

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

February 13, 2023

[REDACTED]
SUSAN DOWHOWER PERSONAL CARE HOME LLC
120 SOUTH 10TH STREET
LEBANON, PA, 17042

RE: SUSAN DOWHOWER PERSONAL
CARE HOME
120 SOUTH 10TH STREET
LEBANON, PA, 17042
LICENSE/COC#: 33484

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2023 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: SUSAN DOWHOWER PERSONAL CARE HOME **License #:** 33484 **License Expiration:** 10/11/2023
Address: 120 SOUTH 10TH STREET, LEBANON, PA 17042
County: LEBANON **Region:** CENTRAL

Administrator

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

Legal Entity

Name: SUSAN DOWHOWER PERSONAL CARE HOME LLC
Address: 120 SOUTH 10TH STREET, LEBANON, PA, 17042
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: 1 2 **Date:** 09/28/2009 **Issued By:** City of Lebanon

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 35 **Waking Staff:** 26

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:** 0
Reason: Renewal **Exit Conference Date:** 01/31/2023

Inspection Dates and Department Representative

01/31/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 **Residents Served:** 35

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 21 **Are 60 Years of Age or Older:** 21
Diagnosed with Mental Illness: 33 **Diagnosed with Intellectual Disability:** 3
Have Mobility Need: 0 **Have Physical Disability:** 5

Inspections / Reviews

01/31/2023 - Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/16/2023

02/13/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 02/13/2023
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 02/18/2023

Inspections / Reviews *(continued)*

02/13/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2023

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 home's furnace was conducted on 02/12/21.

Plan of Correction

Accept [REDACTED] - 02/13/2023)

The home's three Furnaces were inspected on 2/1/2023 by a certified furnace maintenance and repair company. Inspection was documented on the cards that are attached to each furnace. Photos of these cards are attached. The administrator will ensure annual furnace inspections are scheduled and completed annually. Administrator will add annual inspection due dates to "important dates" calendar, to ensure furnaces are being inspected annually.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented [REDACTED] - 02/13/2023)

126b - Furnace Cleaning

2. Requirements

2600.

126.b. Furnaces shall be cleaned according to the manufacturer's instructions. Documentation of the cleaning shall be kept.

Description of Violation

The home's furnace was last cleaned on 02/12/21.

Plan of Correction

Accept [REDACTED] - 02/13/2023)

The home's three furnaces were cleaned on 2/1/23 by a certified furnace maintenance company. Cleaning was documented on the cards that are attached directly to each furnace. Photos of these cards are attached. The administrator will ensure scheduling and completion of furnace cleanings annually. The administrator will add annual cleaning due dates to "important dates" calendar to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented [REDACTED] 02/13/2023)

132e - Fire Drill Sleeping Hours

3. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on 02/11/2022 at 12:45 am.

Plan of Correction

Accept [REDACTED] - 02/13/2023)

A fire drill during sleeping hours was conducted by the designated staff person on 2/7/2023 at 12 am. Please see attached documentation record.

The home's administrator has scheduled a fire drill to be held by the designated person during sleeping hours in August 2023.

After each fire drill held during sleeping ours, the home's administrator will continue to schedule the next fire drill to be held during sleeping hours in the next required month, in order to ensure that a fire drill during sleeping hours

132e - Fire Drill Sleeping Hours (continued)

is conducted every 6 months.

The exact date of the fire drill will be scheduled only with the administrator and the designated person conducting the fire drill.

Licensee's Proposed Overall Completion Date: 02/07/2023

Implemented ([redacted] - 02/13/2023)

185a Implement Storage Procedures

4. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 01/31/23, the following discrepancies were observed for Resident 1's medication administration record (MAR) and the resident's glucometer readings:

[redacted] recorded blood glucose reading of [redacted] at 6:20 was not found in resident's glucometer.

[redacted] 6:35 pm blood sugar reading of [redacted] found in resident's glucometer was incorrectly entered as [redacted] in the resident's MAR.

Plan of Correction

Accept [redacted] 02/13/2023)

2/2/23 A staff meeting for medication staff was held by the home's administrator on the importance of accurate documentation of blood glucose readings. See attached sign in sheet.

Beginning February 2023, a monthly audit of glucose readings will be conducted by designated Med staff. Each month the designated Med Tech shall compare blood glucose readings in the glucometer, for each resident receiving blood sugar checks, to the recorded blood glucose readings to ensure that they are being documented accurately. The designated Med Tech will initial and date on the blood glucose audit record form (see attached) to indicate when the audit was completed. Documentation of these audits will be kept in the MAR.

Licensee's Proposed Overall Completion Date: 02/28/2023

Implemented [redacted] - 02/13/2023)