

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

December 5, 2022

[REDACTED]
CSM DANVILLE LLC
[REDACTED]

RE: VINTAGE KNOLLS
9 JUSTIN DRIVE
DANVILLE, PA, 17821
LICENSE/COC#: 22831

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/14/2022, 04/14/2022, 04/18/2022, 04/18/2022 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

Facility Information

Name: VINTAGE KNOLLS **Licence #:** 22831 **Licence Expiration:** 10/23/2022
Address: 9 JUSTIN DRIVE, DANVILLE, PA 17821
County: MONTOUR **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: CSM DANVILLE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/15/2019 **Issued By:** Pa Dept. of L & I

Staffing Hours

Resident Support Staff: 57 **Total Daily Staff:** 122 **Waking Staff:** 92

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Incident **Exit Conference Date:** 04/18/2022

Inspection Dates and Department Representative

04/14/2022 - Off-Site: [REDACTED]
 04/14/2022 - Off-Site: [REDACTED]
 04/18/2022 - Off-Site: [REDACTED]
 04/18/2022 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

Licence Capacity: 66 **Resident Served:** 57

Secured Dementia Care Unit

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

Hospice

Current Resident : 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 57
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 8 **Have Physical Disability:** 0

Inspections / Reviews

04/14/2022 Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/14/2022

06/24/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/21/2022
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/01/2022

08/03/2022 - POC Submission

Submitted By: [REDACTED] Date Submitted: 11/21/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 08/10/2022

11/18/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/21/2022
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 11/25/2022

12/05/2022 - Document Submission

Submitted By: [REDACTED] Date Submitted: 11/21/2022
Reviewer: [REDACTED] Follow-Up Type: Not Required

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED] 22, resident #1 became physically aggressive toward staff and the home's Executive Director which required the services of the Danville, Pa. Police Department. A CMSU Crisis worker also responded to the incident. Resident #1 was admitted to the hospital on a 302 petition and discharged from the home. The home failed to submit to the Department's Northeast Region Personal Care Office an incident report within 24 hours detailing the incident and the need for services of law enforcement.

POC Submission

Accept

Executive Director and Director of Wellness will discuss state reportable's each morning in stand up to make sure that all state reportable's have been reported within 24 hours of incident.

Director of Wellness will be responsible for the compliance of this going forward

Licensee's Proposed Overall Completion Date: 07/07/2022

Implemented [REDACTED] - 12/05/2022)

187c - Refusal of Medication

2. Requirements

2600.

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

On [REDACTED] /22, resident #1 refused to take his/her 2 [REDACTED] at [REDACTED] PM. On [REDACTED] /22, and [REDACTED] /22 resident #1 refused to take four medications prescribed to be taken at [REDACTED] AM. The prescribed medications are: [REDACTED] [REDACTED] and his/her 25 mg [REDACTED]. On [REDACTED] 22, resident #1 refused his/her [REDACTED] tablets at [REDACTED] PM. None of the refusals noted above were reported to resident #1's prescribing physician or to the physician's Certified Nurse Practitioner.

POC Submission

Accept

DOW and ED have educated staff on protocol of medication refusals. DOW and ED will audit MARS daily for the first 3 months for med refusals. We have also started to fax all residents doctor for an order stating how and when they want notified of a residents medication refusal's.

Director of Wellness will be responsible for the compliance of this going forward

Licensee's Proposed Overall Completion Date: 07/07/2022

Implemented [REDACTED] - 12/05/2022)