

Department of Human Services
Bureau of Human Service Licensing

December 17, 2021

[REDACTED], OWNER/ADMINISTRATOR
TRINITY OAKS INC
117 SHADY REST ROAD
ELLWOOD CITY, PA, 16117

RE: TRINITY OAKS II
117 SHADY REST ROAD
ELLWOOD CITY, PA, 16117
LICENSE/COC#: 45857

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/19/2021, 08/19/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

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: *TRINITY OAKS II* License #: *45857* License Expiration:
Address: *117 SHADY REST ROAD, ELLWOOD CITY, PA 16117*
County: *BEAVER* Region: *WESTERN*

Administrator

Name: [REDACTED] Phone: *7247529166* Email: [REDACTED]

Legal Entity

Name: *TRINITY OAKS INC*
Address: *117 SHADY REST ROAD, ELLWOOD CITY, PA, 16117*
Phone: *7247529166* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/19/1998* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *08/20/2021*

Inspection Dates and Department Representative

08/19/2021 - On-Site: [REDACTED]

08/19/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *16*

Secured Dementia Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

08/19/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/06/2021*

Inspection Dates and Department Representative (*continued*)

10/07/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/14/2021*

10/19/2021 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/20/2021*

08/19/2021 - Document Submission

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

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. If there is not at least 15 feet between the fossil fuel burning device and the door that leads out of the enclosed area to the rest of the building, then the carbon monoxide detector should be placed just outside of the door, unless the manufacturer's instructions indicate otherwise

On 8/19/21, at 10:30 a.m., the boiler room next to the medical office did not have at least 15 feet between the fossil fuel burning boiler and the door that leads out of the enclosed area to the rest of the building; however, the carbon monoxide detector for the boiler was placed approximately 5 feet from the gas boiler inside the boiler room.

On 8/19/21, at 10:32 a.m., the hot water tank room next to the kitchen did not have at least 15 feet between the fossil fuel burning hot water tank and the door that leads out of the enclosed area to the rest of the building; however, the carbon monoxide detector for the gas hot water tank was placed approximately 10 feet from the tank inside the hot water tank room.

On 8/19/21, at 10:35 a.m., the boiler room next to the dining hall did not have at least 15 feet between the fossil fuel burning boiler and the door that leads out of the enclosed area to the rest of the building; however, the carbon monoxide detector for the boiler was placed approximately 6 feet from the gas boiler inside the boiler room.

The home is operating three boilers, located in the boiler rooms next to the medical office and next to the dining hall, Two of the home's boilers have not been inspected, approved, or issued a certificate of operation by the Pennsylvania Department of Labor and Industry since 1/30/19, and one boiler has not been inspected, approved, or issued a certificate of operation by the Pennsylvania Department of Labor and Industry since 7/30/19.

Plan of Correction

Accept

On the date of our inspection it was found that our carbon monoxide detectors were placed in the wrong locations and our boiler inspection certificates are out of date. We had placed our carbon monoxide detectors in the rooms with gas fired objects because their rooms are too small to comply with the 15ft rule. The detectors were placed when the regulation had no clarification on what to do when the room does not meet the 15ft standard. Also, our boiler certificates were out of date due to the pandemic. When our inspection came due we contacted PA Labor & Industry. They reached back out and said due to their restrictions they were not able to inspect our boilers. We were informed this is because our boiler rooms had no outside entrance and they weren't able to come through our building. They also said they would call us when their restrictions have changed to set up inspection. We have not heard from them since.

On the 08/19/2021 the first day of our inspection all carbon monoxide detectors were moved to their proper locations outside of each room. We are confident this has fixed the location issue. The monthly checks of our detectors occur by the 5th and our carried out by our maintenance staff. On 9/27/2021 upon receipt of our violation report our administrator contacted PA Labor & Industry. Upon not hearing from them with in 24 hours we have tried contacting them on 9/29, 9/30, 10/1. We are currently waiting for the Labor & Industry boiler inspector in our district to contact us. We will schedule for the next available appointment when contacted. We feel that the pandemic has caused what would normally be a nonissue into a problem and don't foresee any further issues with this as we return to normal.

18 - Compliance With Laws (continued)

Furthermore after 4 weeks of daily phone calls to the Labor And Industry Boiler Division we finally made contact with [REDACTED] the secretary on 10/12/21. She gave us the number for [REDACTED] (724) 923-0777 the local inspector for our region. We've have contacted [REDACTED] to set up the inspection on 10/20/21. In the future to prevent further issues administration plans on using our computer calendar reminder software to set up a reminder. The reminder be set for 10 months after the last inspection to call [REDACTED] to schedule the appointments for recertification.

[REDACTED] 10/14/2021

Completion Date: 10/20/2021

Document Submission

Implemented

Please See Attached Document.

[REDACTED]

12/07/21

Completion Date: 12/07/2021

85d - Trash Receptacles

1. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 8/19/21, at 10:27 a.m., there was a 1/2 full, uncovered garbage can of food waste in the kitchen.

