

**Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC**

Facility Information

Name: LAKEVIEW PERSONAL CARE License #: 45161 License Expiration Date: 06/21/2022
Address: 498 LISBON ROAD, DARLINGTON, PA 16115
County: BEAVER Region: WESTERN

Administrator

Name: [REDACTED] Phone: 724-495-6139 Email: [REDACTED]

Legal Entity

Name: EMBASSY DARLINGTON LLC
Address: 25201 CHARGRIN BLVD, SUITE 190, BEACHWOOD, OH, 44122
Phone: 7244956139 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/22/1993 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 70 Waking Staff: 53

Inspection

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 08/23/2021

Inspection Dates and Department Representative

08/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 58

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

08/23/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/12/2021

Inspections / Reviews (*continued*)

9/17/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *09/24/2021*

9/23/2021 - POC Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *10/15/2021*

10/29/2021 - Document Submission

Lead Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

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

The support plan for resident #1, dated [REDACTED], is not signed by the resident and does not indicate if the resident was unable to participate, declined to participate, refused to sign or was unable to sign.

Plan of Correction**Directed**

On [REDACTED] Resident #1 was approached to sign [REDACTED] support plan this has been updated in his Support Plan. It is the Health Care Directors responsibility to ensure that all Support Plans are signed and dated properly. The Administrator will review all support plans as residents are admitted into the community to ensure that all all areas are completed.

(Directed) *By 9/30/21, all staff responsible for completion of support plans will be trained on Chapter 2600.227g. Documentation will be submitted to the Department.*

(AD 9/23/21)

Completion Date: 08/24/2021

Document Submission**Implemented**

On 9/27/21 the Administrator and the Healthcare director reviewed the regulations concerning required signatures and dating on the residents support plans. [REDACTED] are the only staff who complete these forms.) It is the Health Care Directors responsibility to ensure that all Support Plans are signed and dated properly.

Moving forward it will be the Administrators responsibility to review all support plans as residents are admitted into the community to ensure that all all areas are signed and dated properly.

Department of Human Services
Bureau of Human Service Licensing

September 23, 2021

[REDACTED]
EMBASSY DARLINGTON LLC
[REDACTED]

RE: LAKEVIEW PERSONAL CARE
498 LISBON ROAD
DARLINGTON, PA, 16115
LICENSE/COC#: 45161

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 08/23/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Amy Duncan

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing

October 29, 2021

[REDACTED]

RE: LAKEVIEW PERSONAL CARE
498 LISBON ROAD
DARLINGTON, PA, 16115
LICENSE/COC#: 45161

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Amy Duncan

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing