

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

March 23, 2023

[REDACTED]
ST JUDES HAVEN INC
1072 MT. AIRY DRIVE
JOHNSTOWN, PA, 15904

RE: ST. JUDE'S HAVEN PERSONAL CARE
HOME
1072 MT. AIRY DRIVE
JOHNSTOWN, PA, 15904
LICENSE/COC#: 30787

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/16/2023 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: *ST. JUDE'S HAVEN PERSONAL CARE HOME* License #: *30787* License Expiration: *06/20/2023*
 Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA 15904*
 County: *CAMBRIA* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *ST JUDES HAVEN INC*
 Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA, 15904*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/23/2000* Issued By: *L & I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: *0*
 Reason: *Renewal, Complaint* Exit Conference Date: *02/16/2023*

Inspection Dates and Department Representative

02/16/2023 - On: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *17* Residents Served: *15*

Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:

Hospice
 Current Residents: *6*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *15*
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *6* Have Physical Disability: *1*

Inspections / Reviews

02/16/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/09/2023*

03/10/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *03/23/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/15/2023*

Inspections / Reviews *(continued)*

03/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/20/2023

03/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2023

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 02/16/23, the home's current violation report, dated 10/14/21, was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept (GR - 03/10/2023)

The inspection from 2021 has been printed and hung on the board where we keep it which is a public place. With the electronic change i didnt think to print it. Once this inspection is final i will print and post this one in its place and will continue to do so with each inspection as we always have.

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

Implemented (GR - 03/23/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

On 02/16/23, a CO detector was not in close proximity of the gas-fueled stove in the home's kitchen, as required by the Care Facility Carbon Monoxide Standards Act.

Plan of Correction

Accept (GR - 03/15/2023)

A resident had taken CO2 detector and it was not recovered. The day of inspection I ordered a new one and it arrived the next day. it is on the bookshelf right outside the kitchen within range of the stove. Monthly check will be done to ensure it is not taken. Audits will officially begin April 1, 2023 on paper. I will continue to visually monitor it for the remainder of this month.

Licensee's Proposed Overall Completion Date: 04/01/2023

Implemented (GR - 03/23/2023)

65d - Initial Direct Care Training

3. Requirements

2600.

- 65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct Care Staff Person C, hired on [REDACTED] has provided unsupervised ADL services to residents. However, the staff person did not complete and pass the Department-approved direct care training course and competency test.

65d - Initial Direct Care Training (continued)

Plan of Correction

Directed (GR - 03/15/2023)

Staff member is currently completing the test. [redacted] was on medical leave when [redacted] did a check for last inspection so [redacted] did miss [redacted] folder. [redacted] a check list in place for hiring new employees so this isn't missed upon hire.

Directed-

Staff member is currently completing the test. Staff was on medical leave when administrator did a check for last inspection, so administrator did miss her folder. Moving forward, Administrator has a check list in place for hiring new employees so this isn't missed upon hire.

Directed Completion Date: 03/15/2023

Implemented (GR - 03/23/2023)

65f - Training Topics

4. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct Care Staff Persons A and C did not receive training in medication self-administration training; instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan; care for residents with dementia and cognitive impairments; infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration; personal care service needs of the resident; or safe management techniques; care for residents with mental illness or an intellectual disability, or both, if the population is served in the home, during Training Year 2022.

Plan of Correction

Accept (GR - 03/15/2023)

Educations were not properly placed by office assistant who no longer is employed here. I have taken over the education, have a list printed of the educations listed in the pink book, and educations scheduled ahead. [redacted] have them filed neatly and a copy in their folders as well as back up copies filed separate to ensure proof to show they were completed. [redacted] made a checklist for the yearly required educations and check them off as we complete them. Also [redacted] am going to complete a quarterly audit to ensure papers are filed where they should be and all educations needed to that point are done and filed away properly.

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

65f - Training Topics (continued)

Implemented (GR - 03/23/2023)

65g - Annual Training Content

5. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 3. Resident rights.
- 4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).

Description of Violation

Staff Persons A and C did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations; resident rights; or the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102) during Training Year 2022.

Plan of Correction

Accept (GR - 03/15/2023)

Eductions were not properly placed by office assistant who no longer is employed here. I have taken over the education, have a list printed of the educations listed in the pink book, and educations scheduled ahead. I also have them filed neatly and a copy in their folders as well as back up copies filed separate to ensure proof to show they were completed. I made a checklist for the yearly required educations and check them off as we complete them. Also I am going to complete a quarterly audit to ensure papers are filed where they should be and all educations needed to that point are done and filed away properly. and the office assistant will work together to ensure this is done.

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

Implemented (GR - 03/23/2023)

93a - Handrails

6. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

The ramp outside the exit door near Room 16 has a handrail that is loose, rotting and poorly secured.

Plan of Correction

Accept (GR - 03/15/2023)

Maintenance will do weekly checks around the exterior to monitor for any changing structures. Once found, repairs will be done immediately. We did notice this early winter but with the weather we were unable to properly fix this and it was on our spring list. Repair of this be complete by maintenance no later than 4/14. We are planning for next week as long as weather permits. Weekly checks will begin on 4/1/23 and will be completed every monday moving forward. . An overall check was done and nothing else was founded at this time.

Licensee's Proposed Overall Completion Date: 04/14/2023

Implemented (GR - 03/23/2023)

96a - First Aid Kit

7. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the Nurses' office does not include scissors, thermometer or bandages.

