

Department of Human Services
Bureau of Human Service Licensing

April 8, 2021

██████████ ADMINISTRATOR
LIBERTY LUTHERAN HOUSING DEVELOPMENT CORPORATION
250 NORTH BETHLEHEM PIKE
AMBLER, PA 19002

RE: THE VILLAGE AT PENN STATE
160 LIONS HILL ROAD
STATE COLLEGE, PA, 16803
LICENSE/COC#: 22944

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: THE VILLAGE AT PENN STATE **Licen e #:** 22944 **Licen e Expiration Date:** 05/30/2021
Addr e : 160 LIONS HILL ROAD, STATE COLLEGE, PA 16803
County: CENTRE **Region:** NORTHEAST

Administrator

Name: [REDACTED] **Phone:** 8142381949 **Email:** [REDACTED]

Legal Entity

Name: LIBERTY LUTHERAN HOUSING DEVELOPMENT CORPORATION
Address: 250 NORTH BETHLEHEM PIKE, AMBLER, PA, 19002
Phone: 8142381949 **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 04/01/2016 **Issued By:** Centre Region

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 10 **Waking Staff:** 8

Inspection

Type: Full **Notice:** Unannounced **BHA Docket #:**
Rea on: Renewal **Exit Conference Date:** 03/02/2021

Inspection Dates and Department Representative

03/02/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 14 **Residents Served:** 10

Secured Dementia Care Unit

In Home: No	Area:	Capacity:	Residents Served:
--------------------	--------------	------------------	--------------------------

Hospice

Current Re ident : 0

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 10
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 0	Have Physical Disability: 0

Inspections / Reviews

03/02/2021 - Full

Lead Inspector: [REDACTED]

Follow Up Type: *POC Submission*Follow-Up Date: *04/01/2021*

3/29/2021 POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *04/08/2021*

4/8/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The [redacted] of Resident 1 indicated [redacted] and a [redacted] [redacted] The Medical Administrative Record was incorrectly documented with a [redacted] [redacted]

Plan of Correction

Accept

The Administrator/ designee will educate staff on; 1)documentation guidelines including transcription error and 2) review of [redacted] by March 30, 2021. The LPN Unit Manager will audit [redacted] [redacted] sheets and compare to [redacted] monthly for 3 months. If transcription error is discovered, ssue will be reviewed individually with involved staff. The LPN Unit Manager will report monthly audit results to the Quality Assurance/ Performance improvement committee.

Completion Date: 03/30/2021

Update - 03/29/2021

Please send/Attach proof of staff training.

Document Submission

Implemented

Education and audit tool attached for review.

187a - Medication Record

1. Requirements

2600.

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

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident 2 was given [redacted] The result of this medication was not recorded in the Medication Administration Record.

Plan of Correction

Accept

The Administrator/ designee will provide a medication administration review for staff including medications that require monitoring and follow- up documentation of effectiveness by March 30, 2021. The LPN Unit Manager/ designee will audit for accuracy of 50% of monthly resident medication administration records for 3 months. Audit results will be reported to the Quality Assurance/ Performance Improvement committee.

Completion Date: 03/30/2021

Update - 03/29/2021

Please send/Attach proof of staff training and compliance with this regulation.

Document Submission

Implemented

Educational material and completed audit tool attached for review.

224a - Preadmission Screen Form

1. Requirements

224a - Preadmission Screen Form (continued)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

The Preadmission Screening form dated [REDACTED] for Resident 1 did not indicate a determination that the resident's needs could be met in the Personal Care Home.

Plan of Correction

Accept

The Administrator/ designee will audit the Preadmission Screening form on newly admitted residents monthly for 3 months. Audit results will be reported to the Quality Assurance/ Performance Improvement committee.

Completion Date: 03/30/2021

Update - 03/29/2021

Please send/Attach proof of resident record audits.

Document Submission

Implemented

Audit tool for March 2021 attached for review.