

Department of Human Services
Bureau of Human Service Licensing

November 29, 2022

[REDACTED]

ST JUDES HAVEN INC
1072 MT. AIRY DRIVE
JOHNSTOWN, PA, 15904

RE: ST. JUDE'S HAVEN PERSONAL CARE
HOME
1072 MT. AIRY DRIVE
JOHNSTOWN, PA, 15904
LICENSE/COC#: 30787

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/14/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ST. JUDE'S HAVEN PERSONAL CARE HOME* License #: *30787* License Expiration: *06/20/2022*
Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA 15904*
County: *CAMBRIA* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *ST JUDES HAVEN INC*
Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA, 15904*
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/23/2000* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *10/14/2021*

Inspection Dates and Department Representative

10/14/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* Residents Served: *15*

Secured Dementia Care Unit

In Home: <i>No</i>	Area:	Capacity:	Residents Served:
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Hospice

Current Residents: *3*

Number of Residents Who:

Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>15</i>
Diagnosed with Mental Illness: <i>1</i>	Diagnosed with Intellectual Disability: <i>0</i>
Have Mobility Need: <i>6</i>	Have Physical Disability: <i>2</i>

Inspections / Reviews

10/14/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/17/2022*

Inspections / Reviews (*continued*)

09/27/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2022

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/04/2022

11/29/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/30/2022

11/29/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/29/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff A was hired on [REDACTED]/20, but a criminal background check wasn't completed until [REDACTED]/20.

POC Submission

Accept ([REDACTED] - 11/29/2022)

Staff files will be audited by me to ensure each file has a criminal background check. The audit will be completed by me no later than this Friday October 7th. If i find any files without one it will be completed immediately.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([REDACTED] 11/29/2022)

103f - Refrigerator/Freezer Temps

2. 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 10/14/21 at 3:20 pm and 4:30 pm, the temperature in the kitchen's white Kenmore freezer was 20 degrees Fahrenheit.

POC Submission

Accept ([REDACTED] 11/29/2022)

There is a checklist that will document freezer temps monthly to ensure temps are compliant. Maintenance will do a formal check monthly at an off time to ensure reading is accurate. This will be documented monthly.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([REDACTED] - 11/29/2022)

107d - Procedure Emergency Management Agency Submission

3. Requirements

2600.

- 107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home did not review, update, or submit their emergency procedures for 2021.

POC Submission

Accept ([REDACTED] 11/29/2022)

will submit this yearly after reviewing and updating the plan, This will go on my yearly checklist to ensure it is never missed. I will be submitting the procedures by the end of October for the yearly compliance.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([REDACTED] - 11/29/2022)

141a 1-10 Medical Evaluation Information

4. 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 #1's medical evaluation, which was completed on [REDACTED]/21, did not include the physician's signature and license number.

POC Submission

Accept ([REDACTED] - 11/29/2022)

DME's are being monitored monthly by me and have been added to my monthly checklist with reminder to review upon receipt so nothing is filed incomplete. An audit has been being done monthly and I will continue to do so. A reminder will be sent to pcp to completely fill in the DME, including to their phone number.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([REDACTED] - 11/29/2022)

162c - Menus Posted

5. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The inspection was conducted on 10/14/21. The home's menu for the weeks of 10/8/21-10/12/2021 and 9/21/21-9/26/2021 were the only menus posted.

POC Submission

Accept ([REDACTED] 11/29/2022)

The violation was completed by me immediately. Menu's were added to my monthly list and will be done 4 weeks at a time. I will continue to ensure they are completed well in advance. Using the checklist helps to ensure nothing is missed that needs completed.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([REDACTED] - 11/29/2022)

183e - Storing Medications

6. Requirements

2600.

183e - Storing Medications (continued)

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

The [REDACTED] for Resident #1 was not dated when opened, per manufacturer's instructions.

POC Submission

Accept [REDACTED] 11/29/2022)

Staff member that opens [REDACTED] is the one that documents date opened. I have added the med room audit to my monthly checklist to ensure all meds are stored and disposing of properly, also checking expiration dates. will do this every month moving forward.

Licensee's Plan Completion Date: 10/04/2022

Implemented [REDACTED] - 11/29/2022)

185a - Implement Storage Procedures**7. 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

- The [REDACTED] that was ordered pro re nata (PRN) for Resident #1, was not available.
- The blood sugar readings were recorded on the medication administration record (MAR), but were not on the glucometer on the following dates:
 - [REDACTED]/21 - [REDACTED] at 8am
 - [REDACTED]/21 - [REDACTED] at 8am
 - [REDACTED]/21 - [REDACTED] at 8am

POC Submission

Accept [REDACTED] 11/29/2022)

When doing the monthly med room audit I will check MAR's and meds in cart. Anything not matching will be addressed by PCP. This will be completed monthly to help insure meds in cart and on MAR are correct. Blood sugar checks are reviewed yearly during our diabetic class which we (all staff) just completed 6/27/22 with [REDACTED] via Quest Hospice. I will train staff member if needed prior to this class to ensure readings are done and documented properly.

