

Department of Human Services
Bureau of Human Service Licensing

September 13, 2022

[REDACTED]
GUARDIAN ELDER CARE AT TYRONE I, LLC
8796 ROUTE 219, PO BOX 240
BROCKWAY, PA, 15824

RE: EPWORTH MANOR SENIOR LIVING
925 SOUTH LINCOLN AVENUE
TYRONE, PA, 16686
LICENSE/COC#: 32842

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/12/2021 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: *EPWORTH MANOR SENIOR LIVING* License #: *32842* License Expiration: *08/01/2022*
Address: *925 SOUTH LINCOLN AVENUE, TYRONE, PA 16686*
County: *BLAIR* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *GUARDIAN ELDER CARE AT TYRONE I, LLC*
Address: *8796 ROUTE 219, PO BOX 240, BROCKWAY, PA, 15824*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/06/2002* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *25* Waking Staff: *19*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
Reason: *Renewal* Exit Conference Date: *08/12/2021*

Inspection Dates and Department Representative

08/12/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *54* Residents Served: *17*

Secured Dementia Care Unit

In Home: *Yes* Area: *memory care* Capacity: *12* Residents Served: *7*

Hospice

Current Residents: *6*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *24*
Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

08/12/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/26/2021*

08/25/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/01/2022*

09/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *09/20/2022*

09/13/2022 - Document Submission

[REDACTED]

Follow-Up Type: *Not Required*

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

- The shelves of both stainless steel prep tables in the main kitchen are covered with food debris and dried-on spilled liquid.
- The shower room floor of the secured unit had a build-up of loose dust and hair along the wall. The toilet room also had a dirty floor.
- The Victory brand stand-up freezer in the memory care kitchen had spilled frozen carrots on the bottom shelf and a build-up of food debris along the door opening.
- The wall by the prep table in the secured unit kitchen had multiple spots of a brown liquid dried on the surface.
- A brown liquid spill from a bottle of marinade was dried onto the memory care kitchen prep table surface.

Plan of Correction**Accept**

1. Violation: -The shelves of both stainless steel prep tables in the main kitchen are covered with food debris and dried-on spilled liquid.
 - The shower room floor of the secured unit had a build up of loose dust and hair along the wall. The toilet room also had a dirty floor.
 - The Victory brand stand-up freezer in the memory care kitchen had spilled frozen carrots on the bottom shelf and a build-up of food debris along the door opening.
 - The wall by the prep table in the secured unit kitchen had multiple spots of a brown liquid dried on the surface.
 - A brown liquid spill from a bottle of marinade was dried onto the memory care kitchen prep table surface.
2. This violation happened due to the staff was not following up with assigned cleaning duties.
3. To fix the problem, staff and house keeper cleaned and sanitized all areas of concern. Please see attached pictures.
4. Administrator educated staff and house keeper of the on going consistent up keep of these areas.
5. The administrator has developed an audit tool for the staff to follow and initial daily on the inspection of these areas. See attached audit tool.

Completion Date: 12/03/2021

Document Submission**Implemented**

1. Violation: -The shelves of both stainless steel prep tables in the main kitchen are covered with food debris and dried-on spilled liquid.
 - The shower room floor of the secured unit had a build up of loose dust and hair along the wall. The toilet room

88a - Surfaces (continued)

also had a dirty floor.

-The Victory brand stand-up freezer in the memory care kitchen had spilled frozen carrots on the bottom shelf and a build-up of food debris along the door opening.

-The wall by the prep table in the secured unit kitchen had multiple spots of a brown liquid dried on the surface.

-A brown liquid spill from a bottle of marinade was dried onto the memory care kitchen prep table surface.

2. This violation happened due to the staff was not following up with assigned cleaning duties.

3. To fix the problem, staff and house keeper cleaned and sanitized all areas of concern. Please see attached pictures.

4. Administrator educated staff and house keeper of the on going consistent up keep of these areas.

5. The administrator has developed an audit tool for the staff to follow and initial daily on the inspection of these areas. See attached audit tool.

All steps completed for POC. 9/19/2022 [REDACTED]

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

-On 08/12/21, the water temperature in Resident [REDACTED] measured 124.5 degrees Fahrenheit.

-The water temperature in the bathroom sink of the restroom across from [REDACTED] measured 126.1 degrees Fahrenheit at 2:30 pm.

-The water temperature at the sink in [REDACTED] measured 128.8 degrees Fahrenheit at 3:03 pm.

Plan of Correction

Accept

1. Violation: -on 8/12/21, the water temperature in Resident [REDACTED] measured 124.5 degrees fahrenheit.

- The water temperature in the bathroom sink of the restroom across from [REDACTED] measured 126.1 degrees Fahrenheit at 2:30 pm.

