

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

February 7, 2023

[REDACTED]
PRESBYTERIAN HOMES INC
1155 INDIAN SPRINGS ROAD
INDIANA, PA, 15701

RE: THE VILLAGE HOUSE
1155 INDIAN SPRINGS ROAD
INDIANA, PA, 15701
LICENSE/COC#: 42729

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2022 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: *THE VILLAGE HOUSE* License #: *42729* License Expiration: *02/05/2024*
 Address: *1155 INDIAN SPRINGS ROAD, INDIANA, PA 15701*
 County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *PRESBYTERIAN HOMES INC*
 Address: *1155 INDIAN SPRINGS ROAD, INDIANA, PA, 15701*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 1* Date: *08/24/1999* Issued By: *Dept L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *38* Waking Staff: *29*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *11/03/2022*

Inspection Dates and Department Representative

11/02/2022 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *42* Residents Served: *36*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *36*
 Diagnosed with Mental Illness: *3* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *0*

Inspections / Reviews

11/02/2022 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/19/2022*

12/22/2022 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *02/07/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/29/2022*

Inspections / Reviews *(continued)*

02/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 02/11/2023

02/07/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/07/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

26b - Quality Management Plan Content

1. Requirements

2600.

26.b. The quality management plan shall address the periodic review and evaluation of the following:

3. Staff person training.

Description of Violation

The homes quality management meetings conducted on 4/21/21, 7/8/21, and 10/20/21, did not include the review and evaluation of staff person training.

Plan of Correction

Accepted [REDACTED] 02/04/2023)

-Attached document of currently used outline of quality management meetings with specific area to document the review and evaluation of staff person training.

-Attached checklist of topics to be reviewed at quarterly quality management meetings to ensure all topics are properly reviewed and discussed among meeting attendees.

-Administrator has educated self and reviewed Department of Human Services 2600.26.b requirements to ensure proper meeting procedures are being met.

-Education was provided on 11/02/22 by DHS inspector who reviewed the requirements of the quality management meetings. Administrator also reviewed regulations on 11/03/22 per DHS regulation book as quality management meeting review sheet was updated.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented [REDACTED] 02/07/2023)

103f - Refrigerator/Freezer Temps

2. 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

At 11:15 a.m., there was no thermometer in the freezer section of the Frigidaire refrigerator/freezer in the Nutrition room across from the Administrator's office .

Plan of Correction

Accepted [REDACTED] - 02/04/2023)

-Immediately upon notice from state inspector of missing thermometer, maintenance was notified and a thermometer was placed in freezer.

-Documentation of properly placed thermometer is attached (photo).

-New checklist for temperature and verification of proper placement of thermometers in all refrigerators has been implemented for staff to utilize. Copy of new checklist is attached for documentation.

-Date of thermometer placement was on 11/02/22 once DHS inspector made administrator aware

-New checklist instructions were reviewed with staff at staff meeting on 11/17/22, nightshift staff will check thermometers and temperatures daily as part of a shift duty. The new checklist was implemented that very day on the following nightshift.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented [REDACTED] 02/07/2023)

132c - Fire Drill Records

3. 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

On multiple dates and times to include 10/26/22 at 10:15 a.m., 9/9/22 at 7:35 p.m., and 7/14/22 at 7:30 p.m., the home's fire drill records did not include the number of residents in the home at the time of the drill or the number of residents evacuated.

Plan of Correction

Accept () - 02/04/2023)

-Administrator was provided by state inspector, DHS Fire Drill Record. Administrator has implemented this form for use to record number of residents in the home and evacuated during a fire drill.

-At staff meeting on 11/17/22, Administrator educated staff on the new fire drill recording system. Attached documentation of meeting attendance and meeting notes attached.

-Continued education for Administrator and staff will be provided by our yearly trainings with Fire safety inspector. Also, on-line Relias trainings are done annually for all staff regarding all aspects of fire drills and safety.

Administrator was provided DHS Fire Drill Record from DHS inspector that day.

Administrator implemented this immediately which would be on 11/02/22 for any future fire drills. The administrator will be the sole record keeper for fire drills.

A review of fire drills and safety was reviewed at staff meeting on 11/17/22 but also yearly trainings are provided through onsite training with fire safety instructor and also through online Relias trainings that are required for all staff.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented () - 02/07/2023)

132d - Evacuation

4. 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

The home's maximum safe evacuation time, determined by a fire safety expert on 10/11/21, was 8 minutes, 59 seconds. However, this time was exceeded during the following fire drills:

Date	Time	Evacuation Time
8/25/22	6:11 a.m.	9 minutes, 30 seconds
2/28/22	6:00 a.m.	9 minutes, 30 seconds
2/24/22	6:00 a.m.	11 minutes, 15 seconds

Plan of Correction

Accept () - 02/04/2023)

-Administrator has implemented a new recording system, DHS Fire Drill Record. This paper has allotted row for

132d - Evacuation (continued)

time per each drill which, will allow for the fire drill times to be more closely monitored by Administrator.

-Administrator reviewed during staff meeting conducted on 11/17/22, the amount of time allowed per drill as provided by Fire Inspector. Also reviewed, were evacuation routes and the fire safe area. Documentation of meeting sign in sheet of all staff members is attached, along with meeting notes.

-Continued education for Administrator and staff will be provided by our yearly trainings with the Fire Inspector. Also, on-line Relias trainings are done annually for all staff regarding all aspects of fire drills and fire safety.

New recording system was implemented on 11/17/22 after review with staff at staff meeting.

Administrator will be watch monthly as fire drills are conducted of the evacuation times and able to assess from new documentation sheet that the appropriate evacuation time is being done.

Residents were educated on the appropriate evacuation time and all aspects of fire drill safety at monthly resident council meeting which was held on 11/16/22.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented () - 02/07/2023

187a Medication Record

5. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident s name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.

Description of Violation

Resident #1 was prescribed [redacted] twice per day to affected areas [redacted]; however, the medication was not on the resident's November 2022 medication administration record (MAR).

Plan of Correction

Accept () - 02/04/2023

-Once notified by state inspector of discontinued medication in med cart, Administrator reviewed med orders and clarified it was to be discontinued. Medication was immediately removed from med cart and destroyed properly.

-Administrator has implemented Monthly Cart Audits to ensure the accuracy of resident's medication cart. Documentation of Monthly Audit Sheet is attached.

-Administrator educated all staff meeting conducted on 11/17/22 of proper medication record requirements and proper steps when there is a discontinued medication for a resident. Documentation of meeting sign in sheet attached, along with meeting notes.

-Staff will be provided continued annual education with Relias on-line trainings regarding medication administration and medication record.

The date the state inspector found the discontinued medication in the med cart was on 11/2/22.

Administrator on 11/2/22, reviewed the med orders and clarified medication was to be discontinued.

The date the medication was immediately removed was on 11/2/22 once med orders were clarified.

Administrator implemented monthly cart audits was on 11/17/22 so process could be reviewed at staff meeting.

187a - Medication Record (continued)

Cart audit was completed on 11/21/22 as the first cart audit with the new updated cart audit review sheet.

Licensee's Proposed Overall Completion Date: 12/29/2022

Implemented ([REDACTED] - 02/07/2023)