

Department of Human Services
Bureau of Human Service Licensing

June 16, 2022

[REDACTED]

WILBRI INC
206 LANE AVENUE
PUNXSUTAWNEY, PA, 15767

RE: LANE AVENUE PERSONAL CARE
HOME
206 LANE AVENUE
PUNXSUTAWNEY, PA, 15767
LICENSE/COC#: 42409

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/10/2022 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

April 29, 2022

[REDACTED]
WILBRI INC
206 LANE AVENUE
PUNXSUTAWNEY, PA, 15767

RE: LANE AVENUE PERSONAL CARE
HOME
206 LANE AVENUE
PUNXSUTAWNEY, PA, 15767
LICENSE/COC#: 42409

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 03/10/2022 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,
[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: LANE AVENUE PERSONAL CARE HOME License #: 42409 License Expiration: 12/21/2022
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767
County: JEFFERSON Region: WESTERN

Administrator

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

Legal Entity

Name: WILBRI INC
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA, 15767
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 05/28/1999 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint Exit Conference Date: 03/10/2022

Inspection Dates and Department Representative

03/10/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 42 Residents Served: 34

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 31 Are 60 Years of Age or Older: 30
Diagnosed with Mental Illness: 34 Diagnosed with Intellectual Disability: 4
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

03/10/2022 - Partial

Lead In pector: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 04/22/2022

04/26/2022 POC Submission

Inspections / Reviews (*continued*)

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/03/2022*

04/29/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *05/29/2022*

06/16/2022 - Document Submission

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

187a - Medication Record

1. Requirements

2600.

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

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.

Description of Violation

Resident #1 was prescribed [REDACTED] as directed, follow package instructions prior to [REDACTED]. On [REDACTED]/22 at [REDACTED] p.m. and on [REDACTED]/22 at [REDACTED] a.m., the medication was administered to resident #1; however, this medication is not indicated on the resident's [REDACTED] 2022 medication administration record (MAR).

Plan of Correction

Accept

Nurse completed an audit on 03/11/2022 of all residents to ensure all medications were listed on resident's MAR. She will do weekly audits on 5 residents MAR for 4 weeks, then biweekly for 4 weeks, and then monthly if there are no discrepancies. Training was held on 03/31/2022 for staff person A to ensure better understanding of documentation and administration.

Completion Date: 04/29/2022

Document Submission

Implemented

187b - Date/Time of Medication Admin.

1. 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 [REDACTED] 2022 MAR does not include the initials of staff person B, who administered [REDACTED] to resident #3 on [REDACTED]/22 at [REDACTED] p.m.

Plan of Correction

Accept

Nurse completed an audit on 03/11/2022 of all residents to ensure all medications that were given were signed for accordingly on resident's MAR. [REDACTED] will do weekly audits on 5 residents MAR for 4 weeks, then biweekly for 4 weeks, and then monthly if there are no discrepancies. Training was held on 03/31/2022 for staff person B to ensure better understanding of documentation. Continued trainings as per Department standard for medication administration will be given.

Completion Date: 04/29/2022

Document Submission

Implemented

187d - Follow Prescriber's Orders

1. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #2 is prescribed [redacted] -Take 2 capsules to start [redacted]
[redacted] However, on [redacted] /22 at [redacted] a.m., staff person B administered only 1 capsule to resident #2.

Plan of Correction

Accept

Nurse completed an audited of all resident's MAR on 03/11/2022 to ensure all medications are being given as prescribed. Staff person B received department-approved medication training on 03/31/2022 to have better understanding on how to properly administer medications. [redacted] will do weekly audits on 5 residents MAR for 4 weeks, then biweekly for 4 weeks, and then monthly if there are no discrepancies.

Completion Date: 04/29/2022

Document Submission

Implemented

190a - Completion Medication Course

1. Requirements

2600.
190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person A has not successfully completed the Department-approved medications administration course, On [redacted] /22 at [redacted] a.m., staff person A administered [redacted] to resident #1.

Staff person B has not successfully completed the Department-approved medications administration course. On the following dates and times, staff person B administered medications to the following residents:

*On [redacted] /22 at [redacted] a.m. and [redacted] a.m., administered [redacted] to resident #2

*On [redacted] 22 at [redacted] p.m., administered [redacted] resident #3

Plan of Correction

Accept

On 03/10/2022 a call tree was implemented until Department-approved medication training could be given and completed. (See attached) Staff person A and B both completed training on 03/31/2022. Nurse will provide continued monitoring and trainings to ensure proper documentation and administering of medications. Department-approved medication training will be given as part of a new hire training.

Completion Date: 04/29/2022

Document Submission

Implemented