

Department of Human Services  
Bureau of Human Service Licensing

August 13, 2022

[REDACTED], ADMINISTRATOR  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: THE VILLAGE AT PENN STATE  
160 LIONS HILL ROAD  
STATE COLLEGE, PA, 16803  
LICENSE/COC#: 22944

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/26/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *THE VILLAGE AT PENN STATE* License #: *22944* License Expiration: *05/30/2023*  
Address: *160 LIONS HILL ROAD, STATE COLLEGE, PA 16803*  
County: *CENTRE* Region: *NORTHEAST*

**Administrator**

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

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-1* Date: *04/01/2016* Issued By: *Centre Region*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *10* Waking Staff: *8*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *04/26/2022*

**Inspection Dates and Department Representative**

04/26/2022 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *14* Residents Served: *10*

**Secured Dementia Care Unit**

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

**Hospice**

Current Residents: *0*

**Number of Residents Who:**

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

**Inspections / Reviews**

**04/26/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/28/2022*

Inspections / Reviews (*continued*)

07/26/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/02/2022*

08/13/2022 - Document Submission

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

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [redacted] and staff person B, whose first day of work was [redacted], did not receive orientation on training topics evacuation procedures, staff duties & responsibilities, designated meeting place inside/outside fire safe area, smoking procedures/policies, location & use of fire extinguishers, smoke detectors & fire alarms, and telephone use & notification of emergency services.

Plan of Correction

Accept

Newly hired staff assigned to the personal care unit will receive education prior to or on their first day of work in general fire safety and emergency preparedness to ensure staff are able to respond to an emergency situation. At the time of the survey, the original orientation records for staff A and B were not available in the individual employee files maintained by human resources. There was a separate education binder maintained by the unit manager in the personal care office for these records. Both staff A and B did receive the required first day education timely on their first day of work. The administrator did provide copies to the surveyor via email post survey. All employee original orientation forms and education records will now be maintained by human resources in the employee file. Newly hired personal care employee files will be audited by the administrator/ designee monthly for one quarter. Results of the audit will be reported monthly to the Quality Assurance and Process Improvement committee for review and recommendation as needed.

Completion Date: 07/22/2022

Update: 07/26/2022

Please send proof of staff person's A and B's 1st day training.

Document Submission

Implemented

Newly hired staff assigned to the personal care unit will receive education prior to or on their first day of work in general fire safety and emergency preparedness to ensure staff are able to respond to an emergency situation. At the time of the survey, the original orientation records for staff A and B were not available in the individual employee files maintained by human resources. There was a separate education binder maintained by the unit manager in the personal care office for these records. Both staff A and B did receive the required first day education timely on their first day of work. The administrator did provide copies to the surveyor via email post survey. All employee original orientation forms and education records will now be maintained by human resources in the employee file. Newly hired personal care employee files will be audited by the administrator/ designee monthly for one quarter. Results of the audit will be reported monthly to the Quality Assurance and Process Improvement committee for review and recommendation as needed.

65b - Rights/Abuse 40 Hours

1. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed their 40th scheduled work hour on [redacted]. However, this staff person did not complete training in the following topics: Resident Rights, Emergency Medical Plan, and Mandatory reporting of abuse.

## 65b - Rights/Abuse 40 Hours (continued)

**Plan of Correction****Accept**

Newly hired staff to the personal care unit will receive education prior to their 40th scheduled work hour that includes; resident rights, emergency medical plan, mandatory reporting of abuse or neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

The original education record for Staff A was not retrievable from the employee file in human resources at the time of the survey. There was a separate education binder maintained by the unit manager in the personal care office for these records. Staff A did receive the required education prior to her 40th hour of work. The administrator did provide copies to the surveyor via email post survey. Personal care employee original orientation forms and education records will be maintained by human resources in the employee file. Newly hired personal care employee files will be audited by the administrator/ designee monthly for one quarter. Results of the audit will be reported monthly to the Quality Assurance and Process Improvement committee for review and recommendation as needed.