-The water temperature at the sink in [REDACTED] measured 128.8 degrees Fahrenheit at 3:03pm.

2. The hot water mixing valve on the hot water tank was malfunctioning.

3. Schultz Heating and Plumping was called to inspect the hot water tank. Found that the mixing valve needed replaced. Ordered part. Maintenance man monitored water temps during this time.

4. Schultz Heating and Plumbing replaced the mixing valve on 11-19-21.

5. Facility maintenance man will monitor water temps daily, in different areas of the building and document his findings on a water temp log.

Completion Date: 11/23/2021

89b - Hot Water Temperature (continued)

Document Submission **Implemented**

1. Violation: -on 8/12/21, the water temperature in [redacted] measured 124.5 degrees fahrenheit.
 - The water temperature in the bathroom sink of the restroom across from [redacted] measured 126.1 degrees Fahrenheit at 2:30 pm.
 -The water temperature at the sink in Resident [redacted] measured 128.8 degrees Fahrenheit at 3:03pm.
2. The hot water mixing valve on the hot water tank was malfunctioning.
3. Schultz Heating and Plumbing was called to inspect the hot water tank. Found that the mixing valve needed replaced. Ordered part. Maintenance man monitored water temps during this time.
4. Schultz Heating and Plumbing replaced the mixing valve on 11-19-21.
5. Facility maintenance man will monitor water temps daily, in different areas of the building and document his findings on a water temp log.

All steps completed for POC. 9/19/2022 [redacted]

92 - Windows

1. Requirements

- 2600.
92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The windowsill in Resident [redacted] had two nail heads sticking up from the sill, creating a risk of injury to anyone who may come into contact with them.

Plan of Correction **Accept**

1. Violation: The windowsill in Resident [redacted] had two nail heads sticking up from the sill, creating a risk of injury to anyone who may come into contact with them.
2. The day of the annual inspection, [redacted] not occupied. We were unaware of the nails.
3. The facility maintenance man removed the nails. See attached photo.
4. House keeping was educated on the importance of safety and the risk of injury.
5. Housekeeper will monitor all windowsills, during routine cleaning, for risks or items that could cause injury.

Completion Date: 11/16/2021

Document Submission **Implemented**

1. Violation: The windowsill in Resident [redacted] had two nail heads sticking up from the sill, creating a risk of injury to anyone who may come into contact with them.
2. The day of the annual inspection, [redacted] was not occupied. We were unaware of the nails.
3. The facility maintenance man removed the nails. See attached photo.
4. House keeping was educated on the importance of safety and the risk of injury.
5. Housekeeper will monitor all windowsills, during routine cleaning, for risks or items that could cause injury.

All steps completed for POC. 9/19/2022 [redacted]

105g - Lint Removal and Duct Cleaning

1. Requirements

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

The last record of dryer duct cleaning was dated 2019.

Plan of Correction

Accept

1. Violation: The last record of dryer duct cleaning was dated 2019.
2. This happened due to the company that provides this service was unable to service this address due to the pandemic.
3. O'Brien Services, the company that had done this service in the past, has been called. Epworth Manor Senior Living is on his list for service.
4. Going forward, as in the past prior to the pandemic, the facility duct cleaning will be on routine schedule.
5. The facility maintenance man will complete the required audit to maintain the annual dryer duct cleaning.

Dryer vents were cleaned in October 2020 and April 2021 by O'Bryan Commercial Services, see attached photo of that documentation. O'Bryan Commercial Services has been contacted to complete the cleaning for 2022. The facility maintenance man will continue to complete the required audit of the annual dryer duct cleaning.

Completion Date: 09/13/2022

Document Submission

Implemented

1. Violation: The last record of dryer duct cleaning was dated 2019.
2. This happened due to the company that provides this service was unable to service this address due to the pandemic.
3. O'Brien Services, the company that had done this service in the past, has been called. Epworth Manor Senior Living is on his list for service.
4. Going forward, as in the past prior to the pandemic, the facility duct cleaning will be on routine schedule.
5. The facility maintenance man will complete the required audit to maintain the annual dryer duct cleaning.

Dryer vents were cleaned in October 2020 and April 2021 by O'Bryan Commercial Services, see attached photo of that documentation. O'Bryan Commercial Services has been contacted to complete the cleaning for 2022. The facility maintenance man will continue to complete the required audit of the annual dryer duct cleaning.

All steps completed for POC. 9/19/2022 Sarah Connor, PCHA

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

On [redacted], PRN medication, [redacted] prescribed for Resident #1, was in the home's medication cart; however, the medication was not listed in the MAR.

