

Department of Human Services
Bureau of Human Service Licensing

October 2, 2022

[REDACTED], ADMINISTRATOR

RE: VINTAGE KNOLLS
9 JUSTIN DRIVE
DANVILLE, PA, 17821
LICENSE/COC#: 22831

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/21/2021, 09/23/2021 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

Facility Information

Name: *VINTAGE KNOLLS* License #: *22831* License Expiration: *10/23/2022*
Address: *9 JUSTIN DRIVE, DANVILLE, PA 17821*
County: *MONTOUR* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *CSM DANVILLE LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *04/15/1999* Issued By: *LABOR AND INDUSTRY*

Staffing Hours

Resident Support Staff: *11* Total Daily Staff: *80* Waking Staff: *60*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/23/2021*

Inspection Dates and Department Representative

09/21/2021 - On-Site: [REDACTED]
09/23/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *66* Residents Served: *58*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *58*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *11* Have Physical Disability: *0*

Inspections / Reviews

09/21/2021 - Full

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *10/24/2021*

10/27/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *12/06/2021*

10/02/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103e - Left Overs

1. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

2 clear bags of bacon bits and 1 bag of breakfast sausage links were found in the homes freezer not dated or labeled

Plan of Correction

Accept

Inspector noted that bacon bits and sausage had no label on them and were not dated, they were immediately thrown away at the time of inspection and staff were immediately educated on the importance of labeling and dating all food in the kitchen.

A sheet has been placed on the freezer in the kitchen and the cook will check all food for labels and dates daily, and then sign the sheet confirming that all food is in compliance of regulation 2600.103e. This will continue until 4-22-22

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit the training outline and the sign in sheets for verification.

Documentation should be sent in the Portal.

█, 10-27-21

Completion Date: 04/22/2022

Document Submission

Implemented

A sheet has been placed on the freezer in the kitchen and the cook will check all food for labels and dates daily, and then sign the sheet confirming that all food is in compliance of regulation 2600.103e. This will continue until 4-22-22

Update: 10/02/2022

In the future, actual checklists that have been completed will be required.

█, 10-2-22

121a - Unobstructed Egress

1. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

A dining room chair blocked the emergency exit in the dining room far left side. Additionally, a dining room table and 4 chairs also blocked the same exit.

The emergency exit from the dining room into the kitchen was blocked by a service cart. The same wooden door was also difficult to open.

In the kitchen, the emergency exit was blocked by a stack of plastic milk cartons near the emergency exit door.

121a - Unobstructed Egress (continued)

The emergency exit door in the home's recreation room was blocked from the exterior by a patio table and four chairs.

Plan of Correction**Accept**

Inspector noted that the egress in the kitchen and dining room was blocked. Dining room chair and table was immediately moved away from the exit door. The service cart was immediately removed from the exit door and placed away from all exit doors. The door was also immediately greased to open and close easily. The plastic milk cartons were also removed immediately and placed away from all exits. The morning shift cook will check all egress before opening dining room door and will sign a sheet daily for the next 6 months stating that all egress are free from obstruction until . The patio table was immediately removed from the patio . All staff were educated on the importance of not blocking any egress.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, if the Adm has implemented the use of a checklist to ensure ongoing compliance, please submit with the resubmission for Step 2. Please submit the sign in sheet from the staff.

Documentation should be sent in the Portal.

█, 10-27-21

Completion Date: 04/22/2022

Document Submission**Implemented**

The morning shift cook will check all egress before opening dining room door and will sign a sheet daily for the next 6 months stating that all egress are free from obstruction until . The patio table was immediately removed from the patio . All staff were educated on the importance of not blocking any egress.

Update: 10/02/2022

In the future, actual checklists that have been completed will be required.

█, 10-2-22

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

Documentation was not available notifying 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.

Plan of Correction**Accept**

On the day of inspection, the correct documentation was not provided to the fire department . The director of maintenance emailed Chief █ a letter informing her of the types of equipment used such as O2, canes, walkers, wheelchairs, residents that needs assistance with transfers, residents with cognitive impairments or residents that

124 - Notice to Fire Department (continued)

need cueing assistance to arrive at fire safe areas. This documentation will be updated with our fire department yearly by the maintenance director/executive director.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit a new copy of the letter with the POC.

Documentation should be sent in the Portal.

█, 10-27-21

Completion Date: 10/22/2022

Document Submission

Implemented

On the day of inspection ,the correct documentation was not provided to the fire department . The director of maintenance emailed Chief █ a letter informing her of the types of equipment used such as O2, canes, walkers, wheelchairs, residents that needs assistance with transfers, residents with cognitive impairments or residents that need cueing assistance to arrive at fire safe areas. This documentation will be updated with our fire department yearly by the maintenance director/executive director.

125a - Combustible Storage

1. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

Tiny tissues and lint were found between the home's first floor washer and dryer. The paper tissues and lint have a potential of causing a fire near the dryer when in use.

Plan of Correction

Accept

Tissues and lint were cleaned off of the floor at the time the inspector noted them on the floor of the laundry room. Staff and housekeeping were educated on the importance of keeping the laundry room free of all debris ,especially combustible/flammable debris. It has been implemented that the housekeeper /supervisor would check the laundry room daily and sign that the laundry room is free of debris . This is a procedure that will be signed for daily for the next six months . After the 6 months housekeeping and supervisors will still check the laundry room for such debris but will not have a sign in sheet.

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will send in a copy of the updated procedure and send in a copy of the signature sheet that was signed by staff.

Documentation should be sent in the Portal.

█, 10-27-21

Completion Date: 04/22/2022

125a - Combustible Storage (continued)

Document Submission

Implemented

Tissues and lint were cleaned off of the floor at the time the inspector noted them on the floor of the laundry room. Staff and housekeeping were educated on the importance of keeping the laundry room free of all debris ,especially combustible/flammable debris. It has been implemented that the housekeeper /supervisor would check the laundry room daily and sign that the laundry room is free of debris . This is a procedure that will be signed for daily for the next six months . After the 6 months housekeeping and supervisors will still check the laundry room for such debris but will not have a sign in sheet.

Update: 10/02/2022

In the future, actual checklists that have been completed will be required.

10-2-22

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

with breakfast and with supper Dx hold for blood sugar less than 100 , The glucometer reading for resident # 1 on indicated a reading of the number was documented incorrectly at Readings were not documented on the resident # 1'S record for 1 at at at and at

Plan of Correction

Accept

On inspection the inspector noted that glucometer readings had been documented incorrectly. Staff were immediately educated on the importance of careful documentation of glucometer readings. From this date for the next year, the director of wellness and resident care coordinator will audit all glucometers biweekly for there accuracy

Directed Plan of Correction:

To complete the 2 Step Plan of Correction Process, (POC), upon Resubmission of the POC, the Adm will submit copies of signature sheet and a copy of the training material used in the training session.

Documentation should be sent in the Portal.

10-27-21

Completion Date: 10/21/2022

Document Submission

Implemented

On inspection the inspector noted that glucometer readings had been documented incorrectly. Staff were immediately educated on the importance of careful documentation of glucometer readings. From this date for the next year, the director of wellness and resident care coordinator will audit all glucometers biweekly for there accuracy

185a - Implement Storage Procedures (continued)

Update: 10/02/2022

In the future, actual checklists that have been completed will be required.

■, 10-2-22