**Completion Date:** 07/22/2022

**Update:** 07/26/2022

Please send proof of staff persons A's training.

**Document Submission****Implemented**

Newly hired staff to the personal care unit will receive education prior to their 40th scheduled work hour that includes; resident rights, emergency medical plan, mandatory reporting of abuse or neglect under the Older Adult Protective Services Act and reporting of reportable incidents and conditions.

The original education record for Staff A was not retrievable from the employee file in human resources at the time of the survey. There was a separate education binder maintained by the unit manager in the personal care office for these records. Staff A did receive the required education prior to her 40th hour of work. The administrator did provide copies to the surveyor via email post survey. Personal care employee original orientation forms and education records will be maintained by human resources in the employee file. Newly hired personal care employee files will be audited by the administrator/ designee monthly for one quarter. Results of the audit will be reported monthly to the Quality Assurance and Process Improvement committee for review and recommendation as needed.

## 91 - Telephone Numbers

**1. Requirements**

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

**Description of Violation**

The telephone numbers required by this regulation were not posted by the phones located in room # 1 through 10.

**Plan of Correction****Accept**

All resident rooms have the emergency telephone numbers posted for resident reference; 911, the local hospital, police department, fire department, ambulance, poison control, local emergency management, and the personal care home complaint hotline.

The unit manager reviewed with residents the location of emergency numbers in their room. This information is reviewed with newly admitted residents during the admission process. The unit manager/ designee will review this information quarterly at Resident Council meetings.

**Completion Date:** 07/22/2022

**Update:** 07/26/2022

Please send proof of compliance (picture).

91 - Telephone Numbers (continued)

Document Submission

Implemented

All resident rooms have the emergency telephone numbers posted for resident reference; 911, the local hospital, police department, fire department, ambulance, poison control, local emergency management, and the personal care home complaint hotline.

The unit manager reviewed with residents the location of emergency numbers in their room. This information is reviewed with newly admitted residents during the admission process. The unit manager/ designee will review this information quarterly at Resident Council meetings.

101j7 - Lighting/Operable Lamp

1. Requirements

2600.

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

Description of Violation

Residents in rooms 1 and 4 did not have an operable lamp or other source of lighting that could be turned on at bedside.

Plan of Correction

Accept

All resident rooms are equipped with a permanent light switch located on the wall at the bedside that controls the room ceiling light.

Preventative environmental maintenance includes checking the switch and light function monthly.

Completion Date: 07/22/2022

Update: 07/26/2022

Please send proof of compliance --(picture of bedside lighting).

Document Submission

Implemented

All resident rooms are equipped with a permanent light switch located on the wall at the bedside that controls the room ceiling light.

Preventative environmental maintenance includes checking the switch and light function monthly.

141a 1-10 Medical Evaluation Information

1. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

141a 1-10 Medical Evaluation Information *(continued)***Description of Violation**

*Resident #1's annual medical evaluation that was signed by the physician was not dated with the date the resident was evaluated or the date the form was completed.*

**Plan of Correction****Accept**

*Physicians and mid- level providers will be reminded to sign and date assessment/ evaluation forms. The unit manager will audit medical evaluations monthly for one quarter to ensure the physician has signed and dated the evaluation. Results of the audit will be reported monthly to the Quality Assurance and Process Improvement committee for review and recommendation as needed.*

**Completion Date:** 07/22/2022

**Update:** 07/26/2022

*Please send updated Resident 1's DME.*

**Document Submission****Implemented**

*Physicians and mid- level providers will be reminded to sign and date assessment/ evaluation forms. The unit manager will audit medical evaluations monthly for one quarter to ensure the physician has signed and dated the evaluation. Results of the audit will be reported monthly to the Quality Assurance and Process Improvement committee for review and recommendation as needed.*

## 162c - Menus Posted

**1. Requirements**

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

**Description of Violation**

*The home did not have posted in a public and conspicuous area the home's menu for the current week and upcoming week's menu.*

