

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

April 12, 2023

[REDACTED]  
EMBASSY DARLINGTON LLC  
[REDACTED]

RE: LAKEVIEW PERSONAL CARE  
498 LISBON ROAD  
DARLINGTON, PA, 16115  
LICENSE/COC#: 45161

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/06/2023 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: LAKEVIEW PERSONAL CARE

License #: 45161

License Expiration: 06/21/2023

Address: 498 LISBON ROAD, DARLINGTON, PA 16115

County: BEAVER

Region: WESTERN

## Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

## Legal Entity

Name: EMBASSY DARLINGTON LLC

Address: 25201 CHARGRIN BLVD, SUITE 190, BEACHWOOD, OH, 44122

Phone: [REDACTED]

Email: [REDACTED]

## Certificate(s) of Occupancy

Type: C-2 LP

Date: 03/22/1993

Issued By: Dept L &amp; I

## Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 58

Waking Staff: 44

## Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 02/06/2023

## Inspection Dates and Department Representative

02/06/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: 92

Residents Served: 52

## Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

## Hospice

Current Residents: 3

## Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 52

Diagnosed with Mental Illness: 2

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 6

Have Physical Disability: 0

## Inspections / Reviews

## 02/06/2023 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 02/25/2023

## 03/07/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/14/2023

Inspections / Reviews *(continued)*

03/09/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/01/2023

04/12/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 17 - Record Confidentiality

### 1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

### Description of Violation

On 2/6/23 at approximately 9:03 a.m., Numerous resident medication administration records, belonging to residents residing in hallway A, B, C and D on the main floor, including the following, were unlocked, accessible, and unattended: resident #1, resident #2, resident #3, resident #4.

REPEAT VIOLATION: 10/12/22

### Plan of Correction

Accept (JW - 03/09/2023)

On 2/6/23 [REDACTED] (Administrator) and [REDACTED] (Nursing Director) coached the Supervisor who was in charge of the med room at 9:30 a.m. [REDACTED] has been written up and warned about the importance of ensuring that the medication room is secure at all times. On 2/16/23 [REDACTED] (Nursing Director) retrained all staff about the importance of keeping the med room door locked when no-one is present. On 3/1/23 [REDACTED] (Administrator) has been randomly checking the med-room door to ensure that it is locked when no staff are present.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented (JW - 04/12/2023)

## 183b - Meds and Syringes Locked

### 2. 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 2/6/23 from approximately 9:03 a.m.- 9:13 A.M. the 4 medication carts, in the unlocked medication room on main floor, containing medications for residents residing on the main floor, to include the following, were unlocked, unattended, and accessible to residents with the keys to the medication cart sitting on top of the 2nd medication cart:

Resident #1's medications were on top of the first medication cart A, to include, Aspirin 81 mg, one tablet daily, Quetiapine Fumerate 25mg, one tablet at bedtime, Lisinopril 5mg one tablet daily, Levothyroxine 100 mcg, one in the morning.

Resident #2's Xarelto 20mg tablet, 1 tablet at 6pm and guaifenesin 200mg, 3 tablets at 8pm were in the 2nd medication cart B/D.

Resident #3's Furosemide 40mg, 1 tablet at 11am, Isosorbide ER 30mg 1 tablet at 11am, Myrbetriq 50mg 1 tablet at 11am, Potassium CL ER 20 meq, 1 tablet at 11am, were in the fourth medication cart C.

### Plan of Correction

Accept (JW - 03/09/2023)

On 2/6/23 [REDACTED] (Administrator) and [REDACTED] (Nursing Director) coached the Supervisor who was in

**183b - Meds and Syringes Locked (continued)**

charge of the med room at 9:30 a.m. [REDACTED] has been written up and warned about the importance of ensuring that the medication room is secure at all times. On 2/16/23 [REDACTED] LPN (Health Care Director) retrained all direct care staff and supervisors about the importance of keeping the med room door locked when no-one is present. Also on 2/16/23, [REDACTED] (Nursing Director) retrained all med-tec's that medications cannot be accessible to anyone who is not providing medication assistance.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented (JW - 04/12/2023)

**185a - Implement Storage Procedures****3. 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**

The home's controlled substance policy indicates "Narcotics and other controlled substances shall be under double lock and key." However, on 2/6/23 the home did not follow this policy from approximately 9:03 a.m. - 9:16 A.M. when the keys to medication cart B/D and the narcotic drawer were observed sitting on top of the accessible, unlocked, and unattended medication cart. 53 Lorazepam 0.5 mg tablets, belonging to resident #4 were in the single locked narcotic drawer.

The home's controlled medication policy indicates "the medication cart is to be locked at all times." On 2/6/23 the home did not follow the medication policy from approximately 9:03 a.m. - 9:16 a.m., when the 4 medication carts, in the unlocked medication room on main floor, containing medications for residents residing in hallways A, B, C, and D on the main floor, were unlocked, unattended, and accessible.

REPEAT VIOLATION: 11/21/22 et al

**Plan of Correction**

Accept (JW - 03/09/2023)

On 2/6/23 [REDACTED] (Administrator) and [REDACTED] (Nursing Director) reviewed the medication policies with all med-tec's. The review included that the medication cart is to be locked at all times. The only staff member assigned to medications may enter the medication cart. Staff members administering medications shall utilize the MAR at all times. Narcotics and other controlled substances shall be under double lock and key. They must be logged in on the controlled substance sheet and counted by 2 staff members each shift. On 2/6/23 [REDACTED] LPN (Healthcare Director) began performing a weekly review of the medication policies with all med-tec's to ensure compliance with the communities policy.

Licensee's Proposed Overall Completion Date: 03/09/2023

Implemented (JW - 04/12/2023)