

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

Facility Information

Name: LAKEVIEW PERSONAL CARE License #: 45161 License Expiration: 06/21/2022
Address: 498 LISBON ROAD, DARLINGTON, PA 16115
County: BEAVER Region: WESTERN

Administrator

Name: [REDACTED] Phone: 724-495-6139 Email: [REDACTED]

Legal Entity

Name: EMBASSY DARLINGTON LLC
Address: 25201 CHARGRIN BLVD, SUITE 190, BEACHWOOD, OH, 44122
Phone: 7244956139 Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/22/1983 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 65 Waking Staff: 49

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 12/09/2021

Inspection Dates and Department Representative

12/09/2021 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 Residents Served: 53

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: 53
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

12/09/2021 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/09/2022

02/08/2022 - POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *02/15/2022*

04/27/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*

Follow-Up Date: *06/07/2022*

100b - Removal Snow/Obstructions

1. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 10:50 a.m., there was an approximate 1 1/2 foot deep accumulation of leaves covering the entire walkway outside of the home's rear emergency exit door.

Plan of Correction

Directed

On 2/9/21 [REDACTED] met with the Maintenance Director [REDACTED] and discussed with [REDACTED] the importance of making sure that all egresses are clear of ice and snow after a snow fall. [REDACTED] and [REDACTED] (Administrator) will ensure that all entrances and egresses are free from ice and snow at all times.

(Directed)

Immediately, all leaves were removed from the walkway. During ice and snow conditions, designated staff persons will check all exit passageways at least hourly to ensure they are free and clear of ice, snow or any obstructions.

By 5/7/22, all staff will be educated by the maintenance director, administrator, or designated staff person, to report leaves, ice, snow conditions observed on egress routes so that routes will be free from obstructions at all times. Documentation will be submitted to the Department.

(AD 4/27/22)

Completion Date: 02/09/2021

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

At 10:50 a.m., the home's rear emergency exit was blocked by several wheelchairs, oxygen tanks, and a Coke vending machine.

REPEAT VIOLATION: 7/14/2021 et. al.

Plan of Correction

Accept

All wheelchairs, oxygen tanks etc. were removed from the exit area on 12/9/22. A sign has been posted that this area must remain clear at all times. A staff in-service was performed on 12/10/22 to educate all staff that the area must remain free from obstructions as this is an emergency exit. This area will be checked daily by the Maintenance Director to ensure that the area remains clear.

Completion Date: 12/10/2021

225a - Assessment 15 Days

1. Requirements

2600.

225a - Assessment 15 Days *(continued)*

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 #1 was admitted to the home on [REDACTED] however, an initial assessment was not completed.

Plan of Correction**Directed**

An Initial Assessment was completed for Resident #1 on [REDACTED] however it was not placed in the appropriate file. The Director of Healthy Lifestyles ([REDACTED]) and the Administrator ([REDACTED]) will ensure prior admission that the Pre assessment is completed and placed in the appropriate files. This was completed on 12/9/21

(Directed)

By 5/7/22, the administrator or designated staff person will review all new resident documentation to ensure a current assessment is completed, accurate and present in each resident's record. Documentation will be submitted to the Department.

(AD 4/27/22)

Completion Date: 12/09/2021

227a - Support Plan 30 Days

1. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident #1 was admitted to the home on [REDACTED]; however, an initial support plan was not completed.

Plan of Correction**Directed**

The Administrator ([REDACTED]) and Director of Healthy Lifestyles ([REDACTED]) will review each admission file to ensure it is complete and that all forms are properly dated and included in the resident record. The Administrator will audit each file of a new resident after the initial admission is completed within two days.

(Directed)

By 5/7/22, the administrator or designated staff person will review all resident records to ensure all residents have a current support plan completed. By 5/7/22, the administrator or designated staff person will develop and implement a policy and procedure to ensure all residents have a support plan completed within 30 days of admission.

(AD 4/27/22)

Completion Date: 02/09/2022

Department of Human Services
Bureau of Human Service Licensing

April 27, 2022

[REDACTED]
EMBASSY DARLINGTON LLC
[REDACTED]
[REDACTED]

RE: LAKEVIEW PERSONAL CARE
498 LISBON ROAD
DARLINGTON, PA, 16115
LICENSE/COC#: 45161

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 12/09/2021 of the above facility, the citations specified on the enclosed Licensing Inspection Summary (LIS) were found.

We have determined that your plan of correction is: Acceptable

All citations specified on the plan of correction must be corrected by the dates specified on the License Inspection Summary (violation report) and continued compliance with Department statutes and regulations must be maintained.

Sincerely,
Amy Duncan

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing