

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

December 27, 2022

[REDACTED]  
CHICORA MEDICAL CENTER LIMITED PARTNERSHIP  
160 MEDICAL CENTER ROAD  
[REDACTED]  
CHICORA, PA, 16025

RE: QUALITY LIFE SERVICES CHICORA  
160 MEDICAL CENTER ROAD  
CHICORA, PA, 16025  
LICENSE/COC#: 40553

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/11/2022 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: *QUALITY LIFE SERVICES CHICORA* License #: *40553* License Expiration: *11/10/2022*  
 Address: *160 MEDICAL CENTER ROAD, CHICORA, PA 16025*  
 County: *BUTLER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *CHICORA MEDICAL CENTER LIMITED PARTNERSHIP*  
 Address: *160 MEDICAL CENTER ROAD, [REDACTED], CHICORA, PA, 16025*  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C 1* Date: *02/05/1992* Issued By: *Dept of Health*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *20* Waking Staff: *15*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]  
 Reason: *Renewal* Exit Conference Date: *07/11/2022*

**Inspection Dates and Department Representative**

*07/11/2022 On Site* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: *26* Residents Served: *15*

**Secured Dementia Care Unit**  
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

**Hospice**  
 Current Residents: *0*

**Number of Residents Who:**  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *5* Have Physical Disability: *0*

**Inspections / Reviews**

**07/11/2022 - Full**  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/08/2022*

**09/15/2022 - POC Submission**  
 Submitted By: [REDACTED] Date Submitted: *12/19/2022*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/22/2022*

Inspections / Reviews (*continued*)

## 12/19/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2022

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/21/2022

## 12/27/2022 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/19/2022

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 81b - Resident Personal Equipment

### 1. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

#### Description of Violation

*Resident #1 has an enabler bar attached to his/her bed with an opening that is 29 inches by 4 inches at the top, and 20 1/2 inches by 4 inches at the bottom. The enabler is not covered, posing an entrapment hazard.*

*Resident #2 has an enabler bar attached to his/her bed that is not secure. The enabler bar moves approximately 2 inches to 3 inches back and forth. In addition, the enabler bar has an opening that is 18 inches by 9 inches, which is not covered, and has a 9 inch opening between the bar and the mattress, posing an entrapment hazard.*

#### POC Submission

Accept ( [REDACTED] - 09/14/2022)

*7/12/2022--PCHA placed a covering over residents #1 enabler bar , a covering has been placed over resident #2 enabler bars and bars tightened up, rolled bath blankets has been placed between the mattress and bars so not to pose a entrapment hazard .*

*7/18/2022--Education was provided to staff by PCHA that if at anytime families bring in enabler bars they must be nstalled by the maintenance department to be sure they are secure and must have a covering if they do not come with a covering one will be provided .*

*7/25/2022 --beds with enablers will be checked by Administrator or designee monthly to ensure the covering is in good condition , and bars are secure*

Licensee's Proposed Overall Completion Date: 08/31/2022

Implemented ( [REDACTED] - 12/27/2022)

## 82c - Locking Poisonous Materials

### 2. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

#### Description of Violation

*A 10 ounce bag of [REDACTED], containing two remaining packets, with a manufacture's label indicating "Harmful if put in mouth or swallowed," was unlocked, unattended, and accessible to residents in the kitchenette.*

*In addition, a 5.7 ounce bottle of [REDACTED], approximately 1/2 full, with a manufacture's label indicating "Do not ingest," was unlocked, unattended, and accessible to residents in the kitchenette.*

*Not all the residents of the home, [REDACTED] have been assessed capable of recognizing and using poisons safely.*

82c - Locking Poisonous Materials (*continued*)**POC Submission**

Accept [REDACTED] - 09/14/2022)

7/11/2022-- [REDACTED] and [REDACTED] was removed

7/15/2022--Education was provided to staff that all poisonous materials are not to be left where residents can get, these items must be kept locked up

7/15/2022--signs were posted in the kitchenette along with sign off sheets for each shift that they have checked the kitchenette for any poisonous materials .

8/1/2022 - The Administrator or designee will check daily that checks are done

Licensee's Proposed Overall Completion Date: 08/31/2022

Implemented [REDACTED] - 12/27/2022)

## 90b - Staff Communication

**3. Requirements**

2600.

90.b. For a home serving 9 or more residents, there shall be a system or method of communication that enables staff persons to immediately contact other staff persons in the home for assistance in an emergency.

