Department of Human Services
Bureau of Human Service Licensing

July 6, 2021

[redacted] OWNER/ADMINISTRATOR
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/COC#: 44516

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Jody Garvey

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: *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: [redacted] **Phone**: *7242489600* **Email**: [redacted]

Legal Entity

Name: *RENEE STUCKICH*
Address: *PO BOX 484, BLACK LICK, PA, 15716*
Phone: *7242489600* **Email**: [redacted]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *20* **Waking Staff**: *15*

Inspection

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:
Reason: *Renewal,Complaint* **Exit Conference Date**: *05/11/2021*

Inspection Dates and Department Representative

05/11/2021 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *20*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *11* **Are 60 Years of Age or Older**: *14*
Diagnosed with Mental Illness: *13* **Diagnosed with Intellectual Disability**: *4*
Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/11/2021 - Full

Lead In pector: [redacted] **Follow Up Type:** *POC Submission* **Follow-Up Date:** *05/27/2021*

6/1/2021 POC Submi ion

Lead Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/05/2021*

6/2/2021 - POC Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *06/12/2021*

6/7/2021 - Document Submission

Lead Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow Up Date** *06/30/2021*

7/6/2021 - Document Submission

Lead Reviewer: [redacted] **Follow Up Type:** *Not Required*

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 1:56 p.m., a baby monitor located on the medication cart in the upper level kitchen and a baby monitor located on the lower level counter in the kitchen/dining area were being used to audio monitor the residents in the lower level common area from the upper level kitchen.

Plan of Correction **Directed**

The monitor system was removed at time of inspection. We will not replace the monitor system to ensure the privacy of the Residents The Administrator will check twice monthly to ensure no monitoring system is in place to ensure the residents privacy

(Directed)-

By 6/12/21, all staff will be educated on §2600.42(s). Documentation will be submitted to the Department. ***(J.G. 6/2/21)***

Completion Date: *06/01/2021*

Document Submission **Implemented**

SEE ATTATCHED COPY OF STAFF TRAINING

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

Direct Care Staff person A, hired [redacted] did not have a criminal history check completed until [redacted]

Plan of Correction **Accept**

All staff background checks will be completed when an application is submitted if the applicant is being called back for an interview. This will allow us to look for criminal convictions prior to an applicant being hired and ensure the background check is done in a timely manner The administrator will be responsible for completing the background check of any new hire. A check list will be made for each new hire with the time limit to complete the back ground check. The LPN will also check the staff file to see that all required forms, checks, etc are done on time . The form will stay in the employee file

Completion Date: *06/01/2021*

Document Submission **Implemented**

ACCEPTED

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

54a - Direct Care Staff *(continued)*

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction **Directed**

We have requested the diploma from staff person A. I will forward it when received. A staff file check list will be placed in each staff persons file to ensure all required items are present and up to date. All other staff files have been checked for compliance The administrator will check the staff file on the first day of hire/orientation for the diploma. If not present , the staff person will have 15 days to present a diploma or GED to the administrator. If after 15 days neither is turned in, the staff member will be removed from the schedule until they are able to produce the required documentation to the administrator.

(Directed)-

By 6/12/21 or prior to the next scheduled workday thereafter, the administrator or designated person will obtain documentation of a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry for staff person A. Documentation will be submitted to the Department. ***(J.G. 6/2/21)***

Completion Date: *06/01/2021*

Document Submission **Implemented**

SEE ATTATCHED COPY OF SCHOOL TRANSCRIPT

63a - First Aid/CPR Training

1. **Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 5/7/21 and 5/8/21, from 10:00 p.m. to 7:00 a.m., 19 residents were present in the home. During this time, no staff persons were present in the home who were certified in obstructed airway techniques ad CPR.

Plan of Correction **Accept**

Due to the pandemic we were unable to get a CPR instructor into the facility. All staff persons who did not have a current CPR/First aid certification were re-certified by [redacted] *on 05/19/2021. The Administrator will check each staff persons CPR card every 6 months to ensure compliance*

Completion Date: *05/19/2021*

Document Submission **Implemented**

ALL STAFF ARE CURRENT ON CPR/FIRST AID

85a - Sanitary Conditions

1. **Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

85a - Sanitary Conditions *(continued)*

Description of Violation

At 9:46 a.m., there were no paper towels, mechanical air blower, individual cloth towel or other sanitary means of hand drying for resident #1 in the resident's shared bathroom.

