation previously sent.*

90b - Staff Communication

**1. Requirements**

2600.

- 90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

**Description of Violation**

*The home does not have a system in place that allows staff in different parts of the home to communicate with each other in an emergency.*

**Plan of Correction**

*Walkie-Talkies were purchased for use by the direct care staff. Three units were placed at each nurse's station. The units will be checked for proper functioning prior to being assigned each shift.*

*Please see attached functional verification worksheet and photos of units.*

**Completion Date:** 08/21/2020

**Plan of Correction**

**Accept**

*Walkie-Talkies were purchased for use by the direct care staff. Three units were placed at each nurse's station. The units will be checked for proper functioning prior to being assigned each shift by the Lead Med Tech. Staff to be educated on the regulation and procedure for functional verification upon hire.*

*Please see attached functional verification worksheet, Orientation Education Checklist and photos of units.*

**Completion Date:** 08/21/2020

**Document Submission -8/28/20**

**Implemented**

*Supporting documentation previously sent*

95 - Furniture and Equipment

**1. Requirements**

2600.

- 95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*At 11:24 a.m., the left top drawer handle was missing from the top dresser drawer of the dresser in resident bedroom #205, and there was a screw sticking out of the hole approximately 1/2-inch, creating a potential safety hazard.*

95 - Furniture and Equipment *(continued)*

**Plan of Correction**

*The handle to the dresser drawer was immediately repaired during the inspection. An audit of all of the furniture revealed no additional issues. A maintenance request log was placed at each nurse's station for staff and residents to communicate items that need repaired. These logs will be reviewed daily in the morning Stand-up. Please see attached maintenance log and photos of repair.*

**Completion Date:** 08/17/2020

**Plan of Correction**

**Accept**

*The handle to the dresser drawer was immediately repaired during the inspection. An audit of all of the furniture revealed no additional issues. A maintenance request log was placed at each nurse's station for staff and residents to communicate items that need repaired. Maintenance will check logs throughout the day and repair or schedule repair immediately. These logs will be reviewed daily in the morning Stand-up and further addressed by the Administrator or designee if necessary. Education regarding 2600.95 and the Maintenance log will be completed with all staff upon hire.*

*Please see attached maintenance log, Orientation Education Checklist and photos of repair.*

**Completion Date:** 08/17/2020

**Document Submission -8/28/20**

**Implemented**

*Supporting documentation previously sent*

96c - First Aid Accessible

**1. Requirements**

2600.

96.c. The first aid kit must be in a location that is easily accessible to staff persons.

**Description of Violation**

*At 10:52 a.m., the home's first aid kit in the emergency supply closet near the first-floor nurses' station was screwed into the door and could not be easily removed and transported in the event of an injury.*

*At 11:44 a.m., the home's first aid kit in the emergency supply closet on the 2nd floor Secured Dementia Care Unit (SDCU) was screwed into the door and could not be easily removed and transported in the event of an injury.*

**Plan of Correction**

*Two additional portable first aid kits were purchased and placed at each nurse's station. Eye protection was added to the outside of the cases. The contents and location will be validated daily by the Lead Med tech. Any items removed will be added at that time.*

*Please see content verification form and photos of first aid kits.*

**Completion Date:** 08/21/2020

**Plan of Correction**

**Accept**

*Two additional portable first aid kits were purchased and placed at each nurse's station. Eye protection was added to the outside of the cases. The contents and location will be validated daily by the Lead Med tech using the First Aid Kit Content/Location Verification Form. Any items missing will be added at that time. Education will be provided regarding 2600.96.c and the use of the audit form upon hire.*

*Please see content verification form, Orientation Education Checklist and photos of first aid kits.*

**Completion Date:** 08/21/2020

96c - First Aid Accessible *(continued)*

**Document Submission-8/28/20**

**Implemented**

*Supporting documentation previously sent*

100a - Exterior - Free of Hazards

**1. Requirements**

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**

*At 11:35 a.m., there was a 20" X 20" cement paver block removed from the middle of the 2nd floor SDCU porch for the drainage system creating a 1 1/2" deep drop off. In the center of the area missing the paver there was a black plastic 11" wide X 4" high drain, creating a potential tripping hazard.*

