

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

February 8, 2023

[REDACTED], ADMINISTRATOR
LITTLE WALKER HOLDINGS LLC
[REDACTED]

RE: TWIN CEDAR SENIOR LIVING
364 LITTLE WALKER ROAD
SHOHOLA, PA, 18458
LICENSE/COC#: 22850

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/28/2022, 12/29/2022 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]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: TWIN CEDAR SENIOR LIVING License #: 22850 License Expiration: 12/20/2023
Address: 364 LITTLE WALKER ROAD, SHOHLA, PA 18458
County: PIKE Region: NORTHEAST

Administrator

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

Legal Entity

Name: LITTLE WALKER HOLDINGS LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 06/08/1995 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal, Complaint Exit Conference Date: 12/29/2022

Inspection Dates and Department Representative

12/28/2022 - On-Site: [REDACTED]
12/29/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information			
License Capacity:	37	Residents Served:	26
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:	26
Diagnosed with Mental Illness:	0	Diagnosed with Intellectual Disability:	0
Have Mobility Need:	2	Have Physical Disability:	1

Inspections / Reviews

12/28/2022 Full
Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/23/2023

Inspections / Reviews *(continued)*

02/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2023

Reviewer: [REDACTED]

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

02/08/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/06/2023

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

On [REDACTED], Resident #1 had an unwitnessed fall in Resident #1's room. Resident #1 sustained a hematoma to head. 911 was called and resident was transported to the hospital. The incident was not reported to the Department.

Plan of Correction

Accept [REDACTED] - 01/23/2023

When resident was sent to hospital, hospital findings showed no injury other than the small 3cm hematoma causing home to believe that this did not fall under 16c category of fall with significant injury. Moving forward, any falls with potential head injury, regardless of notable injury at time of fall, will be reported to department within 24 hours utilizing the standard Reportable Incident form by the Administrator.

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented [REDACTED] - 02/08/2023

85e - Trash Outside Home

2. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

An empty container of coffee mate creamer and a container of home defense bug spray was located between the outside freezer and the back door to the kitchen.

REPEAT VIOLATION 11/3/21

Plan of Correction

Accept [REDACTED] - 01/23/2023

When the items were noticed during inspection, the trash was removed from the area immediately. Effective 12/29/22, the cleaning of this area has been added to the 6a-2p kitchen task list, as well as the 4p-7p task list to ensure that this area remains clear of any trash. This will be audited weekly by the Food Service Manager.

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented [REDACTED] - 02/08/2023

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

A chair that was in the resident library had a broken back, causing a hazard to any resident that may sit in the chair.

Plan of Correction

Accept [REDACTED] - 01/23/2023

on 12/28/2022 Maintenance noted a broken chair in the office during his monthly furniture checks. The chair was

95 Furniture and Equipment (continued)

removed from the office and placed in the library to be disposed of. Chair was disposed of during inspection. Maintenance to continue with monthly furniture audits to ensure safety. Effective immediately, if a piece of furniture is found to not be in good repair, Maintenance Director is to immediately remove the item from the home and dispose of in the dumpster.

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented (redacted) - 02/08/2023)

103g - Storing Food

4. Requirements

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

A partially used bag of Penne pasta was in the dry storage area. The bag was not securely closed.

Plan of Correction

Accept (redacted) - 01/23/2023)

Item was corrected during inspection. Effective 12/29/22 4p 7p cook to audit all dry storage area to ensure that all food is sealed completely and properly as well as properly dated. This has been added to task sheets to ensure daily completion. Training on proper food storage completed on 1/3/23. Weekly audits to be completed by Food Service Manager to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented (redacted) - 02/08/2023)

103i - Outdated Food

5. Requirements

2600. 103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

2 large boxes of Bakers Choice Basic Muffin Mix were located on the shelf in the dry storage area. The boxes were not dated when received.

REPEAT VIOLATION 11/3/21

Plan of Correction

Accept (redacted) - 01/23/2023)

Item was corrected during inspection. Effective 12/29/22 4p 7p cook to audit all dry storage area to ensure that all food is properly dated with date received as well as date opened. This has been added to task sheets to ensure daily completion. Training on proper food storage completed on 1/3/23. Weekly audits to be completed by Food Service Manager to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented (redacted) - 02/08/2023)

144d - Smoking Outside

6. Requirements

2600.

144d - Smoking Outside (continued)

144.d. Smoking outside of the smoking room is prohibited.

Description of Violation

Home is a nonsmoking home. Outside of the door to the kitchen was cigarette butts on the ground.

Plan of Correction

Accept (████ - 01/23/2023)

Item was corrected during inspection. Re-training on smoking policy occurred 1/4/23 with all staff. Policy also added to new hire packet to ensure that all employees, current and new, are aware of smoking policy and designated smoking area at the line of trees on Little Walker Road. Maintenance Director to perform weekly walk of grounds to ensure there are no cigarette butts/no indication of smoking occurring outside of designated smoking area. Any findings will be reported to Administrator immediately for further staff training.

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented (████ - 02/08/2023)

224a - Preadmission Screen Form

7. 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 #2 was admitted to the home on █████. Resident #2's prescreen was completed on █████

Plan of Correction

Accept (████ - 01/23/2023)

Audit of all pre-screens completed on 12/30/22 to ensure all within proper dates. Moving forward, pre-screen to be completed no more than 30 days prior to admission. Administrator to audit all pre-screens prior to new admissions to ensure compliance.

Licensee's Proposed Overall Completion Date: 01/19/2023

Implemented (████ - 02/08/2023)