

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

February 27, 2023

[REDACTED]
GARVEY MANOR NURSING HOME
1037 SOUTH LOGAN BOULEVARD
HOLLIDAYSBURG, PA, 16648

[REDACTED] RE: OUR LADY OF THE ALLEGHENIES
RESIDENCE
1037 SOUTH LOGAN BOULEVARD
HOLLIDAYSBURG, PA, 16648
LICENSE/COC#: 31641

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/10/2023 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: OUR LADY OF THE ALLEGHENIES RESIDENCE **Licen e #:** 31641 **Licen e Expiration:** 08/29/2023

Address: 1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA 16648

County: BLAIR **Region:** CENTRAL

Administrator

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

Legal Entity

Name: GARVEY MANOR NURSING HOME

Address: 1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA, 16648

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

Certificate(s) of Occupancy

Type: C 2 LP **Date:** 06/03/2003 **I sued By:** DL&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 34 **Waking Staff:** 26

Inspection Information

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

Reason: Renewal **Exit Conference Date:** 01/10/2023

Inspection Dates and Department Representative

01/10/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 54 **Residents Served:** 34

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:** 33

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

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

Inspections / Reviews

01/10/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/02/2023

02/14/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/24/2023

Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/22/2023

Inspections / Reviews (*continued*)

02/24/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

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

02/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/24/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- 4. Smoking safety procedures, the home’s smoking policy and location of smoking areas, if applicable.
- 7. Telephone use and notification of emergency services.

Description of Violation

Staff Person A, whose first day of work was [redacted]/22, did not receive first day orientation on the smoking safety procedures and telephone use/notification of emergency services.

Staff Person B, whose first day of work was [redacted]/20, did not receive first day orientation on smoking safety procedures and telephone use/notification of emergency services until [redacted]/22.

Staff Person C, whose first day of work was on [redacted] 21, did not receive first day orientation on smoking safety procedures until [redacted]/21 and telephone use/notification of emergency services until [redacted]/21.

Staff Person D, whose first day of work was on [redacted] 22, did not receive first day orientation on smoking safety procedures and telephone use/notification of emergency services until [redacted] 22.

Plan of Correction

Accept ([redacted] 02/24/2023)

Immediate Correction - On January 23 and January 24, 2023 Facility Director confirmed that Staff Persons A, B, C and D were aware of Smoking Safety Procedure and telephone use/notification of emergency services.

January 27 meeting with Staff Development and Human Resources to revise the Employee Orientation sheet to allow for improved documentation of required items in 65a and 65b that are completed on Employee First Day.

See attached revised form which will be used with all new hires effective immediately.

Revised February 14, 2023 - Revision date included on the new hire form as well as changing Orientation Date to Hire Date. (See Attached)

Ongoing Monitoring - Staff Development will require signatures from staff completing presentation of topic at the time of completion.

Revised 2/14/23: Human Resources staff will review completed form within 14 days from Hire date for proper completion prior to placing completed form in Employee Personnel file.

Facility Director will complete a review of all training needs for Personal Care staff for next Quality Management (QAPI) meeting scheduled May 10, 2023

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented ([redacted] - 02/27/2023)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65b - Rights/Abuse 40 Hours (continued)

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

2. Emergency medical plan.
4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Person A, whose first day of work was [REDACTED] 22, has worked more than 40 hours and has not received orientation on emergency medical plan nor reportable incidents and conditions.

Staff Person C, whose first day of work was on [REDACTED] 21, has worked more than 40 hours and has not received orientation on emergency medical plan nor reportable incidents and conditions.

Plan of Correction

Accept ([REDACTED] - 02/24/2023)

Immediate Correction - On January 23 and January 24, 2023 Facility Director confirmed that Staff Persons A and C were aware of facility Emergency Medical Plan and Reportable Incidents and Conditions.

January 27 meeting with Staff Development and Human Resources to revise the Employee Orientation sheet and Staff Orientation Sign-Off Sheet to allow for improved documentation of required items in 65a and 65b that are completed on Employee First Day and within the Employee's first 40 hours of work.

See attached revised form which will be used with all new hires effective immediately.

February 14, 2023 - Revision date included on the new hire form as well as changing Orientation Date to Hire Date. (See Attached)

Ongoing Monitoring - Staff Development will require signatures from staff completing presentation of topic at the time of completion. Human Resources staff will review for timely completion prior to placing completed form in Employee Personnel file. OLAR Director will check for timely completion prior to signing off on Staff Orientation Sign-Off sheet and returning to Human Resources for filing.

Revised 2/14/23: Human Resources staff will review completed form within 14 days from Hire date for proper completion prior to placing completed form in Employee Personnel file.

