

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

May 25, 2023

[REDACTED]
PINE VIEW PERSONAL CARE FACILITY, INC.
[REDACTED]

RE: PINE VIEW PERSONAL CARE
FACILITY
1113 PINE VIEW LANE
VANDERGRIFT, PA, 15690
LICENSE/COC#: 42669

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/15/2022 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: PINE VIEW PERSONAL CARE FACILITY License #: 42669 License Expiration: 10/30/2022

Address: 1113 PINE VIEW LANE, VANDERGRIFT, PA 15690

County: ARMSTRONG Region: WESTERN

Administrator

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

Legal Entity

Name: PINE VIEW PERSONAL CARE FACILITY, INC.

Address: [REDACTED]

Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/14/1999 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 21 Waking Staff: 16

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:

Reason: Renewal Exit Conference Date: 09/15/2022

Inspection Dates and Department Representative

09/15/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 28 Resident Served: 20

Secured Dementia Care Unit

In Home: No Area: Capacity: Resident Served:

Hospice

Current Resident : 2

Number of Residents Who:

Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 18

Diagnosed with Mental Illness: 4 Diagnosed with Intellectual Disability: 0

Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

09/15/2022 Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/13/2022

Inspections / Reviews (*continued*)

10/07/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 10/14/2022

12/20/2022 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/03/2023

02/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/13/2023

05/25/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/10/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 11:10 a.m., there was an unlabeled, partially used, bar of hand soap in the men's bathroom located on the home's first floor and adjacent to the shower room.

POC Submission Accept ([redacted] - 12/20/2022)

The bar of soap was immediately removed in front of the inspector. A memo was sent out and signed by all staff to remove any bars of soap if left by a resident. We do have pump soap available at all times. Housekeeping is also aware of this policy

Memo to staff was sent by the administrator on 9/22/22. [redacted] 12/20/22

Licensee's Plan Completion Date: 10/17/2022

Implemented ([redacted] - 04/10/2023)

102k - No Common Towel

2. Requirements

2600.
102.k. Use of a common towel is prohibited.

Description of Violation

At 11:04 a.m., there were used hand towels in both of the common bathrooms located in the tv room on the first floor of the home. There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in either bathroom.

POC Submission Accept ([redacted] - 12/20/2022)

The hand towel was removed immediately, and a roll of towels were placed in the bathroom. Housekeeping and staff have been reminded to check bathrooms several times each shift.

Hand towel was removed by the owner. [redacted] 12/20/22

Daily audit shall ensure that no common towels are being used in any resident areas. [redacted] 12/20/22

Licensee's Plan Completion Date: 10/17/2022

Implemented ([redacted] - 04/10/2023)

126a - Furnace Inspection

3. Requirements

2600.
126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The most recent inspection of the furnace by a professional furnace cleaning company or trained maintenance staff

126a - Furnace inspection (continued)

person was conducted on [REDACTED]/2020.

POC Submission

Directed ([REDACTED] - 12/20/2022)

We had the furnaces cleaned and inspected on 9/22/2022 by P&C Heating and Air Conditioning. If needed we can forward a copy of the bill to you.

DIRECTED PLAN:

By 12/30/22: The administrator or designee shall develop and implement a tracking system to ensure furnaces are inspected annually by a professional furnace cleaning company or trained maintenance staff person. Documentation of the tracking system shall be kept. [REDACTED] 12/20/22

Directed Completion Date: 10/17/2022

Implemented ([REDACTED] - 04/10/2023)

132b - Safety Inspection/Fire Drill

4. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and fire drill observed by a fire safety expert was conducted on [REDACTED] 21.

POC Submission

Directed ([REDACTED] - 12/20/2022)

We have been in touch with our local fire department chief and they are planning to be here by the end of October to do another drill and have the safety expert participate. If needed once they are done we can forward his confirmation to you.

DIRECTED PLAN:

By 12/30/22: The administrator or designee shall ensure a fire safety expert conducts a fire safety inspection and observes a fire drill. Documentation of the inspection and drill by the fire safety expert shall be kept. [REDACTED] 12/20/22

By 12/30/22: The administrator or designee shall develop and implement a tracking system to ensure a fire safety inspection and fire drill conducted by a fire safety expert is conducted annually. Documentation of the tracking system shall be kept. [REDACTED] 12/20/22

Directed Completion Date: 10/17/2022

Implemented ([REDACTED] - 04/10/2023)

141a 1-10 Medical Evaluation Information

5. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 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 medical evaluation, completed on [redacted]/21, did not include a weight, temperature, blood pressure, and dietary evaluation. The fields were blank.

Resident #2's medical evaluation, completed on [redacted]/21, did not include a weight, temperature, blood pressure, and dietary evaluation. The fields were blank.

Resident #3's medical evaluation, completed on [redacted] 22, did not include a height or weight evaluation. The fields were blank.

