

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

March 14, 2023

[REDACTED]
SCENIC VIEW PERSONAL CARE LLC
[REDACTED]

RE: SCENIC VIEW PERSONAL CARE
1305 CHURCH DRIVE
PALMERTON, PA, 18071
LICENSE/COC#: 22876

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/19/2022 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: SCENIC VIEW PERSONAL CARE **Licen e #:** 22876 **Licen e Expiration:** 07/28/2023
Address: 1305 CHURCH DRIVE, PALMERTON, PA 18071
County: CARBON **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: SCENIC VIEW PERSONAL CARE LLC
Address: [REDACTED]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 07/22/1999 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 5 **Total Daily Staff:** 30 **Waking Staff:** 23

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 07/19/2022

Inspection Dates and Department Representative

07/19/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
Licen e Capacity: 22		Re ident Served: 20	
Secured Dementia Care Unit			
In Home: No	Area:	Capacity:	Re ident Served:
Hospice			
Current Re ident : 3			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 0	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 5		Have Physical Disability: 0	

Inspections / Reviews

07/19/2022 Full
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 08/18/2022

Inspections / Reviews (*continued*)

09/12/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 09/19/2022

10/18/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 10/25/2022

02/24/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission

Follow-Up Date: 03/03/2023

03/14/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/13/2023

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

Coliform was present in the water that was tested on 6/7/22. The home is currently boiling their water until the issue is resolved with their water. The home did not submit an incident report to the Department regarding initiating their emergency procedures.

POC Submission

Accept (████ - 10/18/2022)

Administrator has sent in incident report to DHS. Application signed by █████ (co-owner) on 07/15/ 22. █████ will be responsible for ongoing compliances with water testing and DEP to improve our water system.

Licensee's Plan Completion Date: 09/12/2022

Implemented (████ - 02/23/2023)

17 - Record Confidentiality

2. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident’s designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident’s power of attorney for health care or health care proxy or a resident’s designated person, or if a court orders disclosure.

Description of Violation

The privacy coding document was attached to the licensing inspection summary dated █████/21 posted on the homes bulletin board. The privacy coding document exposes confidential information of the residents.

POC Submission

Accept (████ - 09/12/2022)

Administrator has removed privacy coding document that listed the name of the resident the day of inspection. Administrator will make sure no names are listed when posting licensing inspection summary on homes bulletin board. Document was taken down day of inspection.

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented (████ 02/23/2023)

25b - Contract Signatures

3. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident’s designated person if any, if the resident agrees.

Description of Violation

Resident #1's contract dated █████/22 is not signed by the payer.

25b - Contract Signatures (continued)

Repeat violation: 6/10/21

POC Submission

Accept (████) - 09/12/2022)

Administrator will have resident and payer sign all documents when admitted to PCH. Document was corrected and attached.

Licensee's Proposed Overall Completion Date: 08/20/2022

Implemented (████) - 02/23/2023)

42s - Privacy

4. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home is utilizing a baby monitor to monitor Resident #4 at night. Audio monitoring is prohibited.

Repeat violation: 6/10/21

POC Submission

Accept (████) - 09/12/2022)

Administrator will continue to protect the privacy of the residents and has removed the baby monitor as of day of inspection.

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented (████) - 03/14/2023)

51 Criminal Background Check

5. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Direct care staff member A hired █████/22 Pennsylvania State Police Criminal Background Check was completed on █████/22. The staff member worked unsupervised prior to the background being completed.

Repeat violation: 6/10/21

POC Submission

Accept (████) - 09/12/2022)

Administrator will ensure all employee paperwork will be completed including background screen before day of hire.

Licensee's Proposed Overall Completion Date: 08/05/2022

Implemented (████) 02/24/2023)

54a Direct Care Staff

6. Requirements

54a - Direct Care Staff (continued)

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A hired [redacted]/22 does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

POC Submission

Accepted [redacted] - 09/12/2022)

Staff member A has been suspended until able to provide documentation of [redacted] high school Diploma / GED. Administrator will ensure future employees have proper documentation High School Diploma/ GED before there hire date.

Licensee's Proposed Overall Completion Date: 07/27/2022

Implemented [redacted] - 02/23/2023)

63a - First Aid/CPR Training

7. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

The home serves 20 residents and is required to have one staff member certified in First Aid and CPR at all times. On [redacted]/22 no one was certified in First Aid and CPR from 11p-7a. On [redacted]/22 no one was certified in First Aid and CPR from 3p-7p and no one was certified in First Aid from 7p-11p. On [redacted]/22 no one was certified in First Aid and CPR from 3p-11p.

Repeat violation: 6/10/21

POC Submission

Accepted [redacted] - 09/12/2022)

Administrator will ensure staff has Red Cross certified CPR/1st aid; no online classes are accepted. All staff will be trained accordingly. All staff on violation dates were retrained/ certified from the Red Cross.

Licensee's Proposed Overall Completion Date: 08/03/2022

Implemented [redacted] - 02/24/2023)

65d - Initial Direct Care Training

8. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff member A hired [redacted]/22 did not complete the Department approved online direct care competency course until [redacted]/22.

