

Department of Human Services
Bureau of Human Service Licensing

May 16, 2022

[REDACTED], NHA
[REDACTED]
[REDACTED]
[REDACTED]

RE: OIL CITY SENIOR LIVING
1293 GRANDVIEW ROAD
OIL CITY, PA, 16301
LICENSE/COC#: 44798

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/09/2021 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: *OIL CITY SENIOR LIVING* License #: *44798* License Expiration: *03/13/2022*
Address: *1293 GRANDVIEW ROAD, OIL CITY, PA 16301*
County: *VENANGO* Region: *WESTERN*

Administrator

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

Legal Entity

[REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *08/17/1998* Issued By: *Department of Health*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *18* Waking Staff: *14*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/09/2021*

Inspection Dates and Department Representative

11/09/2021 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *22* Residents Served: *18*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* Are 60 Years of Age or Older: *16*
Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

11/09/2021 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/28/2021*

02/03/2022 - POC Submission

Inspections / Reviews *(continued)*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *02/10/2022*

05/16/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25c2 - Fee Schedule

1. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 2. A fee schedule that lists the specify the following: actual amount of allowable resident charges for each of the home's available services.

Description of Violation

The resident-home contract for resident #1, dated [REDACTED], indicates that the monthly charge for room, board, and included services is \$3114.00. However, resident #1 began receiving Supplemental Security Income in November 2017, and the resident's current monthly charge is [REDACTED]

Plan of Correction

Accept

Resident #1 was presented a written statement showing the rate changes that affected [REDACTED] from date of admission until present. [REDACTED] was also presented with a letter and new fee schedule for the upcoming year that will take effect 2/1/2022. Attached is a copy of the letter and charges for services that was presented to Residents and Responsible parties for the changes that will occur 2/1/22. The rate for Special arrangements and SSI are determined by the Social Security Cost of Living raises. Those rates have will be established once the Resident and Facility receive notification from the Social Security office. The facility will notify the Resident in writing of the rate change and a sign acknowledgement will be kept in the Residents financial file.

Completion Date: 11/24/2021

Document Submission

Implemented

See attached

42e - Telephone Access

1. Requirements

2600.

42.e. A resident shall have access to a telephone in the home to make calls in privacy. Nontoll calls shall be without charge to the resident.

Description of Violation

Staff person A, [REDACTED], indicated that not all residents of the home maintain a telephone in their rooms; however, the only telephone that was available for residents to make calls is kept in the staff room or carried by the home's staff. Staff person A indicated that there was previously a telephone available for residents in the living room, but that it recently ceased to operate.

Plan of Correction

Accept

The telephone for Resident use was replaced at 11/9/2021. All staff to be inserviced on the placement of the telephone for Resident use.

Administrator and or designee will monitor daily.

Completion Date: 12/01/2021

Document Submission

Implemented

see attached

85a - Sanitary Conditions

1. Requirements

2600.

85a - Sanitary Conditions (continued)

85.a. Sanitary conditions shall be maintained.

Description of Violation

There were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the bathroom shared by resident #2 and resident #3.

There were 2 unlabeled shower puffs on a plastic organizer in the bathroom shared by resident #2 and resident #3.

There were no paper towels, mechanical air blower, individual cloth towels or other sanitary means of hand drying in the bathroom shared by resident #4 and resident #5. There was a hand towel on resident #5's towel bar; however resident #4 had no sanitary means of hand-drying.

Plan of Correction

Accept

Staff had been completing daily room rounds but had not been completed at the time of inspection and not thoroughly. All bathrooms were checked. All shared bathrooms towel bars were labeled and towels presented. New daily room round sheet developed and all staff inservice regarding Sanitary conditions.

Documents attached.

Completion Date: 12/01/2021

Document Submission

Implemented

See attached

88a - Surfaces

1. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

Three of the louvers in the louvered metal emergency exit door in the boiler room were bent in the middle, leaving a gap of approximately 4-inches in the exterior door.

Plan of Correction

Accept

The Maintenance Department placed a temporary fix to the louvers and the door now opens and closes. Photos attached.

The facility has contacted a contractor to replace the door to prevent future issues..

The Maintenance department will monitor all Emergency exits and replace or repair as needed.