POC Submission

Directed ([redacted] - 12/20/2022)

The medication record for resident #2 was redone on [redacted]-2022 all fields completed. The medical evaluation for resident #3 was updated with height, weight, and blood pressure MD nurse was notified well. The medical evaluation for resident #1 was also updated and will be redone in December of 2021.

DIRECTED PLAN:

By 12/30/22: The administrator or designee shall audit all current resident medical evaluations for accuracy and completion. Any incomplete or inaccurate medical evaluations shall be returned to the person who completed them for correction. [redacted] 12/20/22

Directed Completion Date: 10/17/2022

Implemented ([redacted] - 05/25/2023)

184a - Resident's Meds Labeled

6. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Multiple pharmacy labels for multiple residents' medications did not include the medications' administration instructions to include,

184a - Resident's Meds Labeled (continued)

Resident #4, prescribed [REDACTED] take 1 tablet by mouth once a day.

Resident #4, prescribed [REDACTED] Take 1 tablet by mouth twice a day for [REDACTED].

Resident #5, prescribed [REDACTED] Take 1 tablet by mouth twice a day.

Resident #5 prescribed [REDACTED] take 1 capsule by mouth 3 times a day for [REDACTED].

POC Submission

Directed ([REDACTED] 12/20/2022)

We spoke to the head pharmacist on the day of inspection with Mr. Smith present. Our pharmacy agreed that on the following week's packets the directions would also be on the medication bags. Starting 9/22/2022 all bags now have the directions on them as well.

DIRECTED PLAN:

The administrator called the pharmacist for the initial correction. [REDACTED] 12/20/22

By 12/30/22: A designated staff person who is qualified to administer medications shall audit resident medications to ensure each original medication container has a pharmacy label on it that contains all of the requirements of 2600.184a. [REDACTED] 12/20/22

Directed Completion Date: 10/17/2022

Implemented ([REDACTED] - 05/25/2023)

187d - Follow Prescriber's Orders**7. Requirements**

2600.

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

Description of Violation

Resident #6, is prescribed [REDACTED] Take 1 capsule by mouth once a week each Friday. However, this medication was not administered to the resident on [REDACTED] 22, because the medication was not available in the home.

Resident #6, is prescribed [REDACTED]. Take 1 capsule a day for [REDACTED] [REDACTED]. However, this medication was not administered to the resident from [REDACTED] /22, through [REDACTED] 22, because the medication was not available in the home.

Resident #6, is prescribed [REDACTED] Take 1 tablet by mouth twice a day for [REDACTED]. However, this medication was not administered to the resident from [REDACTED] /22, through [REDACTED] /22, and on [REDACTED] /22, at [REDACTED] a.m. because the medication was not available in the home.

POC Submission

Directed ([REDACTED] 12/20/2022)

We have obtained permission to be able to order meds directly with the VA for this resident instead of family doing the ordering. We have started using a log book documenting date med ordered how many were left and name of med. We monitor meds this way and order 10-14 days ahead of time. If we do not receive within 5 days of med running out staff will notify administrator and [REDACTED] will call VA directly and get the medication order resolved even if family has to go pick up.

187d - Follow Prescriber's Orders (continued)

DIRECTED PLAN:

By 12/30/22 and monthly thereafter: A designated staff person qualified to administer medications shall audit resident medication and the medication administration records to ensure that all currently prescribed medications are available in the home for administration. [REDACTED] 12/20/22

Directed Completion Date: 10/17/2022

Implemented ([REDACTED] - 05/25/2023)

188b - Medication Error Reporting

8. 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 #6, is prescribed [REDACTED] Take 1 capsule by mouth once a week each Friday. This medication was not administered to the resident [REDACTED]/22, because the medication was not available in the home. However, the home failed to report the medication error to the prescribing physician.

Resident #6, is prescribed [REDACTED] Take 1 capsule a day for [REDACTED] This medication was not administered to the resident from [REDACTED]/22, through [REDACTED]/22, because the medication was not available in the home. However, the home failed to report the medication error to the prescribing physician.

Resident #6, is prescribed [REDACTED] Take 1 tablet by mouth twice a day for [REDACTED]. This medication was not administered to the resident from [REDACTED]/22, through [REDACTED] 22, and on [REDACTED]/22, at [REDACTED] a.m. because the medication was not available in the home. However, the home failed to report the medication error to the prescribing physician.

POC Submission

Directed ([REDACTED] - 12/20/2022)

in the future if there is delivery issue and a medication is not administered the admin will call MD and report omission. Admin will document this call and also call the VA pharmacy to express concern. We are also monitoring with a log book to call pharmacy if not received by 5 days out (2nd call to order). If an omission occurs on another med pass not involving the VA the staff will notify admin and the MD will be called All of this plus MD s written response will be documented with in 24 hours.

DIRECTED PLAN:

By 12/30/22: The administrator or designee shall educate all staff on regulation 2600 188b and the home's policy and procedure for reporting medication errors to the prescriber. Documentation of the education shall be kept. [REDACTED] 12/20/22

Directed Completion Date: 10/17/2022

Implemented ([REDACTED] - 05/25/2023)