

Department of Human Services
Bureau of Human Service Licensing

August 18, 2021

[REDACTED]
NIPPENOSE VALLEY VILLAGE INC
7190 SOUTH STATE ROUTE 44 HWY
WILLIAMSPORT, PA 17701

RE: NIPPENOSE VALLEY VILLAGE
7190 SOUTH STATE ROUTE 44 HWY
WILLIAMSPORT, PA, 17701
LICENSE/COC#: 22670

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/04/2021 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: *NIPPENOSE VALLEY VILLAGE* License #: *22670* License Expiration Date: *06/03/2021*
Address: *7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA 17701*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5707452400* Email: [REDACTED]

Legal Entity

Name: *NIPPENOSE VALLEY VILLAGE INC*
Address: *7190 SOUTH STATE ROUTE 44 HWY, WILLIAMSPORT, PA, 17701*
Phone: *5707452400* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *10/16/2015* Issued By: *PAL*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *05/04/2021*

Inspection Dates and Department Representative

05/04/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *59* Residents Served: *25*

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: *25*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *9* Have Physical Disability: *0*

Inspections / Reviews

05/04/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *06/13/2021*

7/21/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/10/2021*

8/18/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The signed home contract of Resident 1, Resident 2, and Resident 3, indicates that transportation is provided by the home for a fee. Staff Member A indicated that the home does not have a vehicle and does not provide transportation to any residents. This contradicts the signed home contracts of Resident 1, Resident 2, and Resident 3.

Plan of Correction

Accept

The administrator is unable to provide a reason why this was on the contract, as [REDACTED] has not been here since the opening of the facility, except [REDACTED] is aware that the contract was approved by the state prior to the facility opening, and this has not been questioned during any previous licensing inspections.

This being said, the administrator and owners understand the reasoning why this should not be included in the contract at this time.

The updated contract with this taken out is attached.

Completion Date: 06/10/2021

Update - 07/21/2021

Within 10 days of receipt of this plan of correction:

The administrator or designee will audit all resident records and ensure all contracts are updated with the correct information regarding transportation.

The home will use the Department's model contract for all newly-admitted residents, or will use a contract that contains all of the elements required by this Chapter at a minimum

7-21-2021 -MM

Document Submission

Implemented

This has been completed. 8/12/21 JMW

51 - Criminal Background Check

1. Requirements

2600.

- 51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The personnel file for Staff Member B did not contain a finalized PA background check that meets the requirements of the OAPSA.

51 - Criminal Background Check (continued)

Plan of Correction**Accept**

As this individual was a [REDACTED] the administrator did not think that you could run a criminal background check on a [REDACTED] since there would be no record.

The administrator ran a background check on the individual the following day after the licensing inspection, it is attached.

Going forward the administrator will continue to run background checks on all employees hired, regardless of age.

Completion Date: 05/05/2021

Update - 07/21/2021

Within 5 days of receipt of this plan of correction:

The administrator will develop and implement a system to ensure that hiring and retention of staff is done in accordance with the Older Adults Protective Services Act. 7-21-2021 MM

Document Submission**Implemented**

This has been completed.

91 - Telephone Numbers

1. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Repeat Violation

The required emergency numbers were not posted near the phone in resident 4's room and the resident was not aware of their location.

Plan of Correction**Accept**

The Administrator is aware of this regulation and posts emergency phone numbers near every land line phone. The facility was under the impression that the only available way to get a landline phone was through the local phone company and was not aware that the resident had somehow set up to have [REDACTED] cell phone ring to a landline through Verizon, therefore they did not know [REDACTED] had a landline phone and needed these emergency numbers posted. [REDACTED] is a very independent resident, as [REDACTED] drives and self medicates. We do not provide any assistance to [REDACTED] other than meals and [REDACTED] participates in activities.

The Administrator immediately posted this list of numbers by [REDACTED] phone after the licensing inspection.

Going forward the Administrator will inspect all rooms once a month to make sure that this documentation is posted by all landline phones.

Completion Date: 05/04/2021

91 - Telephone Numbers *(continued)*

Update - 07/21/2021

Within 5 days of receipt of this plan of correction:

The administrator will check all phones in the home to ensure that the required numbers are placed on or by each phone. Staff will be instructed to monitor phones during the course of their duties and report or replace missing numbers.

7-21-2021 MM

Document Submission

Implemented

This has been completed. JMW

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

A Documentation of Medical Evaluation (DME) is required to be completed annually for each resident. Resident 1 had a DME completed 11/14/2019 and the next DME was completed 12/3/2020.

Plan of Correction

Accept

The Administrator and previous Director of Nursing and current Director of Nursing, who was an Administrator previously during COVID-19 at another local facility misinterpreted the interim guidance due to COVID-19 and were under the impression that this regulation was waived during the COVID-19 pandemic, however they were still doing their due diligence to obtain the information for residents as they could because they did not want to fall behind.

The Administrator and current Director of Nursing acknowledge this misinterpretation, appreciate the explanation by the licensing inspector and will assure they obtain DME's in a timely manner or have a doctor's note in the resident's file giving permission for the resident to have their Medical Evaluation at a later date, thus making the DME completion later, while the COVID-19 interim guidance is still in effect.

Completion Date: *05/04/2021*

Update - 07/21/2021

Within 20 day of receipt of this plan of correction:

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter.

Limited Suspension: If the resident's primary care physician determines that the medical evaluation can be conducted at a later date, then the facility can postpone the medical evaluation to the date determined by the physician; provided that, the medical evaluation must be performed no later than 90 days after the Emergency Declarations is lifted. The facility shall document the primary care physician's determination in the resident's record for subsequent review.

7-21-2021 - MM

Document Submission

Implemented

This has been completed. JMW

181d - Storing Medication

1. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident 4 self-administers their own medications and stores the medications in a box that does not have an operating lock system and is unable to be locked.

Plan of Correction

Accept

The facility would like to contest this violation as the resident's room is always locked, including when the licensing inspector went to enter the room.

Additionally, the resident is very independent, requiring no assistance from the care staff, and we were unaware that the lock had recently broken on [redacted] storage box. The resident purchased a new lock box for [redacted] medication the following day.

Completion Date: 05/05/2021

Update - 07/21/2021

Within 7 days of receipt of this plan of correction:

If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

The administrator or designee shall monitor for compliance weekly X's 3 months. 7-21-2021 MM

Document Submission

Implemented

This is in the process of being completed. JMW

187d - Follow Prescriber's Orders

1. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 5 received 8 units of Novolog at 8pm on 4/29/2021. The glucometer indicated a blood sugar level of 309 at the time. The physician's order states that Resident 5 is to receive 10 units of Novolog with a blood sugar level of 301-350.

187d - Follow Prescriber's Orders (continued)

Plan of Correction

Accept

Acknowledging this error, the Administrator went over this with the Director of Nursing who immediately notified the resident, the family, and the doctor of the error.

The Director of Nursing re-educated all medication technicians and LPN's on sliding scales for diabetics. The Director of Nursing and Administrator discussed with the staff how this error could have been prevented and the staff reported that the way the order was written was confusing. The order was re-written and a PRN glucometer log was drafted for better documentation of the sliding scale insulin administration. T

The Director of Nursing checks this daily when [redacted] is in and the Administrator spot checks about once a week. This new procedure has been working well and we have not noticed any additional errors.

Completion Date: 05/07/2021

Update - 07/21/2021

Please send/Attach proof of staff training. 7-21-2021 MM

Document Submission

Implemented

This has been completed. JMW