

Department of Human Services
Bureau of Human Service Licensing

August 26, 2021

██████████ OWNER/OPERATOR
DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC
401 MOLTKE AVE, SUITE 100
SCRANTON, PA 18505

RE: DELAWARE VALLEY PERSONAL
CARE CENTER
109 RIVERS EDGE DRIVE
MATAMORES, PA, 18336
LICENSE/COCC#: 23013

Dear ██████████

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *DELAWARE VALLEY PERSONAL CARE CENTER* License #: *23013* License Expiration Date: *04/26/2022*
Address: *109 RIVERS EDGE DRIVE, MATAMORES, PA 18336*
County: *PIKE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *5704911002* Email: [REDACTED]
[REDACTED]

Legal Entity

Name: *DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC*
Address: *401 MOLTKE AVE, SUITE 100, SCRANTON, PA, 18505*
Phone: *5704911002* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/25/2021* Issued By: *Westfall Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *5* Waking Staff: *4*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Interim* Exit Conference Date: *07/14/2021*

Inspection Dates and Department Representative

07/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *4*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *4*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *0*

Inspections / Reviews

07/14/2021 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/16/2021*

8/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/24/2021*

8/26/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

- 65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 - 2. Emergency medical plan.
 - 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
 - 4. Reporting of reportable incidents and conditions.

Description of Violation

Direct care staff member A hired [REDACTED] did not receive training in emergency medical plan, OAPSA and reporting of reportable incidents and conditions within the first 40 hours worked.

Plan of Correction

Accept

ADM./Designee will be responsible to complete orientation within 40 scheduled hours. Staff Person A's training was completed on 7/16/21. Policy and Procedures were reviewed. All employee training records were audited on 7/20/21. All identified incomplete records were completed. All employees were in serviced on Reg. 65b.

Completion Date: 07/30/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit a copy of Staff Person A's training and a copy of the Staff Audit. Also please send a copy of the signature sheet for the training'

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See attachments

Update - 08/26/2021

attachments reviewed

AG, 8-26-21

124 - Notice to Fire Department

1. Requirements

2600.

- 124. The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

Description of Violation

The home did not have a notice to the fire department.

Plan of Correction

Accept

Adm. notified [REDACTED] and visited facility 7/21/21. Completed a walk thru and discussed necessary needs of Reg. 2600. 124. Info will be emailed to Fire Chief as census increases with mobility needs. Letter sent to dpt. 7/21/21. Also included floor plans, census sheet with mobility status. Training of Regulation to all employees.

Completion Date: 07/30/2021

124 - Notice to Fire Department (continued)

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, a copy of the letter sent on 7-21-21 needs to be enclosed, along with the enclosures sent to the local fire department.

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See Attachments

Update - 08/26/2021

After speaking to Adm, the home will update letter to describe immobile pops the home will serve, rather than an individual immobile list that must be updated with each change. New letter to be e mailed within a week.

The rest of the attachments are fine.

AG, 8-26-21

144b - Policy on Smoking

1. Requirements

2600.

144.b. The home rules shall specify whether the home is designated as smoking or nonsmoking.

Description of Violation

The homes policy on smoking notes smoking is permitted in the designated area, however the home is non-smoking.

Plan of Correction

Accept

Adm./Designee reviewed and updated Smoking Policy to indicate a non smoking Facility. House Rules are included and compliant. All employees were in-serviced on Regulation and Smoking Policy. All Residents/Families are aware of DV being a non-smoking facility as indicated in contract(House Rules). In-service to all employees/residents.

Completion Date: 08/11/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please include a copy of the in-service signature sheet and a copy of the Home Rules.

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See attachments

Update - 08/26/2021

attachments reviewed

AG, 8-26-21

182b - Prescription Medication

1. Requirements

182b - Prescription Medication (continued)

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

1. A physician, licensed dentist, licensed physician’s assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
2. A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
3. A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

On 7/11/21 from approximately 8pm - 11pm the home did not have anyone working that was certified to administer medications. The home serves residents with PRN medications.

Plan of Correction

Accept

Adm/Designee will be responsible to ensure a Med Tech/LN will be scheduled on all 3 shifts/ 182B. Schedule was reviewed and all shifts were covered appropriately. All DCS were in-serviced on Regulation and ensuring compliance by 7/30/21. New Daily Staff schedule created and implemented by 8/12/21.

