

Department of Human Services  
Bureau of Human Service Licensing

November 19, 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 review on 02/01/2022, 02/02/2022, 02/22/2022 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: 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: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: EMBASSY DARLINGTON LLC  
 Address [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

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

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 60 Waking Staff: 45

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 02/22/2025

**Inspection Dates and Department Representative**

02/01/2022 - On-Site: [REDACTED]  
 02/02/2022 - On-Site: [REDACTED]  
 02/22/2022 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: 92 Residents Served: 50

**Secured Dementia Care Unit**

In Home: No Area: Capacity: Residents Served:

**Hospice**

Current Residents: 2

**Number of Residents Who:**

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50  
 Diagnosed with Mental Illness: 10 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 10 Have Physical Disability: 0

## Inspections / Reviews

02/01/2022 - Full

Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/20/2022*

05/26/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *10/25/2022*  
Reviewer: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *06/03/2022*

08/25/2022 POC Submission

Submitted By: [REDACTED] Date Submitted: *10/25/2022*  
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *09/01/2022*

10/18/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *10/25/2022*  
Reviewer: [REDACTED] Follow Up Type: *Document Submission* Follow Up Date: *10/25/2022*

11/19/2022 Document Submission

Submitted By: [REDACTED] Date Submitted: *10/25/2022*  
Reviewer: [REDACTED] Follow Up Type: *Not Required*

## 65d - Initial Direct Care Training

## 1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

## Description of Violation

Direct Care staff person A, hired [REDACTED]/21, did not complete and pass the Department-approved direct care training course and pass the competency test.

## POC Submission

Accept ([REDACTED] - 08/25/2022)

The Wellness Director ([REDACTED]) and the Administrator ([REDACTED]) will ensure that upon hire, and during the first day of employment, all new staff have completed and passed the competency test prior to providing unsupervised services as required. This was completed on 2/22/22.

Licensee's Proposed Overall Completion Date: 02/22/2022

Implemented ([REDACTED] 11/19/2022)

## 81b - Resident Personal Equipment

## 2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

## Description of Violation

On [REDACTED]/22 at [REDACTED] a.m., the assist rail attached to resident #1's bed was not securely fastened and moved approximately 5" - 6" in each direction when pulled, creating a potential fall hazard.

## POC Submission

Accept

On 2/1/22 all assistive devices were inspected by the Maintenance Director ([REDACTED]). The assistive device on resident #1 bed was tightened that day. Ongoing the Maintenance Director will perform a weekly check of all assistive devices in the community to ensure that they are clean, in good working condition and free of hazards. He will alert the Administrator of any items that need to be replaced or repaired immediately. Any items deemed to be unsafe will be removed and replaced as soon as possible. (See attached check list)

Licensee's Proposed Overall Completion Date: 02/01/2022

Implemented ([REDACTED] - 11/19/2022)

## 82a - Poisonous Materials

## 3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

## Description of Violation

On 2/1/22 at 10:25 a.m., there was a 32 oz. spray bottle in the washroom of the kitchen, containing a 50/50 mixture of bleach and water, with a manufacturer's label, "Ecolab No Rinse Food Contact Cleaner Sanitizer" and the word "Bleach" written in black permanent marker. Original product labeling says, "contact poison control if swallowed,"

**82a - Poisonous Materials (continued)**

On 2/1/22 at 10:45 a.m., there were two clear 32 oz. spray bottles, one containing degreaser and one containing carpet shampoo, located in the maintenance storage room on the lower level. Original product labeling says, "contact poison control if swallowed."

REPEAT VIOLATION: 4/5/2021

**POC Submission****Accept**

On 2/3/22 all cleaning supply bottles were gathered and checked to ensure that all bottles are labeled properly and contain the proper chemicals. Also on 2/3/22, all staff were reeducated about proper labeling on all cleaning supply bottles. Each department manager will check all supplies daily to ensure that the proper bottles are labeled and are being utilized properly. (See Attached check list sheet)

Licensee's Proposed Overall Completion Date: 02/03/2022

Implemented ( ) - 11/19/2022

**85a - Sanitary Conditions****4. Requirements**

2600.