On [redacted] 1, [redacted] prescribed for Resident #2, was in the home's medication cart; however, the medication expired on [redacted]

183d - Prescription Current (continued)

Plan of Correction

Accept

1. Violation: On [redacted] PRN medication, [redacted] prescribed for Resident #1, was in the home's medication cart; however, the medication was not listed in the MAR.

On [redacted] prescribed for Resident #2, was in the home's medication cart; however, the medication expired on [redacted].

2. Both of these findings were missed by the medication technician.

3. To fix the problem, the [redacted] added to the MAR. See attached.

The [redacted] was discontinued by the physician on [redacted]. See attached order.

4. Education has been given to the medication technicians on the importance of current prescriptions that are kept in the home.

5. The Resident Care Coordinator will do a weekly audit (see attached) to ensure all prescriptions, OTC and sample meds are on the MAR and not expired.

Completion Date: 12/03/2021

Document Submission

Implemented

1. Violation: On [redacted], PRN medication, [redacted] prescribed for Resident #1, was in the home's medication cart; however, the medication was not listed in the MAR.

On [redacted] prescribed for Resident #2, was in the home's medication cart; however, the medication expired on [redacted].

2. Both of these findings were missed by the medication technician.

3. To fix the problem, the [redacted] added to the MAR. See attached.

The [redacted] discontinued by the physician on [redacted]. See attached order.

4. Education has been given to the medication technicians on the importance of current prescriptions that are kept in the home.

5. The Resident Care Coordinator will do a weekly audit (see attached) to ensure all prescriptions, OTC and sample meds are on the MAR and not expired.

All steps completed for POC. 9/19/2022 [redacted]

187c - Refusal of Medication

1. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [redacted], Resident #3 refused to take a scheduled dose of [redacted]. The home did not record the refusal in the medication administration record (MAR).

Plan of Correction

Accept

1. Violation: On [redacted], Resident #3 refused to take a scheduled dose of [redacted]. The home did not

187c - Refusal of Medication (continued)

record the refusal in the medication administration record (MAR).

2. The medication technician forgot to document the refusal in the MAR.

3. Educated medication technicians on the importance of documentation of refusals.

4. An audit tool has been developed to prompt the medication tech to review the MAR at the end of each shift. (See attached audit tool)

5. Educating the medication technicians on the use of the audit tool each shift will prevent this violation from happening again.

Training was completed for all med staff by [redacted] on 8/30/2021, December 2021 and every three months moving forward to prevent future violations. Training is for all current medication trained staff and newly trained medication trained staff.

Completion Date: 09/13/2022

Document Submission

Implemented

1. Violation: On [redacted] Resident #3 refused to take a scheduled dose of [redacted] The home did not record the refusal in the medication administration record (MAR).

2. The medication technician forgot to document the refusal in the MAR.

3. Educated medication technicians on the importance of documentation of refusals.

4. An audit tool has been developed to prompt the medication tech to review the MAR at the end of each shift. (See attached audit tool)

5. Educating the medication technicians on the use of the audit tool each shift will prevent this violation from happening again.

Training was completed for all med staff by [redacted] on 8/30/2021, December 2021 and every three months moving forward to prevent future violations. Training is for all current medication trained staff and newly trained medication trained staff.

All steps completed for POC. 9/19/2022 [redacted]

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 #1 participated in the development of the resident's support plan on [redacted]. However, the resident did not sign nor was there an indication of the inability to sign the support plan.

Resident #3 participated in the development of the resident's support plan [redacted] However, the resident did not sign nor was there an indication of the inability to sign the support plan.

Plan of Correction

Accept

1.Violation: Resident #1 participated in the development of the residents support plan [redacted] However, the resident did not sign nor was there an indication of the inability to sign the support plan.

Resident #3 participated in the development of the resident support plan on [redacted] However, the resident did

227g -Support Plan Signatures (continued)

not sign nor was there an indication of the inability to sign the support plan.

2. This happened because at the time that the support plan was completed, the resident refused to sign.

3. To fix the problem, the RCC obtained the residents signatures.

4. To prevent this from happening again, education was provided to the RCC on obtaining signatures.

5. Detailed steps to prevent this will be: resident signature will be obtained unless resident does not participate and unable to sign. The RCC's will both sign the support plan witnessing the refusal of participation and signature. (see attached signature pages of both RASP's)

A complete audit of all resident RASP's in personal care done by [redacted] on 9/9/2022. A complete audit of all MSN residents was completed on 9/12/2022 by [redacted] signatures have been obtained or necessary documentation in place of signatures.

Completion Date: 09/13/2022

Document Submission

Implemented

1.Violation: Resident #1 participated in the development of the residents support plan on [redacted] However, the resident did not sign nor was there an indication of the inability to sign the support plan.