Plan of Correction

Accept (GR - 03/15/2023)

2 new first aide kits were purchased and a list of all required items will be taped to the front of the kit to ensure all items are accounted for. A staff member will be put in charge of monthly checks of the kits to ensure all items are there. Checks will begin 4/1/23. Kits were purchased on 2/24/23 from [redacted] in Altoona.

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

Implemented (GR - 03/23/2023)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

8. Requirements

2600.

102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There is no grab bar, handrail or assist bar near the toilet in bathroom located in Room [redacted]

Plan of Correction

Directed (GR - 03/15/2023)

A bar is placed in [redacted]r bathroom by maintenance on 2/27/23. An overall assessment of the home was done to ensure all other rooms do have grab bars in the bathroom and they all did. Assessment was done by me (admin) prior to install on 2/24/23.

Directed-

Moving forward an audit of the bathrooms will be conducted per month beginning April 1st to ensure all equipment, including grab bars are installed and functioning correctly.

Directed Completion Date: 03/15/2023

Implemented (GR - 03/23/2023)

127a - Portable Space Heaters

9. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 02/16/23, 3 portable space heaters were in use in the home's chapel and Bedrooms [redacted]

Plan of Correction

Accept (GR - 03/10/2023)

Heater in room [redacted] was removed and replaced with one from the chapel the day of inspection . Room 5 is blowing warm enough air until new unit arrives. Every fall i am going to have units looked at before winter to see if anything needs replaced. In the event one breaks during the winter we will swap one out from our chapel area so resident will have heat and not have to wait until new unit arrives.

127a - Portable Space Heaters (continued)

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

Implemented (GR - 03/23/2023)

141b1 - Annual Medical Evaluation

10. Requirements

2600.

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

Description of Violation

Resident 1's most recent medical evaluation was completed on [REDACTED]. The resident's previous medical evaluation was completed on [REDACTED].

Plan of Correction

Accept (GR - 03/15/2023)

Administrator was looking at the completion date versus the exam date. Exam date will be followed for yearly annual. It will be done up to exam date or done prior to that date. [REDACTED] have already done some earlier while doctor was in this last visit to ensure they are done on time accurately. This will be done for every DME from now on. Admin will audit the charts monthly and get appts set up for needed evals.

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

Implemented (GR - 03/23/2023)

185a - Implement Storage Procedures

11. 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 02/16/23, the following discrepancies with glucometer blood sugar readings and medical administration record (MAR) entries were observed for Resident 1:

02/1/23 to 02/6/23 blood sugar readings of 90, 100, 79, 103, 99, 90 recorded in the MAR were not found in resident's glucometer.

The resident's glucometer was not calibrated with correct date. The date displayed in the glucometer was 07/23.

Repeated Violation - 10/14/21

Plan of Correction

Accept (GR - 03/15/2023)

Glucometer could not be calibrated so a new one has been ordered. Admin does know staff checks [REDACTED] sugar as [REDACTED] sees them do it daily and AM tech is a diabetic [REDACTED]. Once this glucometer arrives, it will be calibrated that day to ensure we can accurately show [REDACTED] checks and admin can properly complete audit of MAR and meter. Staff will be reeducated on the importance of accurate sugar checks during our next meeting on 3/14/2023. Glucometer was ordered by admin through [REDACTED] arrived, and was calibrated yesterday by admin. New audit will begin april first by admin for mars and meters but admin will be monitoring daily for the next week,

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

185a - Implement Storage Procedures (continued)

Implemented (GR - 03/23/2023)

187d - Follow Prescriber's Orders

12. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 1 is prescribed blood sugar checks every morning at 8 am. However, Resident 1's blood sugar was not checked on the morning of 02/07/23, 02/12/23 and 02/15/23.

Repeated Violation - 10/14/21

Plan of Correction

Accept (GR - 03/15/2023)

Glucometer could not be calibrated so a new one has been ordered. Admin does know staff checks sugar as they see them do it daily and AM tech is a [redacted] herself. Once this glucometer arrives, it will be calibrated that day to ensure we can accurately show [redacted] checks and admin can properly complete audit of MAR and meter. Staff will be reeducated on the importance of accurate sugar checks during our next meeting on 3/14/2023. Glucometer was ordered by admin through [redacted], arrived, and was calibrated yesterday by admin. New audit will begin april first by admin for mars and meters but admin will be monitoring daily for the next week,

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

Implemented (GR - 03/23/2023)

190a - Completion Medication Course

13. 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 Persons A and B, who have not successfully completed the Department-approved medications administration course since 2021, have continued to administer medications to residents including dates, 02/08/23, 02/09/23 and 02/18/23.

Repeated Violation - 10/14/21

Plan of Correction

Accept (GR - 03/15/2023)

[redacted] Train the Trainer ran out and [redacted] had to clarify with the help desk about not being covid vaccinated. I am signed up for a new session and we also have a home health company ([redacted]) that has an RN doing the train the trainer program. I am calling them today to see when they can come in and do the formal training for [redacted] staff. Once [redacted] is complete I am training a staff person to be practicum observer to ensure med reviews are kept up with. [redacted] and [redacted] will then work together to keep reviews up to date. [redacted] will then be able to provide the necessary trainings

190a - Completion Medication Course (continued)

to staff up to date on their yearly med certifications. Each individual file will have a sheet attached with the date of each due date (Every 6 months) once the initial training is complete so [REDACTED] can properly date them. Admin is working towards completing the Train the trainer currently. [REDACTED] will also date them in [REDACTED] planner. i intend to have all complete by 5/1/23

Licensee's Proposed Overall Completion Date: 05/01/2023

Implemented (GR - 03/23/2023)