Completion Date: 08/12/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will enclose a copy of the staff listing of med techs and shifts they are available to work.

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See attachments

Update - 08/26/2021

attachments reviewed

AG, 8-26-21

183d - Prescription Current

1. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #1's [redacted] was located in the medication cart but is not a current order.

183d - Prescription Current (continued)

Plan of Correction

Accept

Resident # 1's discontinued meds were immediately removed and destroyed from cart. L.N/Designee will be responsible to maintain compliance. All resident meds were audited for any discontinued meds on 7/19/21. L.N/Designee will complete monthly audits x2 - August/September. Regulation 183d will be in-serviced to all DCS by 7/30/21.

Completion Date: 09/30/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will send a copy of the sign in sheet for the training completed by 7-30-21. Also to be included will be a copy of an Audit conducted in August with findings, and actions taken, if warranted.

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See attachments

Update - 08/26/2021

attachments reviewed

AG, 8-26-21

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 homes narcotic count policy notes to sign the controlled count record sheet at the beginning and end of the shift. on 7/11/21 the oncoming 7a-3p staff did not sign the sheet.

Plan of Correction

Accept

All signatures are required at shift change. L.N/Designee will be responsible to ensure complete signatures upon counting narcotics shift to shift are accurate. L.N/Designee will complete weekly audit X4 weeks. DCS/Med Tech's inserviced on Regulation 185a- by 7/30/21. Audit(7/19, 7/26, 8/2, 8/9)

Completion Date: 08/09/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please send in a sample of audits done since the inspection was completed.

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See attachments

185a - Implement Storage Procedures (continued)

Update - 08/26/2021

attachments reviewed

AG, 8-26-21

187a - Medication Record**1. Requirements**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #2's ████████ did not have a purpose or diagnosis listed on the MAR.

Plan of Correction

Accept

Resident #2's med was completed with proper diagnosis for ████████. L.N/ Designee will ensure each MED on MAR has a diagnosis. MAR's will be audited monthly X3(July, August, Sept). All med techs will be inserviced on Regulation 187a by 7/30/21.

Completion Date: 09/30/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, please submit a copy of an actual recent audit with findings and actions taken, if warranted.

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See attachments

Update - 08/26/2021

attachments reviewed

AG, 8-26-21

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 was admitted to the home on ████████ the assessment portion of the RASP was not dated when it was completed.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept

Resident # 2's RASP was dated upon completion. ADM/L.N will be responsible to complete Assessment within 15 Days of Admission. L.N/Designee completed audit on Resident Charts on 7/21/21. All RASP's will be audited monthly X2(August/Sept). Med Techs/ PCA's were inserviced on Regulation 225a by 7/30/2021.

Completion Date: 09/30/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will submit a copy of a recent Audit, with findings, and action taken, if warranted. Also to be submitted is the corrected record. Please also send in a copy of the signature sheet of staff trained, and a copy of a new assessment if any new residents have been admitted since the inspection.

Documentation should be sent in the Portal.

AG, 8-17-21

Document Submission

Implemented

See attachments

Update - 08/26/2021

attachments reviewed

AG, 8-26-21

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #3's RASP dated [REDACTED] was not signed by the resident or their inability to do so.

Plan of Correction

Accept

Resident #3's signed RASP and dated appropriately. ADM/L.N/Designee will be responsible to ensure Support Plans are signed and dated per Reg. Audit completed 7/20/21 and monthly X2(August/September) Med Techs/PCA's inserviced on Regulation 227g by 7/30/21.

Completion Date: 09/30/2021

Update - 08/17/2021

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, Adm will send in a copy of a recent Audit, with findings and actions taken, if warranted. Also please send in a copy of the signature sheet from the training, and a copy of the corrected document that was cited. If any new residents have been admitted since the inspection, please send in a sample of a new record as evidence of compliance.

Documentation should be sent in the Portal.

AG, 8-17-21

227g -Support Plan Signatures (continued)

Document Submission**Implemented***see attachments*

Update - 08/26/2021*attachments reviewed**AG, 8-26-21*