**Description of Violation**

The home does not have a system that allows staff in different parts of the home to communicate with each other in an emergency. On 7/11/22, the home served 15 residents.

**POC Submission**

Accept [REDACTED] 09/14/2022)

Immediately 3 walkie talkie radios were purchased. One radio will be occupied by aide on duty, Administrator or designee will have a radio and a radio will be kept on skilled side with charge nurse .

8/1/2022 Education provided by Administrator to all Personal Care staff and Skilled staff on what channel to be used and when radios should be use to ensure the safety of residents in the event of a emergency.

8/1/2022--Administrator will complete a routine audits on the walkie talkies to ensure that the batteries are not dead and documented when last changed

Licensee's Proposed Overall Completion Date: 08/31/2022

Implemented [REDACTED] - 12/27/2022)

## 101j7 - Lighting/Operable Lamp

**4. Requirements**

2600.

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

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

Resident #4 does not have access to a source of light that can be turned on/off at bedside. The lamp was approximately 3 feet from the bed and could not be reached from bedside.

**101j7 - Lighting/Operable Lamp (continued)**

*Resident #5 does not have access to a source of light that can be turned on/off at bedside. The lamp was approximately 2 feet from the bed and could not be reached from bedside.*

*Resident #6 does not have access to a source of light that can be turned on/off at bedside.*

**POC Submission**

**Accept (█) - 09/14/2022)**

*7/12/2022--Administrator immediately moved resident #4, resident #5 bed side stand closer to their beds , small stand with light was placed by bed side of resident # 6 so each resident could reach their light source .*

*7/15/2022 Administrator provided education to all staff that all residents must have a light within reaching distance of their bedside , touch lights has been ordered for all residents rooms to be installed on the head boards .*

*8/8/2022--Administrator or designee will complete a whole house audit weekly for 1 month to ensure all residents has a working light within reach of their bedside , then once a month for 2 months*

**Licensee's Proposed Overall Completion Date: 10/31/2022**

**Implemented (█) - 12/27/2022)**

**103f - Refrigerator/Freezer Temps**

**5. Requirements**

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

**Description of Violation**

*There was no thermometer in the Hot Point freezer in the kitchenette.*

*At 10:42 a.m., the temperature in the McCall refrigerator in the kitchen was 41 degrees Fahrenheit and at 4:18 p.m. it was 42 degrees Fahrenheit.*

*At 10:46 a.m., the temperature in the walk-in cooler in the kitchen was 45 degrees Fahrenheit.*

*At 10:47 a.m., the temperature in the walk-in freezer in the kitchen was 5 degrees Fahrenheit and at 4:18 p.m. it was 2 degrees Fahrenheit.*

**POC Submission**

**Accept (█) 09/14/2022)**

*7/11/2022--thermometer was placed in Hot Point freezer in kitchenette Administrator placed temp check sheet on refrigerator for staff to document daily refrigerator / freezer temps*

*7/15/2022--Education provided by Administrator or designee to all PC staff and kitchen staff on what the proper temperature needs to be for 0 degrees freezers and refrigerator temp needs to be 40 degrees or below*

*8/8/2022--Administrator or designee will complete audits 3 times a week for 2 weeks then once a week for 2*

**103f - Refrigerator/Freezer Temps (continued)**

*weeks then once a month audits going forward on all temps on facility freezers and refrigerators*

**Licensee's Proposed Overall Completion Date:** 09/05/2022

**Implemented** (█) - 12/27/2022)

**121a - Unobstructed Egress**

**6. Requirements**

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**Description of Violation**

*At 10:35 a.m., the emergency exit, beyond the dining area, was locked with an electronic code; however, the code to open the door was not posted which blocked egress from the home.*

**POC Submission**

**Accept** (█) - 09/15/2022)

*8/4/2022- The code has been posted by the Key Pad*

*8/8/2022 & 8/9/2022-Administrator will educate residents on the locked door that should the fire alarm activate the door will automatically unlock for safe evacuation , if they should need to evacuate for another emergency that we do not shelter in place residents has each been shown and has demonstrated to Administrator that they understand how to use the key pad*

*8/8/2022--Administrator will educate all new residents and staff and demonstration given on how to use the key pad*

