

Department of Human Services  
Bureau of Human Service Licensing

September 15, 2022

[REDACTED]  
HOLLIDAYSBURG VETERANS HOME  
P.O.BOX 319  
HOLLIDAYSBURG, PA, 16648

RE: HOLLIDAYSBURG VETERANS' HOME  
P.O.BOX 319  
HOLLIDAYSBURG, PA, 16648  
LICENSE/COC#: 34360

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/16/2022, 08/17/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

**Facility Information**

Name: *HOLLIDAYSBURG VETERANS' HOME* License #: *34360* License Expiration: *02/22/2023*  
Address: *P.O.BOX 319, HOLLIDAYSBURG, PA 16648*  
County: *BLAIR* Region: *CENTRAL*

**Administrator**

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

**Legal Entity**

Name: *HOLLIDAYSBURG VETERANS HOME*  
Address: *P.O.BOX 319, HOLLIDAYSBURG, PA, 16648*  
Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-1* Date: *11/04/1954* Issued By: *L&I*  
Type: *C-2 LP* Date: *08/03/1882* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *79* Waking Staff: *59*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *08/17/2022*

**Inspection Dates and Department Representative**

*08/16/2022 - On-Sit* [REDACTED]  
*08/17/2022 - On-Sit* [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *167* Residents Served: *76*

**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: *67*  
Diagnosed with Mental Illness: *19* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *3* Have Physical Disability: *1*

**Inspections / Reviews**

**08/16/2022 - Full**

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/01/2022*

Inspections / Reviews *(continued)*

09/02/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/12/2022*

09/12/2022 - POC Submission

Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *09/19/2022*

09/15/2022 - Document Submission

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 [redacted] one on each side of the bed. The [redacted] have openings of approx. 8 inches wide and 5 inches tall which are not covered to prevent a potential hazard.

Plan of Correction

Accept

On 8/30/2022, Both [redacted] have been covered with a mesh bag that ties at the bottom by Adaptive Equipment Staff. As the mesh bags are laundered, additional mesh bags will be placed over the [redacted] to ensure compliance of the regulation. The license practical nurse and/or registered nurse will monitor [redacted] monthly to ensure that they are covered to protect the resident from harm. On 8/30/2022 and 9/7/2022 whole house audit was completed by the PCHA and LPN to identify if there are other [redacted] being utilized on residents beds. The audit reflects any additional [redacted] if they are covered and if the RASP has the [redacted] documented. See attached audit form.

Completion Date: 09/09/2022

Document Submission

Implemented

On 8/30/2022, Both [redacted] have been covered with a mesh bag that ties at the bottom by Adaptive Equipment Staff. As the mesh bags are laundered, additional mesh bags will be placed over the [redacted] to ensure compliance of the regulation. The license practical nurse and/or registered nurse will monitor [redacted] monthly to ensure that they are covered to protect the resident from harm. On 8/30/2022 and 9/7/2022 whole house audit was completed by the PCHA and LPN to identify if there are other [redacted] being utilized on residents beds. The audit reflects any additional [redacted], if they are covered and if the RASP has the [redacted] documented. See attached audit form.

Plan has been implemented.

185a - Implement Storage Procedures

1. 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

The [redacted] on the medication administration record (MAR) for Resident #2 on [redacted]

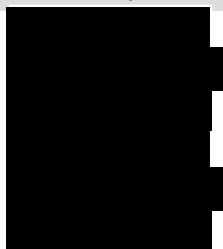
The blood [redacted] recorded on the MAR for Resident #3 [redacted] The [redacted] on the glucometer [redacted]

The [redacted] for Resident #4 is not calibrated to the correct date and time:

MAR Date and Time      Glucometer and time

[redacted]      [redacted]

## 185a - Implement Storage Procedures (continued)

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

Registered Nurse Supervisor will complete Quality Assurance Audits on five residents that require [REDACTED] monitoring weekly for three months, September, October and November and then monthly for three months, December 2022, January 2023 and February 2023. Documentation will be kept. Registered Nurse Supervisor will continue to monitor on an ongoing basis to ensure compliance of the regulation. All licensed staff are being educated on documenting [REDACTED] and [REDACTED] completing the education by 9/30/2022. Documentation of the training with staff signatures will be kept.