85.a. Sanitary conditions shall be maintained.

**Description of Violation**

On 2/1/22 and 2/2/22, there was a strong urine odor inside resident #2's ( ) and in the hallway ( )

**POC Submission****Accept ( ) 08/25/2022)**

On 2/3/22 resident #2's entire room was cleaned and disinfected as well as ( ) carpet being scrubbed. ( ) room is being disinfected daily by the direct care staff as well as the housekeeping staff, and the maintenance department. Resident #2 has a ( ) which has been addressed with ( ) physician and cannot be corrected. Resident #2 is utilizing adult briefs etc. The care staff have been instructed to check ( ) every hour to assist ( ) to the rest room. The Maintenance Director and housekeeping department will perform a daily and weekly check of the room for any issues and respond to any work orders that the room needs to be cleaned due to contaminants.

On 2/3/22, care staff were instructed to check ( ) every hour to assist ( ) in to the rest room.

Licensee's Proposed Overall Completion Date: 02/03/2022

Implemented ( ) - 11/19/2022

**85d - Trash Receptacles****5. Requirements**

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

**Description of Violation**

On 2/1/22 at 10:00 a.m., there was a large, uncovered, 1/2 full trash can of paper and food waste in the main kitchen.

**POC Submission****Accept ( ) 08/25/2022)**

The Dietary Director ( ) or the acting supervisor will be responsible for ensuring that all trash cans in the kitchen are properly covered at all times. A dietary meeting concerning dietary cleanliness was completed on

85d - Trash Receptacles (continued)

2/10/22. (See Attached sheet)

Licensee's Proposed Overall Completion Date: 02/10/2022

Implemented [REDACTED] 11/19/2022)

100b Removal Snow/Obstructions

6. 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

On 2/1/22 at 11:20 a.m., the exterior walkway leading from the emergency exit door near resident room [REDACTED] to the rear activity and designated smoking area was covered with approximately 4 to 6 inches of snow and leaves.

POC Submission

Accept [REDACTED] 08/25/2022)

On 2/3/22 the exterior walkway leading from the emergency exit door near resident room [REDACTED] to the rear activity and designated smoking area was cleared of snow and ice. Snow had fallen from the roof above the sidewalk the night before due to the ice and snowstorm that happened the night before. Ongoing, the Maintenance Director [REDACTED] will investigate each area of the community that has a walkway, entrance, and emergency entrance for any type of obstruction and remove it immediately. [REDACTED] was retrained in the regulations requiring that [REDACTED] home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Immediately, all leaves were removed from the walkway. During ice and snow conditions, the Maintenance Director will check all exit passageways at least hourly to ensure they are free and clear of ice, snow or any obstructions. This was completed on 3/3/22.

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.

Licensee's Proposed Overall Completion Date: 03/03/2022

Implemented [REDACTED] 11/19/2022)

101j7 - Lighting/Operable Lamp

7. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

On [REDACTED]/22 at [REDACTED] a.m., there was no operable lamp or other source of lighting that could be turned on/off at resident #1's bedside. The lamp was located approximately 4 feet from the resident's bed.

On [REDACTED]/22 at [REDACTED] a.m., there was no operable lamp or other source of lighting that could be turned on/off at resident #3's bedside. The bulb in the lamp on the left of the bed was burned out, and the lamp on the right of the bed was

**101j7 - Lighting/Operable Lamp (continued)**

not operable.