**Licensee's Proposed Overall Completion Date:** 08/31/2022

**Implemented** (█) - 12/27/2022)

**132d - Evacuation**

**7. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

**Description of Violation**

*At 11:29 a.m., the home's fire alarm sounded while licensing representatives where on-site and the home's residents began to evacuate the building using the front doors. The home's maximum safe evacuation time specified in writing, dated 3/30/22, by a fire safety expert is 5 minutes. However, at 11:38 a.m., the last residents were still crossing the exit threshold to evacuate the building.*

**POC Submission**

**Directed** (█) - 09/15/2022)

*8/5/2022-Residents educated that our evacuation time is 5 minutes to evacuate to a safe area ,as soon as they hear the alarm they are to evacuate their room and head for the safe area ,they should not try and gather things if undressed or in the shower they need to wrap a blanket around themselves and evacuate*

*8/12/2022--Administrator or Maintenance will do routine fire drills weekly for 2 months for staff and residents to*

132d - Evacuation (continued)

practice evacuating to reach the evacuation time to get to a safe area, may need to have the fire expert come back and see if evacuation time could be increased .

8/5/2022--Ancillary staff and staff from skilled unit will assist with evacuating residents

**DIRECTED PLAN:**

9/15/22 - The administrator will ensure that only staff that will always be available to assist residents with evacuations are utilized during fire drills. [REDACTED] 9/15/22

**Directed Completion Date:** 09/16/2022

**Implemented** [REDACTED] - 12/27/2022)

141b1 Annual Medical Evaluation

**8. Requirements**

2600.

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

**Description of Violation**

Resident #4's most recent medical evaluation was completed on [REDACTED]/21. The resident's previous medical evaluation was completed on [REDACTED]/20.

**POC Submission**

**Accept** [REDACTED] - 09/15/2022)

7/18/2022--Administrator audited all residents charts to ensure that all medical evaluations were completed at least annually and not going past one day from the previous year medical evaluation

7/18/2022--Administrator educated all staff on having the DME completed that it must be done within a year of having the last one done and that all parts must be filled out completely and signed by the doctor

8/1/2022-- Audit will be done on all DME and filed by month and the date they need to be done before and give copy to doctor or family to ensure appointment is set up to have DME done on time

**Licensee's Proposed Overall Completion Date:** 08/31/2022

**Implemented** [REDACTED] - 12/27/2022)

187d Follow Prescriber's Orders

**9. Requirements**

2600.

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

**Description of Violation**

Resident #4 is prescribed [REDACTED] Inject per sliding scale:  
 If 70-149 = 0 units; 150-200 = 2 units; 201-250 = 4 units; 251-300 = 600 units; 301 - 350 = 8 units; 351-400 = 10 units; 401-600 = 10 units, and recheck, if not coming down, call MD.  
 On [REDACTED] 22, resident #4 had a blood glucose reading of [REDACTED] and should have been administered [REDACTED] units. However, the resident's July 2022 MAR indicated [REDACTED] and [REDACTED] units were administered.

187d - Follow Prescriber's Orders (continued)

**POC Submission**

**Accept (JW - 09/15/2022)**

7/12/2022-- Administrator re- educated staff on the importance of recording the glucometer reading correctly in the MAR

7/12/2022--Write Glucometer numbers down and double check or recheck glucometer before putting into MAR make sure correct number is correct before saving .

8/1/2022--Administrator will check the glucometer with what is wrote in the MAR to make sure numbers are being recorded correctly once a week for 1 month then going forward will check monthly

**Licensee's Proposed Overall Completion Date: 09/01/2022**

**Implemented [REDACTED] - 12/27/2022)**

224a - Preadmission Screen Form

**10. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident #5's preadmission screening form, dated [REDACTED]/22, does not include a determination for mobility needs, if resident can safely use and avoid poisonous material, and that the needs of the resident can be met by the services provided by the home. These areas were blank.

**POC Submission**

**Accept [REDACTED] 09/15/2022)**

7/11/2022-- Administrator updated resident #5 pre screen documenting the residents mobility needs ,if the resident can safely use and avoid poisonous materials and that the needs of the resident can be met by the home .

7/18/2022--Administrator educated staff on preadmission forms and when being completed it is mandatory that all sections be filled out completely and accurate .

8/1/2022--Administrator and designee will review all new admissions that the preadmission screen forms are filled out completely upon the day of admission

**Licensee's Proposed Overall Completion Date: 08/31/2022**

**Implemented [REDACTED] 12/27/2022)**