

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

January 27, 2023

[REDACTED], RN, BSN, PRESIDENT/HFA INC.
HFA INC
13771 SOUTH EAGLE VALLEY ROAD
TYRONE, PA, 16686

RE: OLIVIA VILLAGE
13771 SOUTH EAGLE VALLEY ROAD
TYRONE, PA, 16686
LICENSE/COC#: 31917

Dear [REDACTED], RN, BSN,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/21/2022 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: OLIVIA VILLAGE **License #:** 31917 **License Expiration:** 07/03/2023

Address: 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686

County: BLAIR **Region:** CENTRAL

Administrator

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

Legal Entity

Name: HFA INC

Address: 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA, 16686

Phone: 8146841005 **Email:** oliviavillage@comcast.net

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 06/29/2004 **Issued By:** D L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 10 **Waking Staff:** 8

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**

Reason: Renewal **Exit Conference Date:** 12/21/2022

Inspection Dates and Department Representative

12/21/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 33 **Residents Served:** 10

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 3 **Are 60 Years of Age or Older:** 9

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

Have Mobility Need: 0 **Have Physical Disability:** 0

Inspections / Reviews

12/21/2022 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/09/2023

01/13/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/26/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/23/2023

Inspections / Reviews *(continued)*

01/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/27/2023

01/27/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/26/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

126a - Furnace Inspection

1. 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 last inspection of the furnace was conducted when it was last cleaned on 6/13/2021.

Plan of Correction

Accept (████) - 01/13/2023

- 1. Administrator made 3 day phone calls (Jan. 4, 5, & 6) to ██████████ Inc, HVAC for immediate furnace cleaning and inspection schedule of the furnace. Secretary guaranteed to schedule inspection & cleaning this week per conversation with her on Friday the 6th, advised us to call their office Monday for the exact date and time of the inspection and service.
 - 2. Administrator mentioned to the secretary of ██████████ Inc. of the maintenance agreement discussed the last time they serviced the furnace. To have our furnaces serviced and maintained before each winter every year.
 - 3. Administrator will schedule yearly reminder when to start contacting ██████████ Inc. and keep following up to ensure it is done annually.
- 1/9/2023: Finally we were able to get a commitment from ██████████. The company indicated this week and I assume no later than this coming Friday, January 13, 2023. The attached PDF file will confirm the e-mail correspondence with the company.

Licensee's Proposed Overall Completion Date: 01/13/2023

Implemented (████) - 01/27/2023

141a 1-10 Medical Evaluation Information

2. 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 medical evaluation, dated ██████████ did not include the resident's health status or cognitive function.

Plan of Correction

Accept (████) - 01/23/2023

- 1. Administrator requested a new DME for resident #1 to keep on ██████████ file. Administrator checked to make sure it was completed. The new DME was completed on ██████████ and was received ██████████.
- 2. Administrator reviewed all DMEs on file on ██████████ for current residents to make sure all items are completed. All current DME's reviewed were complete.

141a 1 10 Medical Evaluation Information (continued)

3. Administrator will review all future DME's receive to ensure every items are completed before filing in the resident's files. Starting 12/22/2022 and on going, the administrator will review all DME's receive before filing. Administrator will push harder to return / alert / follow up with MD for completion of incomplete DME's received. Any incomplete DME will remain on the administrator's desk till completed to remind following up doctor's office of completion. DME's will be in resident's files only when completed in its entirety.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented ([redacted] - 01/27/2023)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On [redacted] at approximately [redacted], [redacted] was unlocked, unattended, and accessible in Resident #2's bathroom vanity.

Plan of Correction

Accept ([redacted] - 01/23/2023)

1. Administrator removed the [redacted] from Resident #2 bathroom vanity and put back to the locked medication cart on 12/21/2022 immediately after the inspection.
2. Administrator provided a verbal education to staff members reemphasizing the importance of storing all prescription medications, OTC medications, CAM and syringes in a locked area or locked container on 12/21/2022 just after the inspection.
3. Administrator reviewed with staff Policies and Procedures on Storing Medication at the Home on 12/22/2022.
4. The estimated date of the next Quality Management meeting is on 2/28/2023. All staff training needs will be reviewed at that meeting.
5. The Administrator checked / inspected all the residents rooms of any medications including OTC on 12/28/2023. No medication was found. Reemphasized to residents and families that medications are not to be stored in the resident's rooms. Staff will continue audit of resident's rooms weekly. Audit is done on the scheduled resident's room cleaning day for the week.

Licensee's Proposed Overall Completion Date: 01/23/2023

Implemented ([redacted] - 01/27/2023)