65d - Initial Direct Care Training (continued)

POC Submission Accept [REDACTED] 09/12/2022)

Administrator will ensure future employees have completed the Direct Care Staff training course and has passed the competency test before able to work with residents unattended.

Licensee's Proposed Overall Completion Date: 07/26/2022

Implemented [REDACTED] 03/14/2023)

82a - Poisonous Materials

9. Requirements

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

2 spray bottles of bleach and water were located in the homes laundry room. The bottles did not have the manufacturers original label on the bottle.

POC Submission Accept [REDACTED] 09/12/2022)

Administrator will make sure bottles with poison materials have the original labels. All bottles with no labels that were found, were corrected. pictures attached

Licensee's Proposed Overall Completion Date: 07/28/2022

Implemented [REDACTED] - 02/23/2023)

132c - Fire Drill Records

10. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drills conducted on [REDACTED]/22 & [REDACTED]/22 do not indicate if the drill was conducted in the am or pm.

POC Submission Accept [REDACTED] - 09/12/2022)

Administrator will make sure all fire drills are documented correctly. Times were corrected of day of inspection. Picture attached

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented [REDACTED] - 02/23/2023)

132d Evacuation

11. 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.

132d - Evacuation (*continued*)**Description of Violation**

The most recent fire safety letter from the fire safety expert dated 6/8/21 indicates a safe evacuation time of 2 minutes and 52 seconds based on the physical construction of the building. The fire drills conducted from 12/21-7/22 all exceeded this time.

POC Submission

Accept [REDACTED] - 09/12/2022)

Fire Safety expert has admitted to filling out DHS paperwork incorrectly and has instructed administrator and staff they have 6 min to evacuate according to the structure of the building. Attached is his email to administrator and corrected fire safety letter.

Licensee's Proposed Overall Completion Date: 07/28/2022

Implemented [REDACTED] - 02/23/2023)

132e - Fire Drill Sleeping Hours

12. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The home did not complete a sleeping hours fire drill from 12/21-7/22.

POC Submission

Accept [REDACTED] 09/12/2022)

Administrator will conduct a fire drill every 6 months during sleeping hours as per DHS requirement.

Licensee's Proposed Overall Completion Date: 08/23/2022

Implemented [REDACTED] - 02/24/2023)

141a 1-10 Medical Evaluation Information

13. 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.

Description of Violation

Resident #1's DME dated [REDACTED] 22 doesn't indicate if the residents immunizations are current.

Repeat violation: 6/10/21

141a 1-10 Medical Evaluation Information (continued)

POC Submission

Accept [REDACTED] 09/12/2022)

Administrator will review DMEs when completed by physician to ensure all sections are complete. DME was properly completed and attached.

Licensee's Proposed Overall Completion Date: 08/01/2022

Implemented [REDACTED] 02/23/2023)

185a - Implement Storage Procedures

14. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2's PRN [REDACTED] was not available.

Resident #3's PRN [REDACTED] was not available.

POC Submission

Accept [REDACTED] - 10/18/2022)

Administrator will oversee that Health Direct will be out to the facility monthly to do med cart audits. Health Direct will provide documentation of the of each monthly audit. this documentation will be kept in a binder in the administrator's office, the Administrator will verify that audit has been completed

Licensee's Plan Completion Date: 09/12/2022

Implemented [REDACTED] - 02/24/2023)

224a - Preadmission Screen Form

15. 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 #1's pre-admission screening dated [REDACTED] 22 doesn't indicate if the home can meet the residents needs.

Repeat violation: 6/10/21

POC Submission

Accept [REDACTED] 09/12/2022)

Administrator will perform all preadmission screening assessments to ensure the candidates are appropriate for personal care. Preadmission screening document was corrected day of inspection. attached

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented [REDACTED] - 02/23/2023)

227d - Support Plan Medical/Dental

16. Requirements

2600.

227d - Support Plan Medical/Dental (continued)

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 [REDACTED] requires a one person assist for transferring. Resident #1's RASP dated [REDACTED]/22 has not been updated to reflect the residents current care needs.

POC Submission

Accept [REDACTED] - 09/12/2022)

Administrator will review all support plans to ensure updated and accurate care requirements. [REDACTED]

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

Implemented ([REDACTED] - 02/23/2023)

251b - Record Entries Legible

17. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction tape was noted on Resident #1's pre-admission screening dated [REDACTED] 22 under reason for leaving current residence.

POC Submission

Accept [REDACTED] - 09/12/2022)

Administrator will do all preadmission screening and has learned no correction tape is permitted on original documents. Corrections will be done 1 line through the word and initials. Preadmission screening document was corrected day of inspection.

Licensee's Proposed Overall Completion Date: 07/19/2022

Implemented ([REDACTED] - 03/14/2023)

251c - Standardized Forms

18. Requirements

2600.

251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

The home used a Chapter 2800 ASP form for Resident #2 in lieu of the Chapter 2600 RASP.

POC Submission

Accept [REDACTED] - 09/12/2022)

Administer will use Chapter 2600 form for RASPs, correction was made and attached. for Resident #2

Licensee's Proposed Overall Completion Date: 07/27/2022

Implemented ([REDACTED] 03/14/2023)