

Department of Human Services
Bureau of Human Service Licensing

April 1, 2022

[REDACTED], PRESIDENT
[REDACTED]
[REDACTED]

RE: MAPLE VALLEY PERSONAL CARE
HOME
2212 ANTHONY RUN ROAD
INDIANA, PA, 15701
LICENSE/COC#: 42769

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/28/2021, 09/29/2021 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: *MAPLE VALLEY PERSONAL CARE HOME* License #: *42769* License Expiration: *03/08/2022*
Address: *2212 ANTHONY RUN ROAD, INDIANA, PA 15701*
County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/01/2008* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *36* Waking Staff: *27*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *09/29/2021*

Inspection Dates and Department Representative

09/28/2021 - On-Site: [REDACTED]
09/29/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *40* Residents Served: *34*

Secured Dementia Care Unit

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

Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *34*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

09/28/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/29/2021*

Inspections / Reviews (*continued*)

12/15/2021 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *12/20/2021*

04/01/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

123d - Mobility Needs

1. Requirements

2600.

123.d. If the home serves one or more residents with mobility needs above or below grade level of the home, there shall be a fire-safe area, as specified in writing within the past year by a fire safety expert, on the same floor as each resident with mobility needs.

Description of Violation

Resident #1 was identified as having a mobility need through resident and staff interviews and medical documentation. This resident resides in a bedroom on the second floor of the home, above grade level, that does not have a fire safe area specified in writing within the past year by a fire safety expert.

Plan of Correction

Directed

OMVPCH disputes this violation. The resident had been assessed by two different physical therapists to be capable to ascend and descend stairs independently and safely. This resident has significant MH issues and in MVPCH's opinion request for assistance with the stairs on the day of inspection was related to MH diagnosis rather than a physical limitation. Prior to the day of inspection had repeatedly and consistently negotiated the stairs.

has since been discharged from MVPCH.

In the future, any resident that is on the top floor of the facility will be assessed by physical therapy to determine their ability to navigate the stairs safely. Currently there is only one resident on the second floor.

Directed Plan - By 12/31/21, all staff persons will be educated on regulation 2600.123d and the home's policy and procedure for evaluating for mobility needs in residents. JW 12/15/21

Completion Date: 10/20/2021

Document Submission

Implemented

See attachment

183e - Storing Medications

1. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 9/28/21, resident #3's was stored on the medication cart. However, according to the manufacturer's instructions, and pharmacy label, the medication is to be stored in the refrigerator.

Plan of Correction

Accept

The medication was moved to the med room refrigerator on the day of inspection.

In the future, the DON will verify the storage instructions for each medication during monthly audits of the med cart(s). All meds were reviewed during the October 2021 audit for storage compliance

Completion Date: 10/08/2021

Document Submission

Implemented

See attachment

190b - Insulin Injections

1. Requirements

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

Description of Violation

Staff person B has not successfully completed a Department-approved diabetes patient education program since December of 2019. However, this staff person administered Novalog insulin to resident #2, at approximately 8:00 a.m. on 9/17/21, and, at approximately 5:00 p.m., on 9/15/21, 9/16/21, and 9/18/21.

Plan of Correction

Accept

MVPCH was of the understanding that the diabetes training requirement was suspended along with all other training requirements which were suspended because of the pandemic.

All med techs were trained by a diabetes educator on 11-11-2021.

The administrator will schedule annual diabetes training for med techs in the future

Completion Date: 11/11/2021

Document Submission

Implemented

See attachment

141b1 - Annual Medical Evaluation

1. Requirements

2600.

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

Description of Violation

On 9/28/21, resident #2's most recent annual medical evaluation indicates it was completed on 10/13/21.

Repeat Violation: 9/12/19

Plan of Correction

Accept

This was a simple documentation error. The error was corrected on the day of inspection.

All DME's were reviewed for compliance. In the future, the DON will review any initial and/or annual DME's for accuracy of the correct date(s)

Completion Date: 10/18/2021

Document Submission

Implemented

See attachment