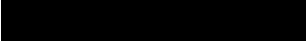


Department of Human Services
Bureau of Human Service Licensing

April 5, 2022

 PRESIDENT

RE: LANE AVENUE PERSONAL CARE
HOME
206 LANE AVENUE
PUNXSUTAWNEY, PA, 15767
LICENSE/COC#: 42409

Dear ,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021, 11/03/2021 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: *LANE AVENUE PERSONAL CARE HOME* License #: *42409* License Expiration: *12/21/2022*
Address: *206 LANE AVENUE, PUNXSUTAWNEY, PA 15767*
County: *JEFFERSON* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/19/1993* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/03/2021*

Inspection Dates and Department Representative

11/02/2021 - On-Site: [REDACTED]
11/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *42* Residents Served: *33*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *33* Are 60 Years of Age or Older: *29*
Diagnosed with Mental Illness: *33* Diagnosed with Intellectual Disability: *3*
Have Mobility Need: *1* Have Physical Disability: *3*

Inspections / Reviews

11/02/2021 - Full

Lead Inspector: *Debora McConnell* Follow-Up Type: *POC Submission* Follow-Up Date: *01/06/2022*

Inspections / Reviews (*continued*)

01/13/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *01/17/2022*

01/26/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *02/02/2022*

04/05/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

57c - 2 Hours/Day

1. Requirements

2600.

57.c. Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

Description of Violation

The home is required a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs with at least 75% of personal care services during waking hours.

On 10/30/21, there were 33 residents in the home with 1 resident with a mobility need. The home was required to provide a minimum total of 34 hours of direct care services, however, only 31 hours of direct care were provided.

Plan of Correction**Accept**

Weekend shifts (Saturday and Sunday) are extended to allow more direct care hours for residents. Shifts are as followed 6am-3pm, 6am-2pm, 3pm-10:30pm, 3pm-9pm, and 10:30pm-6:30am.

No residents at this time have mobility needs.

Administrator will monitor direct care hours as resident care services change weekly with scheduling.

Completion Date: 01/03/2022

Document Submission**Implemented**

Weekend shifts (Saturday and Sunday) are extended to allow more direct care hours for residents. Shifts are as followed 6am-3pm, 6am-2pm, 3pm-10:30pm, 3pm-9pm, and 10:30pm-6:30am.

No residents at this time have mobility needs.

Administrator will monitor direct care hours as resident care services change weekly with scheduling.

57d - Waking Hours

1. Requirements

2600.

57.d. At least 75% of the personal care service hours specified in subsections (b) and (c) shall be available during waking hours.

Description of Violation

The home is required a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs with at least 75% of personal care services during waking hours.

On 10/30/21, there were 33 residents in the home with 1 resident with a mobility need. The home was required to provide a minimum total of 24 hours of direct care services during waking hours, however, only 23.5 hours of direct care were provided during waking hours.

Plan of Correction**Accept**

Shift hours were extended from 6am-1pm to 6am-2pm and 3pm-8pm to 3pm-9pm adding 2 extra day light hours.

Administrator will maintain these hours and add hours as personal care services arise. Hours will be calculated weekly with new schedule.

Completion Date: 01/03/2022

57d - Waking Hours *(continued)***Document Submission****Implemented**

Shift hours were extended from 6am-1pm to 6am-2pm and 3pm-8pm to 3pm-9pm adding 2 extra day light hours. Administrator will maintain these hours and add hours as personal care services arise. Hours will be calculated weekly with new schedule.

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 11/2/21, at approximately 11:03 a.m., the hot water temperature at the sink in the common bathroom across from bedroom #10 measured 145.9 degrees Fahrenheit.

At approximately 11:15 a.m., the hot water temperature at the sink in the second right common bathroom across from the nurse area measured 131.1 degrees Fahrenheit.

Plan of Correction**Accept**

Hot water furnaces were immediately adjusted to a lower temperature and rechecked by staff each shift for a month and after any type of maintenance.

A sign off sheet is to be signed off each shift for a month, then once daily for a month, then monthly if no discretion in temperature settings.

This will be completed at the state of each shift by lead staff on shift.

Completion Date: 01/06/2022

Document Submission**Implemented**

Hot water furnaces were immediately adjusted to a lower temperature and rechecked by staff each shift for a month and after any type of maintenance.

A sign off sheet is to be signed off each shift for a month, then once daily for a month, then monthly if no discretion in temperature settings.

This will be completed at the state of each shift by lead staff on shift.

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 11/3/21, at approximately 12:42 p.m., the temperature in the freezer of the black refrigerator/freezer was 2 degrees Fahrenheit and at approximately 1:22 p.m., it was 10 degrees Fahrenheit.

Plan of Correction**Accept**

Freezer setting was lowered to maintain a 0 degree Fahrenheit temperature. Staff will check freezer temperature each shift at the start of shift and sign off on sheet. This will be done for a month then it will go to daily temperature checks by the cook.