**Plan of Correction****Accept**

*Menus are posted prominently in the community room on the bulletin board. Additionally, menus and the "Always Available" substitute list are posted daily on the counter top of the serving area. The administrator educated staff that regulation requires 2 weeks menus must be posted at all times on the bulletin board. During the survey only the current week menu was posted. The unit manager will audit the bulletin board weekly for one month to ensure 2 weeks of menu is posted. Results of the audit will be reported to the Quality Assurance and Process Improvement committee for review and recommendation as needed.*

**Completion Date:** 07/22/2022

**Update:** 07/26/2022

*Please send proof of compliance (picture).*

**Document Submission****Implemented**

*Menus are posted prominently in the community room on the bulletin board. Additionally, menus and the "Always Available" substitute list are posted daily on the counter top of the serving area. The administrator educated staff that regulation requires 2 weeks menus must be posted at all times on the bulletin board. During the survey only the current week menu was posted. The unit manager will audit the bulletin board weekly for one month to ensure 2 weeks of menu is posted. Results of the audit will be reported to the Quality Assurance and Process Improvement committee for review and recommendation as needed.*

191 - Resident Right to Refuse

1. Requirements

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, 2 and 3 didn't receive training in the residents' right to question or refuse medication if the resident believes there may be a medication error.

Plan of Correction

Accept

The unit manager/ designee will educate current residents to the right to question or refuse medication if the resident believes there may be a medication error. Social service/ designee will educate newly admitted residents of this right during the admission process and documentation of this education will be maintained in the resident medical records.

The unit manager will audit current resident medial records to ensure documentation of the right to refuse medication is present. Results of the audit will be reported to the Quality Assurance and Process Improvement committee for review and recommendation as needed.

Completion Date: 07/22/2022

Update: 07/26/2022

Please send proof of resident #1, 2, 3's education and compliance with this regulation.

Document Submission

Implemented

The unit manager/ designee will educate current residents to the right to question or refuse medication if the resident believes there may be a medication error. Social service/ designee will educate newly admitted residents of this right during the admission process and documentation of this education will be maintained in the resident medical records.

The unit manager will audit current resident medial records to ensure documentation of the right to refuse medication is present. Results of the audit will be reported to the Quality Assurance and Process Improvement committee for review and recommendation as needed.

225a - Assessment 15 Days

1. 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

An initial assessment for resident #1 was not complete within 15 days of the resident's admission to the home on [REDACTED].

Plan of Correction

Accept

Newly admitted resident RASP will be completed within 15 days of admission.

The administrator will audit newly admitted resident medical records to ensure the required assessment was completed within the required timeframe monthly for one quarter. Results of the audit will be reported to the Quality Assurance and Process Improvement committee for review and recommendation as needed.

Completion Date: 07/22/2022

Document Submission

Implemented

Newly admitted resident RASP will be completed within 15 days of admission.

**225a - Assessment 15 Days (continued)**

*The administrator will audit newly admitted resident medical records to ensure the required assessment was completed within the required timeframe monthly for one quarter. Results of the audit will be reported to the Quality Assurance and Process Improvement committee for review and recommendation as needed.*

**252 - Record Content****1. Requirements**

2600.

252. Content of Resident Records - Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

**Description of Violation**

Resident #1's picture contained in their record was dated [REDACTED]

**Plan of Correction****Accept**

*At the time of the survey, all resident pictures in the electronic portion of the resident medical record were current and taken in December 2021 when the facility transitioned to the electronic record. The unit manager updated current paper resident photographs in the hard cover resident medical records. Resident photographs will be updated annually in conjunction with the annual resident review.*

**Completion Date:** 07/22/2022

**Update:** 07/26/2022

*Please send proof of updated photo for Resident 1.*

**Document Submission****Implemented**

*At the time of the survey, all resident pictures in the electronic portion of the resident medical record were current and taken in December 2021 when the facility transitioned to the electronic record. The unit manager updated current paper resident photographs in the hard cover resident medical records. Resident photographs will be updated annually in conjunction with the annual resident review.*