**Completion Date:** 09/30/2022

**Document Submission****Implemented**

Registered Nurse Supervisor will complete Quality Assurance Audits on five residents that require [REDACTED] monitoring weekly for three months, September, October and November and then monthly for three months, December 2022, January 2023 and February 2023. Documentation will be kept. Registered Nurse Supervisor will continue to monitor on an ongoing basis to ensure compliance of the regulation. All licensed staff are being educated on documenting [REDACTED] completing the education by 9/30/2022. Documentation of the training with staff signatures will be kept. Plan has been implemented.

## 227d - Support Plan Medical/Dental

**1. Requirements**

2600.

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**

The Resident Assessment-Support Plan (RASP) for Resident #1 does not indicate that the resident has been assessed for the need of the [REDACTED] on the resident's bed, how they will benefit from the use of the [REDACTED] and the plan to ensure safety while in use.

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

The RASP was updated on 8/17/2022 to reflect the resident utilizing the [REDACTED] On 8/30/2022 and 9/7/2022, a RASP audit was completed by the PCHA to ensure all RASP's reflected documentation of [REDACTED] Licensed

227d - Support Plan Medical/Dental (continued)

staff complete all RASP's and an education is being conducted by the PCHA regarding RASP completion and content to be completed by 9/30/2022. Moving forward, documentation will be reflected in the resident RASP for additional [REDACTED] usage. Registered nurse and/or licensed practical nurse will monitor the RASP upon completion as a new admission, annually or change of condition to ensure this information is captured for compliance of this regulation. Completion Date: 09/30/2022

Document Submission

Implemented

The RASP was updated on 8/17/2022 to reflect the resident utilizing the [REDACTED] On 8/30/2022 and 9/7/2022, a RASP audit was completed by the PCHA to ensure all RASP's reflected documentation of bed enablers. Licensed staff complete all RASP's and an education is being conducted by the PCHA regarding RASP completion and content to be completed by 9/30/2022. Moving forward, documentation will be reflected in the resident RASP for additional [REDACTED] Registered nurse and/or licensed practical nurse will monitor the RASP upon completion as a new admission, annually or change of condition to ensure this information is captured for compliance of this regulation. Plan has been implemented.

227g -Support Plan Signatures

1. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

The RASP for Resident #1 was not signed by the staff person who developed the RASP.

The RASP for Resident #3 was not signed by the staff person who developed the RASP or the resident.

Plan of Correction

Accept

The staff person who developed the RASP for both residents #1 and #3 immediately signed the documents on 8/18/2022. A signature was immediately obtained by Resident #3 on the RASP document on 8/16/2022. An audit was conducted by the PCHA on 9/9/2022 for all RASP's to ensure all signatures are documented on all RASP'S. Moving forward, all RASP's will be monitored upon completion of new admission, annually and upon change of condition by the Registered Nurse for all signatures upon completion and review of the document by all parties. Registered nurse and/or licensed practical nurse will monitor for future compliance of the regulation immediately upon completion of new admission, annually and change of condition.

Completion Date: 09/09/2022

Document Submission

Implemented

The staff person who developed the RASP for both residents #1 and #3 immediately signed the documents on 8/18/2022. A signature was immediately obtained by Resident #3 on the RASP document on 8/16/2022. An audit was conducted by the PCHA on 9/9/2022 for all RASP's to ensure all signatures are documented on all RASP'S. Moving forward, all RASP's will be monitored upon completion of new admission, annually and upon change of condition by the Registered Nurse for all signatures upon completion and review of the document by all parties. Registered nurse and/or licensed practical nurse will monitor for future compliance of the regulation immediately upon completion of new admission, annually and change of condition. Plan has been implemented.