Completion Date: 11/09/2021

Document Submission

Implemented

See attached

102h - Toilet Paper

1. Requirements

2600.

102.h. Toilet paper shall be provided for every toilet.

Description of Violation

There was no toilet paper in the bathroom shared by resident #2 and resident #3.

102h - Toilet Paper (*continued*)**Plan of Correction****Accept**

All bathrooms were checked on 11/9/21 for toilet paper. Staff will perform daily room rounds to ensure that all Residents have toilet paper. Staff inservice regarding the expectations of daily room rounds. Administrator and/or designee will monitor daily.

Completion Date: 12/01/2021

Document Submission**Implemented**

See attached

102i - Soap Dispenser

1. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

The soap dispenser in the bathroom shared by resident #2 and resident #3 was empty.

There was an unlabeled bar of soap on the sink in the bathroom shared by resident #4 and resident #5.

Plan of Correction**Accept**

All shared bathrooms have a soap dispenser. All dispensers were checked and all dispensers were refilled if needed. Photo attached. All staff inservice on the expectations of daily room rounds. Administrator and/or designee will monitor daily.

Completion Date: 12/01/2021

Document Submission**Implemented**

See attached

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

There were 9 undated plastic containers containing cereal in the overflow pantry. Also, there were 5 undated bags of cereal in the main pantry.

Plan of Correction**Accept**

All pantry items were checked and labeled/dated. Photos attached.

Both pantry areas to be monitored daily using daily room rounds. All staff inservice on the expectations of daily room rounds. Both refrigerators posted with reminders.

To be monitored by the Administrator and/or designee daily.

Completion Date: 12/01/2021

Document Submission**Implemented**

See attached

103g - Storing Food

1. Requirements

- 2600.
- 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There was a large open pack of hot dogs in an unsealed and open bag in the walk-in cooler.

Plan of Correction

Accept

The hot dogs were placed in a closed container and returned to the walk in by the Dietary Manager at the time of discovery. The Dietary staff were inserviced by the Dietary Manager. Document attached. Food storage will be monitored by the Dietary Manager daily.

Completion Date: 11/11/2021

Document Submission

Implemented

See attached

105g - Lint Removal and Duct Cleaning

1. Requirements

- 2600.
- 105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

There was an approximate 1/8" thick layer of lint covering approximately 2/3 of the lint trap in the dryer.

Plan of Correction

Accept

A notice posted to remind staff to clean the lint trap 11/9/2021. A new dryer lint trap was purchased and installed. 11/25/2021. All staff inservice on the expectations of daily room rounds and the cleaning of the lint trap. To be monitored by the Administrator and/or designee daily.

Completion Date: 12/01/2021

Document Submission

Implemented

See attached

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

The emergency exit in the boiler room could not be opened, despite multiple attempts by staff person A, the home's administrator, and an agent of the Department.

Plan of Correction

Accept

The Maintenance Department was able to repair the door the door now opens and closes. 11/9/2021. Photos attached.

The facility has contacted a contractor to replace the door to prevent future issues..

The Maintenance department will monitor all Emergency exits and replace or repair as needed.

Completion Date: 11/09/2021

Document Submission

Implemented

See attached

141a 1-10 Medical Evaluation Information

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. 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

The medical evaluation for resident #6, dated [REDACTED] was blank in multiple areas, to include blood pressure, temperature, health status, and cognitive functioning.

Plan of Correction

Accept

Resident #6 DME was updated with current vital signs and noted as such. All DME's were audited for completeness. To be monitored by both the Administrator and Designee for completeness prior to being added to the Resident Record.

Document attached.

Completion Date: 11/09/2021

Document Submission

Implemented

See attached

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

The pre-admission screening for resident #6, who was admitted on [REDACTED], is not dated; therefore, it could not be determined if it was completed within 30 days prior to admission.

Repeat Violation – 12/12/2019

Plan of Correction

Accept

Resident #6 Pre Screen was updated on [REDACTED]. Copy attached. All pre screens audited for completeness. Pre screens are completed by the Administrator. Pre screens will continue to be completed by the Administrator and then checked by a designee to ensure completed prior to every admission.

Document attached.

Completion Date: 11/09/2021

Document Submission

Implemented

See attached