

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

March 29, 2023

[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 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: 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:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 66 **Waking Staff:** 50

Inspection Information

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

Inspection Dates and Department Representative

04/18/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 92 **Residents Served:** 56

Secured Dementia Care Unit

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

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 56
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 10 **Have Physical Disability:** 0

Inspections / Reviews

04/18/2022 - Partial

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/16/2022

07/26/2022 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 12/28/2022
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 07/28/2022

Inspections / Reviews (*continued*)

11/21/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/28/2022

12/08/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/09/2022

03/29/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/28/2022

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

Resident #1 is prescribed [redacted] 25/100mg, take 1 tablet three times a day [redacted] From [redacted]/22 until [redacted]/22, resident #1 was not administered this medication because it was not available in the home. The home did not report this medication error incident to the Department.

POC Submission

Accept ([redacted] - 11/21/2022)

The Wellness Director [redacted] is performing monthly medication audits to ensure that all residents medications are available.

The Wellness Director [redacted] will report any medication errors to the Administrator [redacted], the residents physician and to the Department of Human Services Immediately. on 4/18/22 all med-tecs were retrained about proper reporting of medication errors. All med-tec's have been directed to report medication errors to the Wellness Director and the Administrator immediately upon being found. The Wellness Director is performing a full audit of medications weekly to ensure that all medications are present for residents.

Licensee's Proposed Overall Completion Date: 10/03/2022

Implemented [redacted] - 03/29/2023)

141b1 - Annual Medical Evaluation

2. Requirements

2600.

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

Description of Violation

Resident #1’s most recent medical evaluation was completed on [redacted] 21.

POC Submission

Accept ([redacted] - 11/21/2022)

The Wellness Director [redacted] and the Administrator [redacted] will audit the Medical Evaluation Tickler File daily to ensure that all Medical Evaluations are completed within the admission date of each resident. We have received Resident #1's Medical Evaluation. [redacted] evaluation will be followed properly according to the state regulations.

Licensee's Proposed Overall Completion Date: 10/03/2022

Implemented [redacted] - 03/29/2023)

187b - Date/Time of Medication Admin.

3. 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 #1 is prescribed [redacted] take 1 tablet three times a day [redacted]. Resident #1’s [redacted] 2022 MAR includes the initials of the staff person A as administering the medication on [redacted]/22 at [redacted] a.m.

187b - Date/Time of Medication Admin. (continued)

and [REDACTED] p.m. and [REDACTED]/22 at [REDACTED] a.m. and [REDACTED] p.m. However, this medication was not administered to the resident because it was not available in the home.

POC Submission**Accept**

All Medication Tech's were re-trained on proper Medication Administration on 4/18/22. (See Attached).

The Wellness Director(Michelle Bowker) will perform monthly audits of the MAR's to ensure that all medications are being properly tracked and signed for.

Licensee's Proposed Overall Completion Date: 04/18/2022

Implemented ([REDACTED] - 03/29/2023)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

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

Description of Violation

Resident #1 is prescribed [REDACTED], take 1 tablet three times a day [REDACTED]. However, this medication was not administered to the resident from [REDACTED]/22 until [REDACTED]/22 because the medication was not available in the home.

POC Submission**Accept [REDACTED] 11/21/2022)**

The Wellness Director ([REDACTED]) had a training with all Med Tech's on 4/29/22 that they need to notify the Wellness Director when there is a ten (10) supply or less of a medication left in the cart so that the medications can be ordered and delivered prior to them running out. The Wellness Director is performing cart audits weekly to ensure that medications are available for each resident as prescribed by their physician.

and is completing cart audits monthly to ensure that all required medications are present.

The Med Tech's have been retrained to notify the Wellness Director when there is a ten (10) supply or less of a medication left in the cart

Licensee's Proposed Overall Completion Date: 10/03/2022

Implemented ([REDACTED] - 03/29/2023)

188b - Medication Error Reporting**5. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 is prescribed [REDACTED] take 1 tablet three times a day [REDACTED]. However, the medication was not administered to the resident from [REDACTED]/22 until [REDACTED]/22. The medication error was not reported to the prescriber.

POC Submission**Directed [REDACTED] - 11/21/2022)**

188b - Medication Error Reporting (continued)

The Wellness Director (██████████) will report any medication errors to the Administrator (██████████), the residents physician and to the Department of Human Services Immediately. All staff have been directed to contact the Administrator and the Wellness Director any time that there has been a medication error. This will be discussed on a monthly basis during staff meetings etc.

DIRECTED PLAN:

11/30/22: The administrator or designee shall retrain all staff persons on regulation 2600.188b, including the home's policy on ensuring that medication errors are reported to the physician in a timely manner. ██████ 11/21/22

Directed Completion Date: 10/25/2022

Implemented (████ - 03/29/2023)

225c - Additional Assessment**6. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1's most recent assessment was completed on ██████ 21.

POC Submission

Accept (████ - 11/21/2022)

The Wellness Director (██████████) and the Administrator (██████████) will audit the Medical Evaluation Tickler File daily to ensure that all residents assessment are completed within the admission date of each resident. resident #1's new assessment was completed on ██████/21. ██████ is still a resident at Lakeview.

Licensee's Proposed Overall Completion Date: 11/03/2022

Implemented (████ - 03/29/2023)