

Department of Human Services  
Bureau of Human Service Licensing

July 27, 2021

██████████ ADMINISTRATOR  
PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON  
220 NEWRY STREET  
HOLLIDAYSBURG, PA 16648

RE: PRESBYTERIAN HOME  
220 NEWRY STREET  
HOLLIDAYSBURG, PA, 16648  
LICENSE/COC#: 34340

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Gloria Emick

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *PRESBYTERIAN HOME* License #: *34340* License Expiration Date: *06/20/2021*  
Address: *220 NEWRY STREET, HOLLIDAYSBURG, PA 16648*  
County: *BLAIR* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: *8146934000* Email: [REDACTED]

**Legal Entity**

Name: *PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON*  
Address: *220 NEWRY STREET, HOLLIDAYSBURG, PA, 16648*  
Phone: *8146934000* Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/29/2000* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *6* Total Daily Staff: *36* Waking Staff: *27*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/14/2021*

**Inspection Dates and Department Representative**

04/14/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *50* Residents Served: *30*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *1*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *30*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *0* Have Physical Disability: *2*

**Inspections / Reviews**

**04/14/2021 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/27/2021*

Inspections / Reviews *(continued)*

7/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *07/28/2021*

7/27/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 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**

*Multiple tiles are missing from the wall in the second floor shower room right side, leading to the shower stall. The tiles are missing from the bottom baseboard area of the wall revealing bare & crumbling drywall.*

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

*Missing tiles were replaced on 4/23/21. Monthly audits will be conducted by maintenance of shower rooms to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. All PC staff will be educated on reporting areas of concern/adding work orders to [REDACTED] (communication system for maintenance) in a timely manner to have the issue fixed. Maintenance will conduct audits monthly ongoing in our maintenance [REDACTED] system. All staff will be educated by 6/17/21.*

**Completion Date:** 06/17/2021

**Document Submission****Implemented**

*All steps have been completed, ongoing monthly audits being completed by maintenance.*

## 162c - Menus Posted

## 1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*There were no menus posted in the home.*

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

*Dietary staff and PC nursing staff will be educated on the importance of posting menus weekly in a conspicuous/public area that all residents can see. Dietary manager or designee will audit weekly that menus are posted for the next 3 months with results reviewed at the Quality Assurance Improvement Meeting. Education will be completed by 6/17/21.*

**Completion Date:** 06/17/2021

**Document Submission****Implemented**

*All steps have been completed, ongoing weekly audits being performed by the dietary manager or designee.*

## 183f - Discontinued Medications

## 1. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f - Discontinued Medications *(continued)*

**Description of Violation**

*Prescribed medication, Florastor belonging to Resident #1, expired 2/2021. This medication has not been destroyed by an approved method of destroying medications according to the Department of Environmental Protection and Federal and State regulation.*

**Plan of Correction**

**Accept**

*PC nursing staff will be re-educated on the importance of proper disposal of expired medications. Med carts will be audited every night by the PC charge nurse/med aides for a minimum of the next 3 months with results reviewed at next Quality Assurance Improvement Meeting. Staff will be educated by 6/17/21.*

**Completion Date:** 06/17/2021

**Document Submission**

**Implemented**

*All steps have been completed, ongoing nightly med cart audits are being completed.*

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 following blood glucose levels were not correctly documented on the MAR (Medication Administration Record).*

<u>Resident #</u>	<u>Date &amp; Time</u>	<u>Glucometer Reading</u>	<u>MAR</u>
1	4/4/21 9:00 PM	164	165
1	4/9/21 9:00 PM	NONE	201
2	4/14/21 6:00 AM	96	97

**Plan of Correction**

**Accept**

*PC nursing staff will be re-educated on the importance of transcribing the correct glucometer reading to the MAR. Weekly random audits will be conducted by the PC administrator/dayshift charge nurse for a minimum of the next 3 months with results reviewed at the Quality Assurance Improvement Meeting. Education will be completed by 6/17/21.*

**Completion Date:** 06/17/2021

**Document Submission**

**Implemented**

*All steps completed, ongoing weekly audits being completed by PC Admin/designee.*