Plan of Correction

Accept

On the date of inspection, it was found that our kitchen staff member had not properly flipped the garbage can lid back on the garbage can after last using it. It was an honest mistake and was corrected immediately by the kitchen staff. The violation made it obvious that we needed to do some retraining on the proper kitchen hygiene. During our staff meeting on 9/28/2021 we discussed the proper ways trash should be stored and proper lidding procedures. We are doing daily checks of all garbage cans throughout the home to make sure lids are being used. During the education we made an emphasis on if a staff member notices an issue like a garbage can without a lid to fix it before moving on. Likewise, if the issue can't be fixed they are to immediately contact the administration for further guidance and assistance.

[REDACTED] 10/04/2021

Completion Date: 09/28/2021

Document Submission

Implemented

Please See Attached Document.

[REDACTED]

12/07/21

Completion Date: 12/07/2021

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 8/20/21 at 10:45 a.m., the water temperature at the kitchen sink was 139.5 degrees Fahrenheit, and at 1:40 p.m., it was 140.3 degrees Fahrenheit.

On 8/20/21 at 10:50 a.m., the water temperature in resident room #12's bathroom was 127.5 degrees Fahrenheit, and at 1:43 p.m., it was 129.1 degrees Fahrenheit.

Plan of Correction**Accept**

During the building inspection it was found that water temperatures were higher than allowed by regulation in two areas. High temperatures can pose a risk to staff and residents alike. Increasing the risk of scolding and burns. Immediately on 08/19/2021 once the inspector informed us that the temperatures were too high we adjusted the hot water tanks. Each resident room has an individual on demand hot water tank with a dial to set the temperature. The kitchen was set hotter due to the fact it supplies our dish sanitizer. Each tank has been adjusted to proper temperature of 105 degrees in residents' rooms and 115 degrees in the kitchen. Administration will spot check the water temperatures in each room of our building two times a week this will allow us to get any rogue temperature readings under control. They will chart the temps to make sure they are within limits.

Furthermore on 10/11/21 all staff were brought in for a staff meeting to educate on proper water temperatures as well as how to properly check water temperatures and whom should be notified if a temperature over or under the limits.

 10/14/2021

Completion Date: 10/11/2021

Document Submission**Implemented**

Please See Attached Document.

George Knox

12/07/21

Completion Date: 12/07/2021

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 Violation

On 8/19/21, at 10:43 a.m., the lamp in resident room #13 was located approximately 5' from the head of the resident's bed, and there was no access to a source of light that could be turned on/off at bedside.

Plan of Correction**Accept**

On the date of our inspection it was discovered that one of our very independent residents had moved their bed

101j7 - Lighting/Operable Lamp (continued)

side lamp to the next table over. Here at Trinity Oaks we want every resident to feel like they are at home. Therefore, we like to let the resident make choices about their room set up. Our resident had made the choice to move the lamp independently from us. However, it is our responsibility to make sure all regulations are met. After conferring with resident, they were alright with use moving the lamp back to the bedside table. However, we realize their maybe situations in the future where the resident maybe not be so corporative. Therefore, we have purchased tap lights that can be installed next to a resident's bed to meet the requirement. When a new resident comes to us we set up each room to meet all regulatory requirements we will continue to do that. However, our administer has tasked our housekeeping staff making sure every residents room is properly set up and shall do this on a weekly basis. We will also use educate new residents on what the state allows them to do and not.

Furthermore on 10/11/21 we educated our staff on Chapter 2600.101j7. This covered the regulation itself and also what types of lights are acceptable to be use also how far the light source can be from the bed to be acceptable.

██████████ 10/14/2021

Completion Date: 10/11/2021

Document Submission

Implemented

Please See Attached Documents.

██████████
12/07/21

Completion Date: 12/07/2021

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 8/19/21, at 10:26 a.m., no thermometer was present in the refrigerator or freezer next to the kitchen sink.

Plan of Correction

Accept

During our inspection it was discovered that one of our fridge/freezer combos had the thermometer removed during cleaning and not replaced. Without the thermometers staff isn't able to make sure the fridge/freezer is working properly to keep foods at a safe temperature. Immediately upon notification from the inspector our administrator ordered new thermometers. Every thermometer we owned was replaced with new. To make sure that they could not be removed their holding bend tabs have been depressed. This makes them unremovable unless the tab bent back. Also, as part of our reeducation training we went over proper temperatures and fridge/freezer rules. Our kitchen staff will check the temperatures of our freezers on a daily basis.

██████████ 10/04/2021

Completion Date: 10/04/2021

Document Submission

Implemented

Please See Attached Documents.

██████████

103f - Refrigerator/Freezer Temps (continued)

12/07/21

Completion Date: 12/07/2021

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's initial medical evaluation, dated [REDACTED], did not include the resident's pulse rate or allergies. These sections of the form are blank.