**Plan of Correction**

*The drain opening was repaired on 8/18/2020. A maintenance request log was placed at both nurse's stations for staff and residents to communicate areas of safety concern. The log is to be reviewed at each morning stand up and multiple times throughout the day by the maintenance director. Maintenance to perform a weekly exterior walk about for safety and cleanliness.*

*Please see attached maintenance request log and photos of repair.*

**Completion Date:** 08/18/2020

**Plan of Correction**

**Accept**

*The drain opening was repaired on 8/18/2020. A maintenance request log was placed at both nurse's stations for staff and residents to communicate areas of safety concern. Maintenance will be checking the communication log throughout the day and repairing or scheduling repairs immediately. The log is to be reviewed at each morning stand up by the Administrator to confirm repair scheduling or completed repair. Maintenance to perform a weekly exterior walk about for safety and cleanliness. Maintenance will immediately repair/arrange for repair and report any findings during morning standup to the Administrator or designee.*

*Please see attached maintenance request log, maintenance walk about form, Orientation Education Checklist and photos of repair.*

**Completion Date:** 08/18/2020

**Document Submission -8/28/20**

**Implemented**

*Supporting documentation previously sent*

101j2 - Bedroom Chairs

**1. Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

2. A chair for each resident that meets the resident's needs.

**Description of Violation**

*At 11:24 a.m., there was no chair in resident room #205, at 11:30 a.m., there was no chair in resident room #207 and at 11:37 a.m., there was no chair in resident room #208.*

101j2 - Bedroom Chairs (continued)

**Plan of Correction**

*Twenty five chairs were delivered to the facility 8/21/2020. A chair was placed in the rooms that were lacking a chair. Prior to resident moving into a room, it will be verified by housekeeping that a chair is placed in the room. Please see furniture verification form and photos of the new chairs.*

**Completion Date:** 08/21/2020

**Plan of Correction**

**Accept**

*Twenty five chairs were delivered to the facility 8/21/2020. A chair was placed in the rooms that were lacking a chair. Prior to resident moving into a room, it will be verified by housekeeping that a chair is placed in the room. Education regarding 2600.101.j.2 and furniture verification form will be provided upon hire. Please see furniture verification form, Orientation Education Checklist and photos of the new chairs.*

**Completion Date:** 08/21/2020

**Document Submission -8/28/20**

**Implemented**

*Supporting documentation previously sent*

233c - Key-Locking Devices

**1. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**Description of Violation**

*At 11:00 a.m., the directions for operating the home's locking mechanism were not conspicuously posted near the 2nd floor elevator door in the SDCU.*

*At 11:49 a.m., the directions for operating the home's locking mechanism were not conspicuously posted near the 2nd floor stairwell, next to resident bedroom #222 and #223, at the entrance door to the SDCU.*

*At 11:52 a.m., the directions for operating the home's locking mechanism were not conspicuously posted near the 2nd floor stairwell, next to resident bedroom #201 and the elevator, at the entrance door to the SDCU.*

**Plan of Correction**

*Directions for the operation of the electronic door device were placed at the entrance and exit of the SDCU, at each stairwell and at the elevator.*

*During Weekly rounds, the placement of the directions will be verified.*

*Please see Weekly round sheet and photos of the direction placements.*

**Completion Date:** 08/17/2020

**Plan of Correction**

**Accept**

*Directions for the operation of the electronic door device were placed at the entrance and exit of the SDCU, at each stairwell and at the elevator.*

*During Weekly rounds, the placement of the directions will be verified by the Administrator or designee. Staff will be educated regarding 2600.233.c and the weekly rounding form upon hire.*

*Please see Weekly round sheet, Orientation Education Checklist and photos of the direction placements.*

**Completion Date:** 08/17/2020

233c - Key-Locking Devices *(continued)*

**Document Submission -8/28/20**

**Implemented**

*Supporting documentation previously sent*