

Department of Human Services  
Bureau of Human Service Licensing

September 24, 2021

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]

RE: OUR LADY OF THE ALLEGHENIES  
RESIDENCE  
1037 SOUTH LOGAN BOULEVARD  
HOLLIDAYSBURG, PA, 16648  
LICENSE/COCC#: 31641

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2021 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: *OUR LADY OF THE ALLEGHENIES RESIDENCE* License #: *31641* License Expiration Date: *08/29/2021*  
Address: *1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA 16648*  
County: *BLAIR* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *06/03/2003* Issued By: *Labor and Industry*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *49* Waking Staff: *37*

**Inspection**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *05/19/2021*

**Inspection Dates and Department Representative**

05/19/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *54* Residents Served: *39*

**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: *39*  
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *10* Have Physical Disability: *0*

## Inspections / Reviews

05/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/17/2021*

9/21/2021 - POC Submission

Lead Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/28/2021*

9/24/2021 - 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

On 5/19/2021, a blister card of Resident 1's [redacted] was found to have a tear in the backing of Blister #17. Additionally, a blister card containing Resident 1's [redacted], [redacted] was found to have a rip in the backing of Blister #22.

Plan of Correction

Accept

On 5/5/21 the facility initiated cycle fill for resident medications. The medication carts were very full at the time of the inspection due to multiple cards of medications during the transition to new pharmacy provider and delivery process.

Immediate correction - On 5/19/21 the medications contained in the torn blisters were disposed following facility policy. The blister cards in the medication cart were adjusted to allow adequate space and reduce pressure on packaging.

Ongoing Monitoring - Staff continue to monitor the spacing in the medication carts and adjust as needed.

Completion Date: 05/20/2021

Document Submission

Implemented

All steps have been completed.

Medication cards are adjusted by staff as needed to reduce pressure.

During monthly medication cart turnovers conducted by pharmacy provider the pharmacy technician adjusts cards and replaces as needed.

187b - Date/Time of Medication Admin.

1. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 1 is prescribed [redacted] 1 ml injections. Resident 1's medication administration record does not include the initials of the staff person who administered this medication to the resident on 5/5/2021 at 9 am.

Plan of Correction

Accept

On 5/5/21 LPN [redacted] administered [redacted] to Resident 1. At the time of the administration the new facility contracted pharmacy was present and utilizing medication carts with laptops attached. Staff members missed documenting this administration.

Immediate correction - Director reviewed current supply of medication and delivery dates and by doing so was able to confirm administration. On 5/20/21 staff member completed late documentation of the 5/5/21 administration.

Ongoing Monitoring - Facility Medication Administration Trainer will continue to monitor staff administration process for proper documentation within the electronic health record.

Completion Date: 05/20/2021

187b - Date/Time of Medication Admin. (continued)

Document Submission

Implemented

All steps have been completed.

During monthly staff MAR reviews by the Medication Administration Trainer, staff charting in the MAR continues to be reviewed to monitor for proper documentation.

187d - Follow Prescriber's Orders

1. Requirements

2600.

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

Description of Violation

Resident 2 is prescribed [REDACTED] However, this medication was not administered to the resident on 5/16/21, 5/17/21 and 5/18/21 because it was not available in the home.

Resident 3 is prescribed [REDACTED] However, this medication was not administered to Resident 3 on 5/12/21 through 5/17/2021 because it was not available in the home.

Plan of Correction

Accept

Facility recently changed contracted pharmacy and were transitioning from supply provided by old pharmacy to new pharmacy resulting in insurance coverage issues for some residents. Facility was also transitioning from faxed ordering to online ordering.

Immediate correction - On 5/19/21 Contracted pharmacy provided small supply of medications until payment issues were resolved.

Ongoing monitoring - Resident Services Coordinator and Director monitor pharmacy deliveries on a daily basis to ensure residents receive medications timely. Pharmacy has been informed that medications must be provided regardless of confirmed pay source and small supply will be billable to facility until payment issues are resolved.

Completion Date: 05/19/2021

Document Submission

Implemented

All steps have been completed.

Resident Services Coordinator and facility Director continue to monitor resident medications noted as not given and work with physician and pharmacy to make sure there is not a supply issue.