**POC Submission****Accept**

The lamp for resident #1's bed was placed next to their bed on 2/1/22. The lamp on the left of the bed for resident #3's had a replacement bulb installed on 2/1/22 and the lamp on the right of their table was plugged in. Ongoing, the (Maintenance Director) [REDACTED] will perform a weekly check of each residents room to ensure that all residents lamps are within the bedside guideline and that all lamps are operable and replace any burned out lamps. (See Light check off sheet)

Licensee's Proposed Overall Completion Date: 02/04/2022

Implemented ([REDACTED] - 11/19/2022)

**102l - Shelves/Hooks****8. Requirements**

2600.

102.l. Shelves or hooks for the resident's towel and clothing shall be provided.

**Description of Violation**

On [REDACTED]/22 at [REDACTED] a.m., there were no clothing shelves or hooks in B hall's common shower room.

**POC Submission****Accept**

The towel bar in the B hall's common shower room was replaced on 2/2/22. Ongoing, the Maintenance Director will perform a weekly check of each common area restroom as well as resident room restrooms to ensure that all towel bars are in good repair and replace any damaged or missing bars. (See towel bar check sheet attached)

Licensee's Proposed Overall Completion Date: 02/02/2022

Implemented ([REDACTED] 11/19/2022)

**103f - Refrigerator/Freezer Temps****9. 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 2/1/22 at 10:20 a.m., the thermometer in the beverage, milk, and egg cooler in the dry food storage area did not function properly.

On 2/1/22 at 11:50 a.m., there was no thermometer in the refrigerator in the staff break room on C hall, containing resident snacks.

REPEAT VIOLATION: 4/5/2021; 7/14/2021 et. al.

**POC Submission****Accept ([REDACTED] - 08/25/2022)**

On 2/2/22 new thermometers we purchased and placed in the beverage, milk, and egg cooler in the dry food storage. Ongoing the Dining Services Manager [REDACTED] will perform a weekly check to ensure that all refrigerators and coolers have properly working thermometers. (See Thermometer Check Sheet Attached)

The Dining Services Manager ([REDACTED]) will perform a weekly check to ensure that all refrigerators and

**103f - Refrigerator/Freezer Temps (continued)**

coolers have properly working thermometers. (See Thermometer Check Sheet Attached) A Dietary in-service concerning the importance of having a working thermometer was completed on 2/10/22. (See attached)

Licensee's Proposed Overall Completion Date: 02/10/2022

Implemented ( ) - 11/19/2022)

**132a Monthly Fire Drill****10. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

**Description of Violation**

An unannounced fire drill was not held during the months of December 2021 and January 2022.

**POC Submission**

Accept ( ) - 08/25/2022)

A monthly Fire Drill was conducted on 2/15/22 at 8:30am, another fire drill was conducted on 2/17/22 at 4:00pm, and another Fire Drill was conducted on 2/22/22 at 11:30pm. to cover each shift for Fire Drills. All staff have been reeducated about proper evacuation and expected evacuation times etc. on 2/24/22 as a review. It is the Maintenance Director (Robert Turkovich) responsibility to ensure that monthly the unannounced Fire Drills are being conducted. (See attached sheets)

It is the Maintenance Director ( ) and the Administrators ( ) responsibility to ensure that monthly the unannounced Fire Drills are being conducted. (See attached sheets)

Licensee's Proposed Overall Completion Date: 02/24/2022

Implemented ( ) - 11/19/2022)

**132b Safety Inspection/Fire Drill****11. Requirements**

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

**Description of Violation**

The last fire safety inspection and drill observed by a fire safety expert was conducted on 9/16/19.

**POC Submission**

Accept

A complete fire safety and fire drill was conducted by South Beaver Twp. Fire Department on 4/5/22. They were unavailable until this time due to pandemic issues.

It is the responsibility of the Administrator (Eric Trehar) and the Maintenance Director ( ) to ensure that this is completed on a yearly basis. The Maintenance Director as well as the Administrator have placed it on their calendars as a reminder to ensure that this is completed at the correct dates. (Fire Letter and Evacuation Times attached)

Licensee's Proposed Overall Completion Date: 04/05/2022

Implemented ( ) - 11/19/2022)

## 141b1 - Annual Medical Evaluation

## 12. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

**Description of Violation**

Resident #3's most recent medical evaluation was completed on [REDACTED]/21; however, the previous medical evaluation was completed on [REDACTED]/19.

