

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

April 20, 2023

[REDACTED]

RE: LYNN HAVEN PERSONAL CARE
HOME
119 WALNUT STREET, PO BOX 484
BLACK LICK, PA, 15716
LICENSE/COC#: 44516

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/07/2023, 02/08/2023 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: LYNN HAVEN PERSONAL CARE HOME License #: 44516 License Expiration: 06/18/2023
 Address: 119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716
 County: INDIANA Region: WESTERN

Administrator

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

Legal Entity

Name: RENEE STUCKICH
 Address: PO BOX 484, BLACK LICK, PA, 15716
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 07/26/2006 Issued By: Ind County Office of Planning Development

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 24 Waking Staff: 18

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint Exit Conference Date: 02/08/2023

Inspection Dates and Department Representative

02/07/2023 - On-Site: [REDACTED]
 02/08/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 36 Residents Served: 24
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 2
 Number of Residents Who:
 Receive Supplemental Security Income: 10 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 4
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

02/07/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/23/2023

Inspections / Reviews (*continued*)

03/14/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/16/2023

03/16/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 03/23/2023

04/18/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/24/2023

04/20/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 04/18/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

- 3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 2/7/23, the home's current annual licensing inspection summary, dated 3/2/22, was not posted in the home.

Plan of Correction

Accept (JW - 03/16/2023)

A current copy was posted at time of inspection (2-7-2023) by the administrator

The administrator will post a copy of each violation report within 5 days of it being received from the Department

A staff person (Administrative assistant) will verify that the current violation report was posted in the public binder within 5 days of it being received from the department. At this time the administrator and assistant will sign off that the LIS has been posted in a timely manor. documentation will be kept

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented (CB - 04/18/2023)

64c - Annual Training

2. Requirements

2600.

- 64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, the home's administrator, completed only 13 hours of Department-approved training in training year 8/1/21 to 7/31/22.

Plan of Correction

Accept (JW - 03/16/2023)

The administrator completed the required 24 hours of annual training

The Training was completed on the following dates: 3-14-2022, 01-13-2022, 11-02-2021, 10-21-2022, 10-21-2022, 02-08-2023, 02-08-2023, 02-08-2023, 02-16-2023, 02-16-2023, 02-16-2023 to equal 24 hours

The administrator will complete the required training for future training years in a timely manor to ensure compliance. A yearly training log will be kept to monitor the hours completed and show the hours still needed. as a training is completed it will be deducted from 24 to show a total of required hours still needed to be in compliance.

The training log will be used immediately to log hours completed and hours still needed

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented (CB - 04/20/2023)

81b - Resident Personal Equipment

3. Requirements

2600.

- 81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

81b - Resident Personal Equipment (*continued*)**Description of Violation**

Resident #1 has an enabler bar on the bed that has an uncovered/unsecured opening measuring 11 1/2 inches wide by 7 inches high, allowing the possibility of entrapment.

Plan of Correction**Accept (JW - 03/16/2023)**

The enabler bar was replaced with a smaller one. this was completed by the administrator and the opening was closed in so no body part can be entrapped. This was done on 02/10/2023

housekeeping will monitor the bar weekly for safety or maintenance needs and report any found

all other safety devices in the facility were checked for compliance and will also be monitored at least weekly by housekeeping this was completed on 02/10/2023 the administrator

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented (CB - 04/20/2023)

91 - Telephone Numbers

4. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers to include the nearest hospital and fire department on or by the telephone in bedroom #9 used by resident #1.

Plan of Correction**Accept (JW - 03/16/2023)**

The phone number list was replaced on inspection day 02/07/2023

All other residents/house phones were checked to ensure compliance on 02/10/2023 by Damien Walls

required phone number sheets will be checked monthly to ensure compliance documentation will be kept this will be completed by the administrator

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented (CB - 04/18/2023)

103i - Outdated Food

5. Requirements

2600.

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

Description of Violation

On 2/7/23, there were unlabeled, undated hamburger patties, hash browns, and a frozen sandwich in the freezer in the kitchen.

103i - Outdated Food (*continued*)**Plan of Correction****Accept (JW - 03/16/2023)**

the undated food was disposed of on the day of inspection 02/07/2023 by the administrator

The cook will check the refridgerator/freezer daily for undated or outdated food

The staff will be re-educated by the administrator about requirement 2600.103i at a quality management meeting on 02/27/2023. The Administrator also posted a memo on inspection day to remind all staff of the requirement.

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented (CB - 04/20/2023)

132c - Fire Drill Records

6. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

On 2/7/23, the fire drill record for the drill conducted in October 2022, did not include the day the fire drill was held.

Plan of Correction**Accept (JW - 03/16/2023)**

The Administrator will ensure that each fire drill be logged correctly. An additional staff person (current medication aid) will verify the fire drill log at each fire drill to ensure it is completed accurately and sign the fire drill log that they checked it for accuracy

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented (CB - 04/18/2023)

185a - Implement Storage Procedures

7. 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

Resident #1 is prescribed, Ondansetron, 4mg, 1 tab every 6 hours as needed for [REDACTED]. On 2/7/23, the prescribed medication was not available.

Plan of Correction**Accept (JW - 03/16/2023)**

The medication was delivered at time of inspection. It was re-ordered by the Medication aid on duty on 02/07/2023

All resident PRN medications were checked by the administrator and [REDACTED] to ensure an adequate supply and re-ordered any that were needed that was completed on 02/13/2023. And again on 03/08/2023 by the administrator and [REDACTED]s. the PRN medication will be checked with in 30 days of the last completed check to ensure an adequate supply of medications are always available. Documentation will be kept and it will include the date, the staff persons who completed the check and any notes to reflect what was ordered

185a - Implement Storage Procedures (continued)

Administrator will recheck all prns monthly to ensure an adequate supply and documentation will be kept

Licensee's Proposed Overall Completion Date: 03/14/2023

Implemented (CB - 04/18/2023)

225c - Additional Assessment**8. Requirements**

2600.

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

Description of Violation

Resident 1's assessment, dated [REDACTED] does not include the resident's use of an enabler bar for safety.

Plan of Correction

Accept (JW - 03/16/2023)

The safety bar was added to the assessment/care plan in the resident chart by the administrator

The administrator checked each safety device in the facility to ensure they are all added to each residents RASP on 02/15/2023 there are currently no other safety devices in the facility

The administrator will ensure each safety device is added to any new/updated RASP as soon as a new order or device is received

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented (CB - 04/20/2023)

227d - Support Plan Medical/Dental**9. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The assessment for resident #1, dated 1 [REDACTED], indicates the resident has a medical need of knee pain, anxiety, and hypertension. The resident's support plan, dated [REDACTED] does not indicate how this need will be met.

Plan of Correction

Accept (JW - 03/16/2023)

The needs were completed and updated on Resident #1 RASP on [REDACTED] by the administrator

The administrator will complete the RASP's in there entirety in a timely manor to ensure compliance

A second staff person (office assistant) will read the RASP upon its completion to look for missing or incomplete

227d - Support Plan Medical/Dental (continued)

items and correct if needed

Licensee's Proposed Overall Completion Date: 03/15/2023

Implemented (CB - 04/20/2023)