

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

May 2, 2023

[REDACTED]
PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON
220 NEWRY STREET
HOLLIDAYSBURG, PA, 16648

RE: PRESBYTERIAN HOME
220 NEWRY STREET
HOLLIDAYSBURG, PA, 16648
LICENSE/COC#: 34340

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 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: PRESBYTERIAN HOME License #: 34340 License Expiration: 06/20/2023
 Address: 220 NEWRY STREET, HOLLIDAYSBURG, PA 16648
 County: BLAIR Region: CENTRAL

Administrator

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

Legal Entity

Name: PRESBYTERIAN HOME IN THE PRESBYTERY OF HUNTINGDON
 Address: 220 NEWRY STREET, HOLLIDAYSBURG, PA, 16648
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP Date: 06/29/2000 Issued By: DL&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 38 Waking Staff: 29

Inspection Information

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

Inspection Dates and Department Representative

02/08/2023 On Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 50 Residents Served: 38
 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: 38
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

02/08/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/03/2023

03/07/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/25/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2023

Inspections / Reviews *(continued)*

03/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 04/28/2023

05/02/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/25/2023

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 2/8/23, the home's most recent licensing inspection summary, dated 8/25/21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (████) - 03/17/2023)

License and most recent inspection survey was posted in public area on 2/8/23. PC Administrator was educated on the need to post the license and survey result. PC Administrator will complete one audit weekly per month and then once monthly for two months. Results will be forwarded to Quality Assurance Committee. PC administrator educated by ED on the need to post the license and survey results on 2/8/23

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

Implemented (████) - 05/02/2023)

5a1 - DHS Access

2. Requirements

2600.

- 5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

1. Agents of the Department.

Description of Violation

On 2/8/23 at approximately 10:00 am, an agent of the Department, requested access to staff records. The home stated that they were "going digital" and that staff records were sent to a third party to scan and the records would not be available for 24-48 hours. These documents were subsequently emailed to the agent on 2/9/23, 2/10/23, and 2/13/23.

Plan of Correction

Accept (████) - 03/17/2023)

On 2/8/23, PC Administrator requested staff records of employees that were sent out for our electronic transition of records. Employee Records received on 2/9/23, 2/10/23 and 2/13/23 and emailed to DHS in the process. Copies obtained were then printed out by PC Administrator and placed in each individuals own folder 2/13/23 made by the PC Administrator labeled "PC STAFF" Moving forward, as of 2/13/23 PC Administrator will ensure this to prevent a delay in access to any employee files, PC Administrator will obtain paper copies upon each individuals hire and placed in each individuals own folder in PC Administrators drawer to keep on hand and for easier accessibility until all records are uploaded to our new electronic upload system. Starting 2/13/23 this will be done with all new hires/staff. PC Administrator will audit weekly for a month, and then monthly for two months, these audits will be reviewed at Quality Assurance meeting.

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

Implemented (████) - 05/02/2023)

89b - Hot Water Temperature

3. Requirements

2600.

- 89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

89b - Hot Water Temperature (*continued*)**Description of Violation**

On 2/8/23 at approximately 10:30 am, the hot water temperature in the bathroom in Room [REDACTED] measured 124.6 degrees Fahrenheit and at recheck at 2:30 pm, was 130.7 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 03/17/2023)

On 2/8/23, Maintenance Director and PC Administrator observed the hot water tank and turned down to lower the temperature. On 2/8/23 on nightshift, water temperature was holding at 120 degrees Fahrenheit, 2/9/23 Shultz Plumbing and heating came to observe the water temperature was holding at 110 degrees Fahrenheit. New hot water tank was ordered by Maintenance Director on 2/9/23 due to leak in hot water tank. On 2/13/23 new hot water tank was replaced by Shultz Plumbing and Heating. Audit started on 2/13/23 for daily checks for a month, and weekly starting 3/13/23 for a month, and then monthly for two months. These audits will be reviewed at Quality Assurance meeting.

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

Implemented [REDACTED] - 05/02/2023)

141a 1 10 Medical Evaluation Information

4. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #2's medical evaluation, dated [REDACTED]/22, did not include height, weight, immunization history, health and cognitive status.

Plan of Correction

Accept [REDACTED] 03/17/2023)

On 2/9/23, all personal care staff was provided education on 2/9/23 in regards to the medical evaluation of all residents (within 60 days prior to admission or 30 days after the admission by a medical professional including the 15 day assessment upon admission day) including the following:

- A general physical examination by a physician, physician's assistant or nurse practitioner.
- Medical diagnosis including physical or mental disabilities of the resident, if any.
- Medical information pertinent to diagnosis and treatment in case of an emergency.
- Special health or dietary needs of the resident.
- Allergies.
- Immunization history.

141a 1-10 Medical Evaluation Information (continued)

-Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.

-Body positioning and movement stimulation for residents, if appropriate.

-Health status.

-Mobility assessment, updated annually or at the Department's request.

Beginning 2/9/23 PC Administrator and PC Staff will audit Medical Evaluation information weekly for two months . These audits will be forwarded to Quality Assurance meeting.

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

Implemented [redacted] - 05/02/2023)

190a - Completion Medication Course

5. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Person A, who was hired on [redacted]/21, completed the initial medication administration review and observation on [redacted] 21. Staff Person A did not have another review or observation until [redacted] 22 and has had none since. Staff Person A administered medications to a resident including the following:

On [redacted]/23, Staff Person A administered [redacted], [redacted], [redacted], [redacted] and [redacted] to Resident #3.

Plan of Correction

Directed [redacted] - 03/17/2023)

All PC staff educated by PC Administrator on 2/9/23 stating that, all that complete and continue to complete their medication administration course, will be observed initially and upon their review observation by a medication administration trainer within a one-year time frame and then reviewed biannually indefinitely. PC Administrator put together a spread sheet of all PCA'S whom pass medications along with their observation dates to ensure all observations are done in a timely manner according to policy. All PCA'S will continue moving forward with their biannual reviews by a trained medication administration trainer. PC Administrator will review spread sheet monthly for 3 months to ensure that all staff is up to date with observation and reviews for medication administration. Results will be forwarded to Quality Assurance Committee.

Directed -

- The spreadsheet will be implemented no later than 3/21/23

- The Administrator will begin monthly review of the spreadsheet beginning 3/21/23 and will continue for 3 months.

- Training needs will be reviewed at the next Quality Management meeting which will be held by 4/30/23.

Directed Completion Date: 06/21/2023

Implemented [redacted] 05/02/2023)

225a - Assessment 15 Days

6. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

An initial assessment was not completed for Resident #1, who was admitted to the home on [REDACTED] 22.

Resident #2 was admitted on [REDACTED] 22; however, the resident's assessment was not completed until [REDACTED] 22.

Plan of Correction

Directed [REDACTED] - 03/17/2023)

All PC Staff educated by PC Administrator on 2/9/23 that all/any new residents being admitted, must have a written initial assessment within 15 days of admission. PC Administrator and PC staff will audit assessments on all residents weekly starting 2/9/23 for two months to ensure all initial written assessments are completed within the 15 day timeframe from admission. These audits will be reviewed at Quality Assurance meeting.

Directed -

- The Administrator will develop a new admission checklist or calendar tickler to ensure assessments are completed timely. This will be implemented by 4/3/23.

Directed Completion Date: 04/03/2023

Implemented [REDACTED] - 05/02/2023)