**POC Submission**

Accept [REDACTED] 08/25/2022)

It is the responsibility of the Wellness Director ([REDACTED]) to ensure that all medical evaluations are completed annually for all residents. The Wellness Director has established a tickler file to follow as to when each evaluation for each resident is required monthly. The Administrator ([REDACTED]) will perform a monthly audit with the Wellness Director of each resident requiring an updated evaluation to ensure that these are being completed within the state guidelines.

The Tickler file was completed on 2/22/22.

Licensee's Proposed Overall Completion Date: 02/22/2022

Implemented [REDACTED] 11/19/2022)

## 183d - Prescription Current

## 13. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

**Description of Violation**

On 2/1/22, [REDACTED] prescribed for resident #4 was in the C hall medication cart; however, the medication was discontinued on 1/3/22.

**POC Submission**

Accept

On 2/1/22 the [REDACTED] was destroyed by the Wellness Director (Michelle Bowker). The Wellness Director is performing a monthly MAR Audit to ensure that all discontinued medications are destroyed.

Licensee's Proposed Overall Completion Date: 02/01/2022

Implemented [REDACTED] 11/19/2022)

## 184a - Resident's Meds Labeled

## 14. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

**Description of Violation**

Resident #5 is prescribed [REDACTED] Take by mouth at bedtime as needed; however, the pharmacy label does not indicate the medication is to be taken as needed.

Resident #6 is prescribed [REDACTED] Take one by mouth daily; however, the pharmacy label indicates Take twice per day.

184a - Resident's Meds Labeled (continued)

POC Submission

Accept

On 2/22/22 change of direction stickers were placed on the pharmacy labels to reflect the correct orders for resident #5 and #6 medication orders as prescribed by the residents physician. Immediate and ongoing the Wellness Director ( ) and the Head Supervisor ( ) are comparing all medications coming into the community during the month as well as the new MAR's at the beginning of the month with the bottles to the MAR's to ensure that medications and MAR's match and reflect the proper orders as prescribed by the residents physicians.

Licensee's Proposed Overall Completion Date: 02/22/2022

Implemented ( ) - 11/19/2022

187a - Medication Record

15. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #4 is prescribed ( ) -Take one tablet by mouth every 4 hours as needed; however, the resident's February 2022 medication administration record (MAR) indicates-Take one tablet by mouth every 6 hours as needed.

Resident #6 is prescribed ( ) -Take one tablet by mouth daily; however, the resident's January 2022 and February 2022 MARs indicates a separate entry for each medication, ( ) and ( ) -Take one tablet by mouth daily at 9:00 a.m. from 1/1/22-2/1/22.

POC Submission

Accept

On 2/22/22 resident #4's physician was contacted and clarified the order that the ( ) Take one tablet by mouth every 4 hours as needed.

ON 2/22/22 resident #6's physician was contacted and clarified that the ( ) and ( ) ( ) -Take one tablet by mouth daily at 9:00 a.m. from 1/1/22-2/1/22 was the correct order. (Not just one pill)

Immediate and ongoing the Wellness Director ( ) and the Head Supervisor ( ) are comparing all medications coming into the community during the month as well as the new MAR's at the

**187a - Medication Record (continued)**

beginning of the month with the bottles to the MAR's to ensure that medications and MAR's match and reflect the proper orders as prescribed by the residents physicians.

