

Department of Human Services  
Bureau of Human Service Licensing

January 11, 2022

[REDACTED]  
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 08/18/2021, 08/20/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
Jason Williams

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: 06/18/2022  
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 Development

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
Reason: Complaint Exit Conference Date: 08/27/2021

**Inspection Dates and Department Representative**

08/18/2021 - On-Site: [REDACTED]  
08/20/2021 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 36 Residents Served: 19

**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: 15  
Diagnosed with Mental Illness: 12 Diagnosed with Intellectual Disability: 3  
Have Mobility Need: 0 Have Physical Disability: 4

**Inspections / Reviews**

08/18/2021 - Partial  
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/25/2021

**Inspection Dates and Department Representative (*continued*)**

10/12/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/15/2021*

11/09/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/22/2021*

01/11/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

## 16c - Written Incident Report

## 1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

**Description of Violation**

*On 8/13/21, at approximately 12:28 p.m., a representative of the contracted provider of Protective Services contacted the home by phone requesting resident #1's record and informed the home of an allegation of care giver neglect by not administering the resident's prescribed Lithium medication, causing the resident to be hospitalized. The home did not report this incident to the Department.*

**Plan of Correction****Accept**

*We will report all contact from protective services as per 2600.16c requirements in addition to any other required reporting in a timely manner to the Department.*

*Directed Plan - By 11/20/21 - All staff persons will receive education on regulation 16c including the home's procedure for reporting reportable incidents and conditions within 24 hours to the Department.*

*JW 11/9/21*

**Document Submission****Implemented**

*We held a staff meeting to educate all staff on the 2600.16c regulation and required reporting for reportable incidents. All staff participated and signed off*

## 183b - Meds and Syringes Locked

## 1. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**Description of Violation**

*On 8/18/21, at approximately 12:30 p.m., multiple medications, to include resident #2's prescribed Lorazepam, 0.5mg, 1 tab twice a day and resident #3's prescribed Clonazepam, 0.5mg, 1 tab twice a day, was unlocked, unattended, and accessible on the desk in the Administrator's office.*

**Plan of Correction****Accept**

*All medications have been locked in the medication cart. The administrator will check the office daily for any medications left un locked and secure them.*

**Document Submission****Implemented**

*Myself and [REDACTED] had an administrative meeting and discussed the violation and ways to correct it and to ensure no future violations*