Resident #3 participated in the development of the resident support plan on [redacted]. However, the resident did not sign nor was there an indication of the inability to sign the support plan.

2. This happened because at the time that the support plan was completed, the resident refused to sign.

3. To fix the problem, the RCC obtained the residents signatures.

4. To prevent this from happening again, education was provided to the RCC on obtaining signatures.

5. Detailed steps to prevent this will be: resident signature will be obtained unless resident does not participate and unable to sign. The RCC's will both sign the support plan witnessing the refusal of participation and signature. (see attached signature pages of both RASP's)

A complete audit of all resident RASP's in personal care done by [redacted] RCC on 9/9/2022. A complete audit of all MSN residents was completed on 9/12/2022 by [redacted] RCC. All signatures have been obtained or necessary documentation in place of signatures.

All steps completed for POC. 9/19/2022 [redacted]

233b - Lock Manufacturer Statement

1. Requirements

2600.

233.b. A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one of more of the following occurs:

- 1. Upon a signal from an activated fire alarm system, heat or smoke detector.
- 2. Power failure to the home.
- 3. Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

233b - Lock Manufacturer Statement (continued)

Description of Violation

The home does not have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:

- (1) Upon a signal from an activated fire alarm system, heat or smoke detector.
- (2) Power failure to the home.
- (3) Overriding the electronic or magnetic locking system by use of a keypad or other lock-releasing device.

Plan of Correction

Accept

- 1. Violation: the home does not have a statement from the manufacturer , specific t that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs .
 - 2. DHS inspectors have been accepting our permit for magnetic locks for the past 10 plus years.
 - 3, 4, and 5. Administrator has attempted and will continue to attempt to obtain proper documentation verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:
 - Upon a signal from an activated fire alarm system, heat or smoke detector.
 - Power failure to the home
 - Overriding the electronic or magnetic locking system by use of a keypad or other lock-releasing device.
- Please see attached the document that we have on file currently.

Documentation of the locks abilities was obtained on 9/6/2022 by Smithmyer's Electronics. This is the company that installed the equipment/locking device.

Completion Date: 09/13/2022

Document Submission

Implemented

- 1. Violation: the home does not have a statement from the manufacturer , specific t that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs .
 - 2. DHS inspectors have been accepting our permit for magnetic locks for the past 10 plus years.
 - 3, 4, and 5. Administrator has attempted and will continue to attempt to obtain proper documentation verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:
 - Upon a signal from an activated fire alarm system, heat or smoke detector.
 - Power failure to the home
 - Overriding the electronic or magnetic locking system by use of a keypad or other lock-releasing device.
- Please see attached the document that we have on file currently.

Documentation of the locks abilities was obtained on 9/6/2022 by Smithmyer's Electronics. This is the company that installed the equipment/locking device.

All steps completed for POC. 9/ [REDACTED]

233c - Key-Locking Devices

1. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The home did not have the code posted to operate the electronic or magnetic locking device keypad at the emergency exit door of the secured unit's dining room.

The code to operate the electronic or magnetic locking device key pad, at the main door into the secured unit, was not visible as it was posted above the exit sign, was too small to read and was peeling away from the wall.

Plan of Correction

Accept

1. Violation: The home did not have the code posted to operate the electronic or magnetic locking device keypad at the emergency exit door of the secured unit's dining room. The code to operate the electronic or magnetic locking device key pad, at the main door into the secured unit, was not visible as it was posted above the exit sign, was too small to read and was peeling away from the wall.

2. Uncertain as to where the code above the door went.

3&4 To fix the problem, we made new postings of the code to operate the magnetic locking device and replaced the one that was not visible at the main door and replaced the code above the emergency exit door in the secured unit's dining room.

5. Replaced codes to be visible at both doors. Please see attached photo.

Instructions of door codes are monitored by [redacted] weekly to ensure instructions are visible and easily accessible.

Completion Date: 09/13/2022

Document Submission

Implemented

1. Violation: The home did not have the code posted to operate the electronic or magnetic locking device keypad at the emergency exit door of the secured unit's dining room. The code to operate the electronic or magnetic locking device key pad, at the main door into the secured unit, was not visible as it was posted above the exit sign, was too small to read and was peeling away from the wall.

2. Uncertain as to where the code above the door went.

3&4 To fix the problem, we made new postings of the code to operate the magnetic locking device and replaced the one that was not visible at the main door and replaced the code above the emergency exit door in the secured unit's dining room.

5. Replaced codes to be visible at both doors. Please see attached photo.

Instructions of door codes are monitored by [redacted] weekly to ensure instructions are visible and easily accessible.

233c - Key-Locking Devices (continued)

All steps completed for POC. 9/19/2022 [REDACTED]