

Department of Human Services  
Bureau of Human Service Licensing

January 12, 2021

RENEE STUCKICH, OWNER  
RENEE STUCKICH  
PO BOX 484  
BLACK LICK, PA 15716

RE: LYNN HAVEN PERSONAL CARE  
HOME  
119 WALNUT STREET, PO BOX 484  
BLACK LICK, PA, 15716  
LICENSE/CO#:#: 44516

Dear Ms. Stuckich,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/26/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: LYNN HAVEN PERSONAL CARE HOME License #: 44516 License Expiration Date: 06/18/2021  
Address: 119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716  
County: INDIANA Region: WESTERN

**Administrator**

Name: Renee Stuckich Phone: 7242489600 Email: RSTUCKICH@LYNNHAVEN.COMCASTBIZ.NET

**Legal Entity**

Name: RENEE STUCKICH  
Address: PO BOX 484, BLACK LICK, PA, 15716  
Phone: 7242489600 Email: RSTUCKICH@LYNNHAVEN.COMCASTBIZ.NET

**Certificate(s) of Occupancy**

Type: I-1 Date: 07/26/2006 Issued By: Indiana Co Office of Planning & Development

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 27 Waking Staff: 20

**Inspection**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 10/26/2020

**Inspection Dates and Department Representative**

10/26/2020 - On-Site: Belinda Graziano

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 36 Residents Served: 27

**Secured Dementia Care Unit**

In Home: No	Area:	Capacity:	Residents Served:
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**Hospice**

Current Residents: 0

**Number of Residents Who:**

Receive Supplemental Security Income: 18	Are 60 Years of Age or Older: 20
Diagnosed with Mental Illness: 14	Diagnosed with Intellectual Disability: 6
Have Mobility Need: 0	Have Physical Disability: 0

## Inspections / Reviews

## 10/26/2020 - Partial

Lead Inspector: *Belinda Graziano*Follow-Up Type: *POC Submission*Follow-Up Date: *12/13/2020*

## 12/28/2020 - POC Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Document Submission*Follow-Up Date: *12/31/2020*

## 1/12/2021 - Document Submission

Lead Reviewer: *Jason Williams*Follow-Up Type: *Not Required*

**85b - Infestation****1. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

*Two bed bugs fell from resident #1's head of bed, in bedroom [REDACTED] onto the floor. One large bed bug and one small bed bug which began crawling on the floor.*

**Plan of Correction****Accept**

*Room [REDACTED] was treated on the day of inspection. All beds in the facility were also checked by the Inspector and no other issues found. Room [REDACTED] was also treated again on 10/28, 10/30 and 11/02, and then twice weekly for the following 2 weeks and then weekly for the next 2 weeks. It as well as all beds, rooms will be checked weekly and treated monthly as a preventative measure*

**Completion Date:** 12/22/2020

**Document Submission****Implemented**

*see attached calendars for October, November and December 2020 documenting room treatments and checks*