Completion Date: 01/06/2022

103f - Refrigerator/Freezer Temps (*continued*)**Document Submission****Implemented**

Freezer setting was lowered to maintain a 0 degree Fahrenheit temperature. Staff will check freezer temperature each shift at the start of shift and sign off on sheet. This will be done for a month then it will go to daily temperature checks by the cook.

141a - Medical Evaluation

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.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED] did not include the resident's medication regimen. There was a handwritten note to "refer to back of med eval form for list of all patient medications (28 total)" but no list was present.

Plan of Correction**Accept**

Residents medication list was on the back of another physical paper that was attached but moving forward 2 separate medication list will be attached to each form. The nurse will ensure when a resident has a medical evaluation that an attached copy is with each form.

Completion Date: 01/06/2022

Document Submission**Implemented**

Residents medication list was on the back of another physical paper that was attached but moving forward 2 separate medication list will be attached to each form. The nurse will ensure when a resident has a medical evaluation that an attached copy is with each form.

162c - Menus Posted

1. 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

On 11/2/21, the home's posted menus were not dated, therefore, it is unclear which represented the current week's and upcoming week's menu.

Plan of Correction**Accept**

The cook will be sure to have the date on the weekly menu. The Administrator will check every Monday to assure current dates are on menu and sign off that it is dated.

Completion Date: 01/06/2022

Document Submission**Implemented**

The cook will be sure to have the date on the weekly menu. The Administrator will check every Monday to assure current dates are on menu and sign off that it is dated.

183e - Storing Medications

1. 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

Resident #2 is prescribed [REDACTED]

On 11/3/21, the medications were opened and not dated with the open dates. According to the manufacturer's instructions, [REDACTED] expires 6 weeks after opening and [REDACTED] expires 3 months after opening.

Plan of Correction**Accept**

Nurse confirmed medication was still in date and dated medication that day. Nurse will do daily inspection of the medication cart for one month to ensure any new medications are dated. She will then do weekly inspections for a month and then do bi-weekly inspections. She will sign off with date, time, and any corrections.

Completion Date: 01/14/2022

Document Submission**Implemented**

Nurse confirmed medication was still in date and dated medication that day. Nurse will do daily inspection of the medication cart for one month to ensure any new medications are dated. She will then do weekly inspections for a month and then do bi-weekly inspections. She will sign off with date, time, and any corrections.

224a - Preadmission Screen Form**1. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED], and resident #2's preadmission screening form, dated [REDACTED] did not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction**Accept**

Administrator will review all new admission for the last year by January 31, 2022, for accuracy and completion. Administrator will have nurse review preadmission screenings for new admission at time of assessment.

Completion Date: 01/31/2022

Document Submission**Implemented**

Administrator will review all new admission for the last year by January 31, 2022, for accuracy and completion. Administrator will have nurse review preadmission screenings for new admission at time of assessment.

225a - Assessment 15 Days**1. Requirements**

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED] indicated resident #2 cannot self-administer medications. However, resident #2's assessment, dated [REDACTED] indicated the resident can self-administer medications with assistance in

225a - Assessment 15 Days (continued)

remembering schedule, offering medications at prescribed times and opening container or locked storage area.

Plan of Correction**Accept**

Resident's RASP was updated immediately. Administrator and Nurse will audit all resident files for completion and accuracy by 01/31/2022. Administrator will ensure updates and changes to RASP and have nurse review completed RASP to ensure accuracy. Current RASP updated to follow medical evaluation.

Completion Date: 01/31/2022

Document Submission**Implemented**

Resident's RASP was updated immediately. Administrator and Nurse will audit all resident files for completion and accuracy by 01/31/2022. Administrator will ensure updates and changes to RASP and have nurse review completed RASP to ensure accuracy. Current RASP updated to follow medical evaluation.

225c - Additional Assessment**1. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #3's medical evaluation, dated [REDACTED], indicated the resident cannot self-administer medications and has a diagnosis of advanced intellectual disability. However, resident #3's assessment, dated [REDACTED], indicated the resident can self-administer medications with assistance in remembering schedule, offering medications at prescribed times and opening container or locked storage area and does not include the resident's diagnosis of advanced intellectual disability.

Plan of Correction**Accept**

Administrator will ensure updates and changes to RASP and have nurse review completed RASP to ensure accuracy. Current RASP updated 11/03/21 to follow medical evaluation and to include resident's diagnosis of advanced intellectual disability. All resident charts will be audited for accuracy and completion by January 31, 2022.

Completion Date: 01/31/2022

Document Submission**Implemented**

Administrator will ensure updates and changes to RASP and have nurse review completed RASP to ensure accuracy. Current RASP updated 11/03/21 to follow medical evaluation and to include resident's diagnosis of advanced intellectual disability. All resident charts will be audited for accuracy and completion by January 31, 2022.