Plan of Correction

Accept

During the inspection of our resident records it was discovered that one of our residents initial DME forms was not completed by the doctor. The form omitted the pulse rate and allergies. Staff should have informed the doctor that we needed them to fill out these sections. These two areas are important for future reference. Nowadays with COVID stressing our medical professional we must be more diligent in checking their work. To stop future problems in this are we will be double checking all incoming DME's. We would have sent Resident #2's DME back to the doctor to be filled out but resident #2 has left our care. Our administrator and assistant administrator will check the DME's as the arrive and will send them back to the doctor's office within 24 hours of discovery of error.

[REDACTED] 10/04/2021

Completion Date: 10/04/2021

Document Submission

Implemented

Unfortunately the documents were not able to be updated. The resident left our care before we knew about the violation.

[REDACTED]
12/07/21

Completion Date: 12/07/2021

141b1 - Annual Medical Evaluation

1. Requirements

2600.

141b1 - Annual Medical Evaluation (continued)

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #3's most recent medical evaluation, dated [REDACTED], does not include the resident's height. This section of the form is blank.

Plan of Correction

Accept

During the inspection of our residents records it was discovered that a residents DME was not completely filled out with their height. Again, this is an error by the staff of the doctor or the doctor himself. It is important for every DME to be completely filled out yearly for reference if a medical question would arise and to make sure residents are medical appropriate for our facility. We should have caught the error and had it resent back to the doctor. We sent the DME back to the doctor to be corrected. Again, to stop future problems in this area we will double check all incoming DME's. Our administrator and assistant administrator will check the DME's as the arrive and will send them back to the doctor's office within 24 hours of discovery of error.

[REDACTED] 10/04/21

Completion Date: 10/04/2021

Document Submission

Implemented

Please See Attached Documents.

[REDACTED]

12/07/21

Completion Date: 12/07/2021

184a - Labeling OTC/CAM

1. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #1 is prescribed [REDACTED] [REDACTED] by mouth nightly; however, the pharmacy label indicates-Take one [REDACTED] tablet every day at noon.

Resident #2 is prescribed [REDACTED] one time a day. Hold for SBP less than 100 or HR less than 50; however, the pharmacy label indicates-Take one capsule [REDACTED] cap by mouth every day.

Plan of Correction

Accept

During our inspection it was found that two prescriptions pharmacy labels did not match the mar sheet. The error was made by our pharmacy. Our staff was well aware that the labels were wrong and knew to pass the medications via the MAR instruction. At the time of the inspection we were waiting for the correct labels to be delivered to us by our pharmacy. Both residents are no longer a with us but their medications were updated before their departure. It is our job to correct any errors in a timely manner. We had phone meeting with our pharmacy and came up with a plan to help limit and stop these errors. Firstly, the pharmacy sends us dummy MAR sheets two weeks before each month begins which gives us the ability to go through and make sure the MAR matches labels and vice versa. Secondly when medications are delivered by the pharmacy staff will check them immediately while the delivery

184a - Labeling OTC/CAM (continued)

driver waits to take to make sure all labels are correct. If something isn't correct the delivery driver will take the medications back to the pharmacy to be properly labeled and returned within 24 hours.

Furthermore on 10/11/21 we educated all medication staff on our new procedures of medication errors from the pharmacy. We went over how MAR sheets are made with the Dummy Sheets. Secondly we went over the procedures on when the pharmacy delivers medication staff are to immediately check and send back any errors to be corrected.

██████████ 10/14/21

Completion Date: 10/11/2021

Document Submission

Implemented

Please See Attached Documents.

██████████

12/07/21

Completion Date: 12/07/2021

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 8/19/21, at 10:15 a.m., multiple containers of paint, including (2) gallon containers of Duration Home Paint, with a manufacturer's label indicating "if swallowed call poison control", were unlocked, unattended, and accessible to residents in the small hall shower room closet. Not all the residents of the home, including resident #1, are assessed as capable of recognizing and using poisons safely.

REPEAT VIOLATION: 4/27/2018

Plan of Correction

Accept

On the date of our inspection it was found that a painter we'd been contracting to update our rooms had not properly disposed of some empty paint cans and had left a few full paint cans with the empties. This is a violation of our homes poisonous material policy and should not have happened. Staff removed all the paint cans immediately upon discovery. The painting company has not been retained. We pulled all of our staff in for a staff meeting regarding our violations. We find that communication with our staff is the best possible solution in preventing further violations. The meeting happened on 9/28/2021 with all staff members. Through this meeting we came up with the plan that each shift would take 5 minutes per shift daily and do a check of our building making sure anything poisonous is locked away. These checks started on 9/28/2021 and administration has made a check sheet that will be checked of by administration daily after the building check is done.

██████████ 10/04/2021

Completion Date: 09/28/2021

82c - Locking Poisonous Materials *(continued)*

Document Submission

Implemented

Please See Attached Documents.



12/07/21

Completion Date: 12/07/2021