During the monthly med room audit, I will check with BS monitor with documented readings to ensure they are being recorded correctly.

Licensee's Plan Completion Date: 10/04/2022

Implemented [REDACTED] - 11/29/2022)

187d - Follow Prescriber's Orders**8. Requirements**

187d - Follow Prescriber's Orders (continued)

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is ordered [redacted] to be completed [redacted] AM daily. However, this was not completed on 10/2/21, 10/5/21, 10/10/21 and 10/13/21.

POC Submission

Accept ([redacted] - 11/29/2022)

Blood sugar checks are reviewed yearly during our diabetic class which we (all staff) just completed 6/27/22 with [redacted] Via Quest Hospice. I will train staff member if needed prior to this class to ensure readings are done and documented properly.

During the monthly med room audit, I will check with BS monitor with documented readings to ensure they are being recorded correctly.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([redacted] - 11/29/2022)

190a - Completion Medication Course

9. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Medication Administration training was not completed for 3 staff:
Staff A - was hired on [redacted] 2020, but never had medication administration training or observations
Staff B - completed what the Administrator called "emergency med tech training" on [redacted]/2020
Staff C - last MAR review/observation was [redacted] 2020

POC Submission

Accept ([redacted] - 11/29/2022)

Staff A and B were both trained with the modified med course but never administered medications prior to their certifications. I have since done their MAR reviews to bring them current. This is added to my monthly checklist to ensure I dont miss any staff members review.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([redacted] - 11/29/2022)

190b - Insulin Injections

10. 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.

190b - Insulin Injections (continued)

Description of Violation

Staff person A did not complete training from a Certified Diabetic Educator (CDE), yet administered [REDACTED] on [REDACTED]/21, [REDACTED]/21, [REDACTED]/21, [REDACTED]/21, [REDACTED]/21, [REDACTED]/21, [REDACTED]/21, [REDACTED]/21 and [REDACTED]/21.

The training for Staff Persons B and C from a CDE expired [REDACTED]/2018.

POC Submission

Accept ([REDACTED] 11/29/2022)

All staff has diabetic training through [REDACTED]. We completed our most recent class in December of 2021. Having to limit who could be in the past 2 years made it difficult. We did our 2021 virtually and I am in the process of setting up our 2022 class.

We have since completed 2022 training on 6/27/22 with [REDACTED] ViaQuest Hospice. This training is on my yearly list so it can be scheduled in advance.

am having trouble uploading the documents, I will reach out to you to see how to get them to you.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([REDACTED] 11/29/2022)

227d - Support Plan Medical/Dental

11. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2 has a diagnosis of [REDACTED]. A 1/2 bed rail was observed on the bed in the resident's room, however this was not addressed on the Resident Assessment and Support Plan (RASP), dated [REDACTED]/21.

POC Submission

Accept (NC - 11/29/2022)

took my RASPs around to each resident rooms documenting bed rails, fall mats, and bed alarms to ensure not one was missed. I do these monthly and they are on my monthly checklist. I will continue to do them this way and no changes will be missed between the next RASP being completed.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([REDACTED] - 11/29/2022)

253c - Records Log

12. Requirements

2600.

253.c. The home shall keep a log of resident records destroyed on or after October 24, 2005. This log must include the resident's name, record number, birth date, admission date and discharge date.

Description of Violation

The Administrator stated that records had been destroyed, burned in a burn barrel, however there was no record of

253c - Records Log (continued)

date or what records were destroyed.

POC Submission

Accept ([redacted] - 11/29/2022)

When maintenance and I destroy records, I will make a list with resident name, DOB, social security number, and date they passed away or moved. I will file this and keep it for reference if needed. I will have access to the log.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([redacted] 11/29/2022)

254a - Records Discharge/Active

13. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

Upon entering the building, the Administrator's office door was observed open and resident information was unlocked, unattended, and with accessible records. Information was on the desk and filing cabinets were unlocked.

POC Submission

Accept ([redacted] - 11/29/2022)

I corrected the violation on the date of this inspection. Maintenance replaced it that day. Staff was told that day as well as at a meeting post inspection, about the importance of keeping the door locked and HIPPA rights. There is also a locked filing cabinet which will keep all the files tucked away.

Staff has been compliant with keeping the door locked at all times.

Licensee's Plan Completion Date: 10/04/2022

Implemented ([redacted] - 11/29/2022)