Facility Director will complete a review of all training needs for Personal Care staff for next Quality Management (QAPI) meeting scheduled May 10, 2023.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented (MD - 02/27/2023)

141b1 - Annual Medical Evaluation**3. Requirements**

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #1's previous medical evaluation was completed on 11/5/21. Resident #1's annual medical evaluation has not been completed.

141b1 - Annual Medical Evaluation (*continued*)**Plan of Correction****Accept (MD - 02/24/2023)**

Scheduling of sick call and routine physician appointments and locating physicians accepting new patients has been an ongoing issue in this area. Resident Services Coordinator closely monitors the scheduling of DMEs for all residents (See attached DME Schedule)

Update 2/14/23 DME Tracker emailed to DM per request and attached to this document.

Resident #1 - On September 8, 2022 Resident Services Coordinator contacted Resident #1 Power of Attorney to remind that annual medical evaluation would need completed during October 2022. September 14, 2022 POA reports that next appointment is March 1, 2023.

Resident #1 DME will be completed March 1, 2023 or prior if cancellation occurs.

The facility will continue to maintain regulatory compliance by having all DMEs completed annually within allowable time frame.

Ongoing Monitoring - Resident Services Coordinator will continue to work with family members to schedule annual physicals within allowable time frame.

Revised 2/15/23: DME tracker is a digital list that has been in use since 2019 created by Resident Services Coordinator, D. Becker. Facility Director, L. Sell reviews the list monthly since its development.

On 2/15/23 Facility Director did speak with Blair Medical Walk-In Clinic (814-940-2950) and confirmed that they only complete Sports and Driver's License physicals. Facility Director spoke with MedExpress Urgent Care (814-946-3801) does not complete physicals.

Resident Services Coordinator will continue to schedule physicals and facility will provide needed transport. At this time DME forms will be sent to all appointments with resident primary care physicians.

The Facility Director will continue monthly reviews of the DME tracker and audit will be initiated 2/15/23 for next three months with report at next Quality Management (QAPI) meeting on May 10, 2023.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented (MD - 02/27/2023)

181c - Self-administration Assessment

4. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

At approximately 3:15pm on 1/10/23, Debrox, Tums, nasal decongestant and aspirin were found on the bathroom counter in Resident #1's room. Resident #1's assessment indicates that the resident is not able to self-administer medications.

181c - Self-administration Assessment (continued)**Plan of Correction****Accept (MD - 02/24/2023)**

Immediate Correction - On 1/10/23 1800 Debrox, Tums, nasal decongestant, Miralax and aspirin were removed from Resident #1 room until review with physician and family. 1/11/23 0835 Resident Services Coordinator reviewed and disposed of these medications due to expiration dates. At 1046 Facility Director informed family of disposal and reviewed regulations regarding over the counter medications requiring physician orders and assessment on ability for self-administration.

Resident and Family update sent explaining Self-Administration (See Attached).

PCA and Resident Services Coordinator will assist residents and family with proper medication administration and storage by 2/28/23.

Ongoing Monitoring - Personal Care Attendants and Housekeeping staff will routinely check for medications visible in resident rooms and report to Resident Services Coordinator for further investigation and to obtain required physician approval for use and administration.

Revised 2/15/23:

Medication Audit form developed and reviewed with staff (See Attached). Explained Regulation 2600.181c and staff audit to residents at monthly house meeting. Audit of all resident rooms was initiated this day Personal Care Attendants with review and resolution of any medications found to be completed by Resident Services Coordinator, D. Becker or Facility Director. Weekly audits will be done Saturdays by Second shift Personal Care Attendants. (See Attached PCA Work Schedule) beginning 3/4/23.

2/17/23: Staff Education covering 141a2, 181a-e and 227e pertaining to Self Administration of Medication Training was developed and distributed for completion by Feb. 24, 2023. (See Attached)

Licensee's Proposed Overall Completion Date: 02/24/2023

Implemented (MD - 02/27/2023)**225c - Additional Assessment****5. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

Description of Violation

Resident #1 was admitted on 10/28/21. The resident's annual assessment and support plan (RASP) has not been completed.

Plan of Correction**Accept (MD - 02/24/2023)**

Immediate Correction - Resident #1 annual assessment and support plan (RASP) was completed 1/27/23 (See attached) RASP will be reviewed and revised as needed upon the completion of his annual medical evaluation on 3/1/23.

225c - Additional Assessment (continued)

Ongoing Monitoring - Resident Services Coordinator will continue to complete the RASP in conjunction with annual medical evaluations.

Revised 2/15/23: Resident Services Coordinator, D. Becker developed digital list DME/RASP tracker in 2019 and has continued to use. Tracker attached.

Facility Director will audit resident files over the next three months with report to next Quality Management (QAPI) meeting on May 10 2023.

Licensee's Proposed Overall Completion Date: 05/10/2023

Implemented (MD - 02/27/2023)