

Department of Human Services
Bureau of Human Service Licensing

January 11, 2022

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

RE: OLIVIA VILLAGE
13771 SOUTH EAGLE VALLEY ROAD
TYRONE, PA, 16686
LICENSE/COC#: 31917

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/15/2021, 04/16/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[REDACTED]

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: *OLIVIA VILLAGE* License #: *31917* License Expiration: *07/03/2021*
Address: *13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686*
County: *BLAIR* Region: *CENTRAL*

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/29/2004* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *14* Waking Staff: *11*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *04/15/2021*

Inspection Dates and Department Representative

04/15/2021 - On-Site: [REDACTED]

04/16/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *33* Residents Served: *14*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *13*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/15/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/28/2021*

Inspection Dates and Department Representative (*continued*)

01/06/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/14/2022*

01/11/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

20b5 - No Commingling

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

5. Commingling of resident funds and home funds is prohibited.

Description of Violation

On 4/15/2021, the funds of Resident 1 were commingled with a business account for the home.

Plan of Correction

Accept

SHORT TERM PLAN

We have inquired from our corporate bank if we can open an account for Resident 1. A branch manager guided us on the requirements. Since Olivia Village is the representative payee for Resident 1, all we need are Social Security card, Medicare card, and a copy of the appointment paperwork for Olivia Village as rep payee. We previously asked the SSA Altoona and were promised that the copy will be mailed. As of today, Friday, May 28th, the document has not arrived yet. Hopefully, we(Frederick Aguillo) will be able to open an account no later than Friday, June 4th, the estimated completion date for this violation of commingling of funds. The attached PDF named 20b5 - No Commingling.pdf is our email communication with our bank branch manager with regard to opening an account.

Resident 1 has the following amount to be readily deposited to [redacted] account:

[redacted]

All excesses in Resident 1 \$ [redacted] r month will also be monitored and if there are any per regulation, such excess will be deposited/transferred to the account.

LONG TERM PLAN

Any new admissions without a Representative Payee will be asked if Olivia Village can be their rep payee. If okay, we ([redacted]) will apply as rep payee and open a checking account on their behalf upon approval.

Document Submission

Implemented

All steps have been completed.

126a - Furnace Inspection

1. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

No records of furnace inspection and cleaning were provided by the home at the time of this inspection. Staff reported that a company was contracted to perform this service on 6/26/2019, but did not complete the service.

126a - Furnace Inspection (continued)

Plan of Correction**Accept***SHORT TERM PLAN*

On May 20 and 21, 2021, [REDACTED] technicians came to inspect and service all 6 furnaces. We have been asking for the invoice as a proof of service. Unfortunately, it is not yet available even up to this date, May 28th. We will give an update as soon as possible but if you need to verify, you may call [REDACTED] for verification.

LONG TERM PLAN

We have been asking [REDACTED] if we can have a maintenance contract. We will initiate again to have our furnaces serviced and maintained before each winter when the furnaces (gas-fired) are needed most during winter. Klesuis & Sheedy was the one who installed these furnaces and we have been comfortable with this company since 2004. We will ask them to dictate their own schedule and not necessarily on a contract basis as long as these units are serviced comes every winter.

Document Submission**Implemented**

All steps have been completed.

227d - Support Plan Medical/Dental

1. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident 1 is prescribed a nebulizer, [REDACTED] as needed for SOB, congestion and wheezes; a [REDACTED] inhaler for wheezing; and [REDACTED] for SOB, congestion and wheezes. The resident's support plan, dated 8/5/2020, does not include these medical diagnoses or how the resident's needs will be met.

The assessment for Resident 2, dated [REDACTED] indicates the resident has a diagnosis of [REDACTED] and is prescribed [REDACTED] vial, inhale 1 unit dose 4xdaily prn, for wheezing; and a [REDACTED] inhaler, 2 puffs by mouth 4xdaily prn, for asthma. The resident's support plan, dated 9/10/2020, does not include these diagnoses or address how these needs will be met.

Plan of Correction**Accept***Short Term Plan:*

- Resident #1 support plan dated 8/5/2020 was updated / completed. Added medical diagnosis COPD. Prescribed treatment of nebulizer, [REDACTED] as needed for SOB, congestion and wheezes, [REDACTED] inhaler for wheezing and [REDACTED] for SOB, congestion and wheezes are listed for plans to meet medical need. Please see attached PDF named 227d - Support Plan Medical Dental - Resident 1.pdf of the updated RASP.
- Resident #2 support plan dated 9/10/2020 was updated / completed with medical diagnosis of asthma.

227d - Support Plan Medical/Dental (continued)

[redacted]ial, inhale 1 unit dose 4x daily prn for wheezing and a [redacted] inhaler, 2 puffs by mouth 4x daily prn were added to meet medical need. Please see attached PDF named 227d - Support Plan Medical Dental - Resident 2.pdf of the updated RASP.

Long Term Plan:

1. The administrator will ensure that all diagnosis identified and treatment plan listed in the DME will reflect in the RASP.
2. The administrator will make sure that RASP is updated and completed with any changes in the medical diagnosis and treatment plan.

Document Submission

Implemented

All steps have been completed.

252 - Record Content

1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photograph in the record of Resident 1 is dated [redacted]

Plan of Correction

Accept

Short Term Plan:

The administrator took all pictures of current residents on [redacted] with a date stamper app. These were uploaded to our system. Each resident newly dated picture is automatically carried over to all documents that are system generates such as face sheet, MAR, progress notes, etc. A PDF named 252 - Record Content.pdf for 2 residents is attached.

Long Term Plan:

1. To ensure photographs are updated, the administrator add on [redacted] schedule reminders to take pictures of all residents every 2 years or earlier.
2. The recent pictures taken were all dated for quick visual inspection on a daily basis.

Document Submission

Implemented

All steps have been completed.

85b - Infestation

1. Requirements

2600.

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

Description of Violation

On 4/15/2021, a live bed bug was observed on the bed in Resident Bedroom #5. Three live bed bugs were observed on the ceiling of this bedroom. Dead bed bugs were on the counter of a desk area in the "Sunset" Hallway. Dead bed bugs were found on the wall of the "Mountain View" hallway thermostat.

85b - Infestation (continued)

Repeated Violation - 7/10/2020, et al

Plan of Correction**Accept****SHORT TERM PLAN**

On Saturday, April 17, 2021, ██████████ did the full bed bug maintenance for Bedroom SR5 and its adjacent room, SR7: Vacuum-sealed all clothes, sprayed all walls, ceilings, box springs (one-side up) and mattresses (one side up). Every Saturday thereafter, ██████████ did inspections and did not find any live bed bugs. ██████████ asked the residents for both SR5 and SR7 to report any live bugs they see – so far, they reported no bugs. All the dead bed bugs in both Mountain View and Sunset hallways have been vacuumed. These dead bed bugs are a proof that our hallway inspection/maintenance is working. It's just that ██████████ forgot to vacuum them after.

LONG TERM PLAN

██████████ continues to do room inspection and maintenance every Saturday which coincides with operational linen change tasks. Hallways and common areas are regularly sprayed once a week at 1-2am.

Document Submission**Implemented**

All steps have been completed. Inspection and maintenance are on going as scheduled on our operational tasks.