Licensee's Proposed Overall Completion Date: 02/22/2022

Implemented (█ - 11/19/2022)

**187b Date/Time of Medication Admin.****16. Requirements**

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

**Description of Violation**

Resident #3's January 2022 MAR is not initialed by staff for multiple medications, including the following medications administered at █ p.m. on █/22 and █/22:

- █
- █
- █

**POC Submission**

Accept

On 2/25/22 all Med Techs were reeducated by the Wellness Director (█) about proper medication assistance protocol. Immediate and ongoing the Shift Supervisors will review all MAR's to ensure that all medications have been signed for properly. The Wellness Director (█) will perform an audit of all MAR's weekly to ensure that all areas are signed and filled out properly.

Licensee's Proposed Overall Completion Date: 05/25/2022

Implemented (█ - 11/19/2022)

**187d - Follow Prescriber's Orders****17. Requirements**

2600.

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

**Description of Violation**

Resident #6 is prescribed █ -Take one tablet by mouth daily; however, the medication was not available in the home as prescribed, and the resident was administered the medication as █ and █ -Take one tablet of each by mouth daily at 9:00 a.m. from █/22-█/22.

**POC Submission**

Accept

On █/22 resident #6's physician was contacted and clarified the order that the █ -Take one tablet by mouth daily is correct. Immediate and ongoing the Wellness Director (█) and the Head Supervisor (█) are comparing all medications coming into the community during the month as well as the new MAR's at the beginning of the month with the bottles to the MAR's to ensure that medications and MAR's match and reflect the proper orders as prescribed by the residents physicians.

Licensee's Proposed Overall Completion Date: 02/22/2022

Implemented (█ - 11/19/2022)

224a - Preadmission Screen Form

18. 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 #4's preadmission screening form, dated [redacted]/20, does not include a determination that the needs of the resident can be met by the services provided by the home.

POC Submission

Accept

Immediate and ongoing, the Administrator ([redacted]) as well as the Wellness Director ([redacted]) will ensure that all pre-screeners are filled out appropriately within 30 days prior to a new resident moving into the community.

Licensee's Proposed Overall Completion Date: 02/22/2022

Implemented ([redacted] - 11/19/2022)

225a - Assessment 15 Days

19. 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 #4 was admitted to the home on [redacted]/20; however, the resident's initial assessment was completed on [redacted] 20.

POC Submission

Accept ([redacted] 08/25/2022)

The prior Wellness Director did not complete the initial assessment form within 15 days of a residents admission. Upon employment, the Wellness Director ([redacted]) performed a complete audit of all residents charts and reviewed their initial assessments to ensure that they were completed within the guidelines. It is the Wellness Directors responsibility to ensure that these are being completed within the required guidelines. The Administrator ([redacted]) will assist the Wellness Director with an audit of the resident files to ensure that all files are up to date and completed properly.

The Wellness Director performed a complete audit of all residents files on 4/5/22.

The Wellness Director will perform a monthly audit of residents files to ensure that all files are up to date and the monthly/yearly required forms are dated and located within the residents file.

Licensee's Proposed Overall Completion Date: 04/05/2022

Implemented ([redacted] - 11/19/2022)

227a - Support Plan 30 Days

20. Requirements

2600.

227a - Support Plan 30 Days (continued)

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 #4 was admitted to the home on [REDACTED]/20; however, the resident's initial support plan was completed on [REDACTED]/20.

**POC Submission**

**Accept (SQ - 08/25/2022)**

The prior Wellness Director did not complete the written support plan within 30 days of a residents admission. Upon employment, the Wellness Director ([REDACTED]) performed a complete audit of all residents charts and reviewed their written support plans to ensure that they were completed within the guidelines. It is the Wellness Directors responsibility to ensure that the written support plans are being completed within the required guidelines. The Administrator ([REDACTED]) will assist the Wellness Director with an audit of the resident files to ensure that all files are up to date and completed properly

The Wellness Director performed a complete audit of all residents files on 4/5/22.

The Wellness Director will perform a monthly audit of residents files to ensure that all files are up to date and the monthly/yearly required forms are dated and located within the residents file.

Licensee's Proposed Overall Completion Date: 04/05/2022

**Implemented ([REDACTED] - 11/19/2022)**