

Department of Human Services
Bureau of Human Service Licensing

February 28, 2022

[REDACTED]
DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: DELAWARE VALLEY PERSONAL
CARE CENTER
109 RIVERS EDGE DRIVE
MATAMORES, PA, 18336
LICENSE/COCC#: 23013

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Michele Moskalczyk
Human Services Licensing Supervisor

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: *DELAWARE VALLEY PERSONAL CARE CENTER* License #: *23013* License Expiration: *04/26/2022*
Address: *109 RIVERS EDGE DRIVE, MATAMORES, PA 18336*
County: *PIKE* Region: *NORTHEAST*

Administrator

Name: [REDACTED] Phone: *570-491-1002*

Email: [REDACTED]

Legal Entity

Name: *DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC*
Address: *401 MOLTKE AVE, SUITE 100, SCRANTON, PA, 18505*
Phone: *5704911002* Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-1* Date: *02/25/2021* Issued By: *Westfall Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *31* Waking Staff: *23*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *12/03/2021*

Inspection Dates and Department Representative

12/03/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *100* Residents Served: *26*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *26*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

12/03/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/18/2022*

Inspections / Reviews *(continued)*

02/28/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *03/07/2022*

02/28/2022 - Document Submission

Reviewer: [REDACTED] Follow-Up Type: *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [REDACTED], Staff A was assisting Resident #1 to [REDACTED] wheelchair. Staff A did not lock both wheelchair wheels, which caused Staff A and Resident #1 to fall to the floor. Due to the fall, Resident #1 was injured, resulting in being transferred to the hospital for evaluation. The home did not notify the local Area Agency on Aging of the alleged physical abuse.

Plan of Correction

Accept

ADM reported abuse after visit with DHS Representative to Area Agency on Aging on 12/3/21. ADM/Designee will ensure reporting of suspected abuse in accordance with the OAPSA. All Staff will be inserviced on Regulation 15a by 2/28/22.

Update: 02/28/2022

Please send/Attach proof of staff training. 2-28-2022 MM

Document Submission

Implemented

See attached

42b - Abuse

1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [REDACTED], Staff A was assisting Resident #1 to [REDACTED] wheelchair. Staff A did not lock both wheelchair wheels, which caused the wheelchair to move. Staff A and Resident #1 fell to the floor. Due to the fall, Resident #1 was injured, resulting in being transferred to the hospital for evaluation. Resident #1 sustained a fracture to the left hip.

Plan of Correction

Accept

DCS will maintain safety/best practices during care for residents. DCS inserviced on Safety measures/best practices for individuals requiring assistance after incident. All employees will be inserviced on Regulation 42b by 2/28/22.

Update: 02/28/2022

Please send/Attach proof of staff training. 2-28-2022 MM

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.

224a - Preadmission Screen Form (continued)**Description of Violation**

Resident #1 was admitted on 10/19/21. Resident #1's prescreen was completed on 8/26/21, more than 30 days prior to admission.

Plan of Correction**Accept**

All Pre- Admission screenings are required to be completed entirely within 30 days of admission to facility. ADM/Designee will be responsible to ensure completion of Pre-admission screenings within the required time frame. ADM/Designee completed audit of all initial prescreens of resident charts on 12/20/21. All prescreens will be audited monthly x2 months(January, February). All Employees will be inserviced on Reg. 224a.

Document Submission**Implemented**

See Attached

Department of Human Services
Bureau of Human Service Licensing
PRIVACY CODING

Facility Information

Name: *DELAWARE VALLEY PERSONAL CARE CENTER* License #: *23013* License Expiration: *04/26/2022*
Address: *109 RIVERS EDGE DRIVE, MATAMORES, PA 18336*

Inspection Information

Start Date: *12/03/2021* Type: *Partial*

Staff Privacy Coding

<u>Designation</u>	<u>Staff Members Name</u>	<u>Job Title</u>	<u>Date Hired</u>
<i>Staff Member A</i>	<i>Alexis Callahan</i>	<i>MedTech</i>	

Resident Privacy Coding

<u>Designation</u>	<u>Resident's Name</u>
<i>Resident 1</i>	<i>Virginia Muller</i>