

Department of Human Services
Bureau of Human Service Licensing

September 6, 2022

[REDACTED]

PO BOX 484
BLACK LICK, PA, 15716

RE: LYNN HAVEN PERSONAL CARE
HOME
119 WALNUT STREET, PO BOX 484
BLACK LICK, PA, 15716
LICENSE/COC#: 44516

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/02/2022 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: LYNN HAVEN PERSONAL CARE HOME License #: 44516 License Expiration: 06/18/2023
Address: 119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716
County: INDIANA Region: WESTERN

Administrator

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

Legal Entity

Name: RENEE STUCKICH
Address: PO BOX 484, BLACK LICK, PA, 15716
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 07/26/2006 Issued By: Indiana County Office of Planning and Development

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 21 Waking Staff: 16

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 03/02/2022

Inspection Dates and Department Representative

03/02/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 21

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 17
Diagnosed with Mental Illness: 11 Diagnosed with Intellectual Disability: 3
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/02/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/02/2022

Inspections / Reviews (*continued*)

05/24/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/01/2022*

06/30/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *07/08/2022*

09/06/2022 - Document Submission

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

85a - Sanitary Conditions

1. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

Resident #1's [redacted] r was used to measure resident #2's [redacted] on the following dates and times:

[redacted]

Resident #2's [redacted] was used to measure resident #1's [redacted] on the following dates and times:

[redacted]

Plan of Correction

Accept

new [redacted] were purchased for each resident, There Pcp and designated person was notified. all [redacted] are now labled with resident names. Staff is to check the name on [redacted] prior to performing a [redacted] check to ensure they have the correct [redacted] all medication staff was trained on this new proeedure on 03/08/2022. Admin will check [redacted] against the MAR readings to look for any errors or omitted readings once weekly for 1 month for all residents requiring [redacted] and retrain staff as needed. Admin will

85a - Sanitary Conditions (continued)

do monthly audits of the MAR to ensure compliance in the future

The Administrator or LPN will observe each medication aid perform a [REDACTED] weekly for 3 months and then monthly thereafter for 3 months. Documentation will be kept in the medication administration section of each staff persons employee file

Completion Date: 06/06/2022

Document Submission**Implemented**

new [REDACTED] were purchased for each resident, There Pcp and designated person was notified. all [REDACTED] are now labled with resident names. Staff is to check the name on glucometer prior to performing a [REDACTED] check to ensure they have the correct [REDACTED] all medication staff was trained on this new procedure on 03/08/2022. Admin will check [REDACTED] against the MAR readings to look for any errors or omitted readings once weekly for 1 month for all residents requiring [REDACTED] and retrain staff as needed. Admin will do monthly audits of the MAR to ensure compliance in the future

The Administrator or LPN will observe each medication aid perform a [REDACTED] weekly for 3 months and then monthly thereafter for 3 months. Documentation will be kept in the medication administration section of each staff persons employee file

85e - Trash Outside Home**1. Requirements**

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

The right lid of the dumpster was open and approximately ¼ full of trash.

Plan of Correction**Accept**

Admin asked all staff to check lids when throwing out trash to make sure they are kept closed. Admin and maintenance will check lids through out the day to ensure compliance

All staff were retrained to keep dumpster lids closed on 04/08/2022. The administrator also at that time asked all residents that use the dumpster to also make sure to keep the lids closed at all times. Daily checks are being done by the administrator, maintenance and cleaning staff to ensure compliance

Completion Date: 06/06/2022

Document Submission**Implemented**

Admin asked all staff to check lids when throwing out trash to make sure they are kept closed. Admin and maintenance will check lids through out the day to ensure compliance

All staff were retrained to keep dumpster lids closed on 04/08/2022. The administrator also at that time asked all residents that use the dumpster to also make sure to keep the lids closed at all times. Daily checks are being done by the administrator, maintenance and cleaning staff to ensure compliance

87 - Lighting**1. Requirements**

2600.

87 - Lighting (continued)

87. Lighting - The home's hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

Description of Violation

The exterior light next to the exit door near bedroom #20 was broken. The head was detached and hanging by the electrical wiring.

Plan of Correction**Accept**

The broken exterior light was replaced with a new one. Maintenance will check all other outdoor lights monthly to ensure compliance

Light fixture was replaced on 03/18/2022

Completion Date: 06/06/2022

Document Submission**Implemented**

The broken exterior light was replaced with a new one. Maintenance will check all other outdoor lights monthly to ensure compliance

Light fixture was replaced on 03/18/2022

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

There was an approximate 8" x 8" area of chipped paint and an approximate 3" x 4" area of chipped paint at the top of the wall in the common dining area.