Plan of Correction **Accept**

A hand towel was placed in the Bathroom at time of inspection. Nightshift staff will be responsible for placing a clean towel and ensuring there are two spare towels in each private resident bathroom nightly. The administrator will check for compliance at least 3 days weekly

Completion Date: *05/20/2021*

Document Submission **Implemented**

ACCEPTED

101j7 - Lighting/Operable Lamp

1. **Requirements**

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Repeat Violation

At 9:45 a.m., resident #1 did not have access to a source of light that can be turned on/off at bedside.

Repeat Violation: 1/7/20

Plan of Correction **Accept**

Lamp was moved back at time of inspection. The administrator educated the resident on the regulation and offered another lamp for [redacted] dresser. Administrator will check all bedside lights weekly

Completion Date: *05/11/2021*

Document Submission **Implemented**

ACCEPTED

144c1 - Smoking Area Guidelines

1. **Requirements**

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

Three chairs with cushions that were not made of fire resistant material were present in the home's upper level designated smoking area and four chairs with cushions that were not made of fire resistant material were present in the home's lower level designated smoking area.

144c1 - Smoking Area Guidelines *(continued)*

Plan of Correction **Accept**

All cushions were removed and thrown away at time of inspection. Metal chairs with no cushions were put in place of the ones removed. Administrator educated the residents who smoke about the regulation and will monitor the chairs bi-weekly for any fire hazards

Completion Date: *05/20/2021*

Document Submission **Implemented**

ACCEPTED

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 home's narcotic policy indicates, "each shift will count the medication with the on coming shift to ensure that all medication is accounted for." However, on 5/11/21 at 1:15 p.m., the narcotic count sheet for resident #2's prescribed Clonazepam 0.5 mg tablets indicated there were 7 tablets remaining and only 6 tablets were present and the most recent narcotic count was completed on 5/9/21 at 12:40 p.m.

Plan of Correction **Accept**

Staff was re-educated on Home policy and the importance of correct documentation and counting. Administrator will check daily for 30 days to ensure count is being done and weekly there after to ensure compliance

Completion Date: *05/11/2021*

Document Submission **Implemented**

ACCEPTED

190b - Insulin Injections

1. **Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

On 5/2/21 and 5/9/21 at 11:30 a.m., staff person B, who has not completed a Department-approved diabetic patient education program within the past 12 months and 90 days beyond the staff's training renewal date, administered insulin to resident #3.

On 5/1/21 and 5/10/21 at 7:30 p.m., staff person C, who has not completed a Department-approved diabetic patient education program within the past 12 months and 90 days beyond the staff's training renewal date, administered insulin to resident #3.

On 5/7/21 and 5/8/21 at 7:30 p.m.., staff person D, who has not completed a Department-approved diabetic patient education program within the past 12 months and 90 days beyond the staff's training renewal date, administered insulin to resident #3.

190b - Insulin Injections *(continued)*

Plan of Correction **Accept**

Due to the pandemic we were unable to get a Diabetic educator to come to the facility. From inspection date forward our LPN will administer insulin to the two residents that require it. We have a class scheduled for 05/21/2021. Once the required staff have completed the diabetic education program they may continue to administer Insulin. Our nurse will monitor the medication staff's diabetic education certificates to ensure they are current and schedule classes as needed to ensure compliance. I will forward certificates when they are received. Our LPN will keep a calendar of when each staff persons Diabetic education will expire. [redacted] will check it monthly and schedule a class for any staff person who is going to expire in the next 30 days to ensure no ones certification will run out and have a lapse in their ability to administer insulin

Completion Date: *06/01/2021*

Document Submission **Implemented**

ALL MEDICATION STAFF HAVE A CURRENT DIABETIC TRAINING CERTIFICATE

221c - Post Activity Calendar

1. **Requirements**

2600.
221.c. A current weekly activity calendar shall be posted in a conspicuous and public place in the home.

Description of Violation

The home does not have a current weekly activity calendar posted in a public and conspicuous place in the home.

Plan of Correction **Accept**

A current activity calendar was placed on the community bulletin board. The administrator will check on the first of each month and weekly to ensure compliance

Completion Date: *05/20/2021*

Document Submission **Implemented**

ACTIVITY CALENDAR IS CURRENT AND POSTED

225a - Assessment 15 Days

1. **Requirements**

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2, admitted [redacted], did not have an initial assessment completed until [redacted]

Plan of Correction **Accept**

A check list was placed in all new resident packets that specify the date the resident moved in and the date that each required form must be completed by. Our LPN will check the resident file and the check list with in 7 Days of admission to look for any required documents that are not complete and finish them to ensure compliance. The administrator will check the file at 14 days of admission for any incomplete forms and assure the assessment is complete

Completion Date: *06/01/2021*

225a - Assessment 15 Days *(continued)*

Document Submission	Implemented
ACCEPTED	