Plan of Correction**Accept**

The area in question was scraped and painted by 03/15/2022. On that date maintenance checked the facility for any additional areas of loose or peeling paint. Maintenance and cleaning staff were educated on 04/08/2022 to check each room/area of facility as they clean or walk thru for any peeling or chipping paint and report to administrator if any found. The checking will be on a continued basis but at least monthly for maintenance to walk thru the entire facility checking for paint peeling/cracking

Completion Date: 06/06/2022

Document Submission**Implemented**

The area in question was scraped and painted by 03/15/2022. On that date maintenance checked the facility for any additional areas of loose or peeling paint. Maintenance and cleaning staff were educated on 04/08/2022 to check each room/area of facility as they clean or walk thru for any peeling or chipping paint and report to administrator if any found. The checking will be on a continued basis but at least monthly for maintenance to walk thru the entire facility checking for paint peeling/cracking

101j1 - Mattress Fire Retardant**1. Requirements**

2600.

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

101j1 - Mattress Fire Retardant (continued)

1. A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident. A legal entity with a personal care home license for the home as of October 24, 2005, shall be exempt from the requirement for a fire retardant mattress.

Description of Violation

There were multiple approximate 40" tears in the center of resident #3's mattress, exposing the springs and padding inside.

Plan of Correction**Accept**

The mattress was replaced at time of inspection. All other mattresses were checked for rips and tears and if any found were replaced. the mattresses will be checked by staff at each bed sheet change and if any rips, tears or defects are found it is to be reported to the admin for replacement

The mattress was replaced on [REDACTED] with a new mattress. all other mattresses were checked between that date and [REDACTED].

Completion Date: 06/06/2022

Document Submission**Implemented**

The mattress was replaced at time of inspection. All other mattresses were checked for rips and tears and if any found were replaced. the mattresses will be checked by staff at each bed sheet change and if any rips, tears or defects are found it is to be reported to the admin for replacement

The mattress was replaced on [REDACTED] with a new mattress. all other mattresses were checked between that date and [REDACTED].

132h - Designated Meeting Place**1. Requirements**

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

On 9/16/21, a fire safety expert documented that the home has no fire safe areas. The home's fire drill records indicate the following:

| <u>Date:</u> | <u>Time:</u> | <u># Of Residents In The home:</u> | <u># Of Residents Evacuated:</u> |
|--------------|--------------|------------------------------------|----------------------------------|
| 12/21/21 | 2:00 PM | 20 | 20 |
| 1/14/22 | 10:30 AM | 20 | 20 |
| 2/8/22 | 7:10 PM | 21 | 21 |

However, staff and resident interviews indicate the home failed to evacuate residents to the designated meeting place away from the building during these drills.

Plan of Correction**Accept**

a fire drill was done on 03/18/2022 all residents were evacuated to the designated meeting place away from the building. The admin will participate in future fire drills to ensure residents are evacuated to the correct meeting spots Staff was retrained on proper evactuation techniques and policies.

On 03/18/2022 and 04/08/22 all staff were re-trained on the proper way to complete fire drills and evacuations.

Completion Date: 06/06/2022

132h - Designated Meeting Place (continued)

Document Submission

Implemented

a fire drill was done on 03/18/2022 all residents were evacuated to the designated meeting place away from the building. The admin will participate in future fire drills to ensure residents are evacuated to the correct meeting spots Staff was retrained on proper evactuation techniques and policies.

On 03/18/2022 and 04/08/22 all staff were re-trained on the proper way to complete fire drills and evacuations.

185a - Implement Storage Procedures

1. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed [redacted] twice daily. However, the resident's [redacted] administration record (MAR) documents [redacted] which are not indicated on the resident's [redacted] on the following dates and times:

[redacted]

Resident #2 is prescribed [redacted] twice daily before breakfast and dinner. However, the resident's [redacted] MAR documents [redacted] which are not indicated on the resident's [redacted] on the following dates and times:

[redacted]

Plan of Correction

Accept

The staff person who was responsible for doing these [redacted] was removed from medication administration immediately. the other medication aides were retrained as to the importance of following doctors orders and correctly documenting [redacted] admin will audit the MAR and [redacted] weekly for 1 month to ensure doctors orders are being followed correctly and then monthly there after

Re training date was 03/08/2022

Completion Date: 06/06/2022

Document Submission

Implemented

The staff person who was responsible for doing these [redacted] was removed from medication administration immediately. the other medication aides were retrained as to the importance of following doctors

185a - Implement Storage Procedures (continued)

orders and correctly documenting [REDACTED] the admin will audit the MAR and [REDACTED] weekly for 1 month to ensure doctors orders are being followed correctly and then monthly there after

Re training date was 03/08/2022