

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

April 6, 2023

[REDACTED]
MCCULLOUGH AID OPCO LLC
[REDACTED]

RE: MCCULLOUGH PLACE
500 CHENEY OAK DRIVE
JOHNSTOWN, PA, 15905
LICENSE/COC#: 33064

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/01/2023 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: MCCULLOUGH PLACE License #: 33064 License Expiration: 07/11/2023
 Address: 500 CHENEY OAK DRIVE, JOHNSTOWN, PA 15905
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: MCCULLOUGH AID OPCO LLC
 Address: 330 N WABASH AVE SUITE 3700, CHICAGO, IL, 60611
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/26/1998 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 41 Waking Staff: 31

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Incident Exit Conference Date: 03/01/2023

Inspection Dates and Department Representative

03/01/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 55 Residents Served: 38

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

Hospice
 Current Residents: 7

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: 3 Have Physical Disability: 0

Inspections / Reviews

03/01/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/19/2023

03/27/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 04/01/2023
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 04/03/2023

Inspections / Reviews (*continued*)

04/06/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

Force Disinfecting Wipes (220 Wipe Count) was found unsecured and unsupervised on a small glass table in the private dining room. The door to the private dining room was propped open. The container's label states, "if in the eyes, call poison control center or doctor for treatment advice."

Force Disinfecting Wipes (220 Wipe Count) was found unsecured and unsupervised on by the sink in the activity room. he container's label states, "if in the eyes, call poison control center or doctor for treatment advice."

Comet with Bleach powder (1.31lb container) was found unsecured and unsupervised under the sink in the activity room. The container's label states, "if swallowed, call physician or poison control center."

Sealed containers of PerCara Mouth Wash & Gargle Refreshing Mint (24 oz) were found unsecured and unsupervised in the upper right cabinet to the left of the refrigerator in the activity room. The container's label states, "in case of accidental ingestion, seek professional assistance or contact poison control immediately."

A bottle of Bath and Body Works Moisturizing Hand Sanitizer (7.6 oz) was found unsecured and unsupervised in the upper left cabinet to the left of the refrigerator in the activity room. The container's label states, "if swallowed, get medical help or contact poison control right away."

Not all the residents of the home have been assessed capable of recognizing and using poisons safely, including the following:

- Resident 2, who is deemed unable to safely use or avoid poisonous material per current Documentation of Medical Evaluation (DME), dated [REDACTED].*
- Resident 1, who is deemed unable to safely use or avoid poisonous material per preadmission screening, completed on 10/28/22 and current DME, dated [REDACTED]*
- Resident 3's current DME, dated [REDACTED] states resident is unable to safely use or avoid poisonous material.*

Plan of Correction

Accept (SK - 03/27/2023)

- During the inspection on 3/1/23, Executive Director (ED) locked up the two containers of Force Disinfecting Wipes (220 wipe count) and disposed of the Comet with bleach powder, PerCara Mouthwash & Gargle Refreshing Mint and Bath and Body Works Moisturizing Hand Sanitizer.*
- On 3/2/23, ED and Care Service Manager (CSM) conducted an audit of all apartments and common areas and ensured that poisonous materials were locked and inaccessible to residents.*
- On 3/2/23, Regional Director of Care Services (RDCS) re-educated ED on the requirements within regulation 2600.82c. Documentation will be retained within the community. (Exhibit 1 - Inservice)*
- On 3/10/23, ED re-educated current staff on the requirements within regulation 2600.82c. Documentation will be retained within the community. (Exhibit 2 - Inservice)*
- Beginning 3/13/23, ED or designee will audit four resident apartments and two common areas weekly x 4 weeks, biweekly x 4 weeks, and monthly x 1 to ensure poisonous materials are locked and inaccessible to residents. Documentation will be retained within the community. (Exhibit 3 – Audit Tool)*
- Beginning in March 2023, ED or designee will discuss the results of the audit during the monthly Quality*

82c - Locking Poisonous Materials (continued)

Improvement meetings. Quality improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing. Documentation will be retained within the community.

- Completion date: 3/10/23

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (SK - 04/06/2023)

103i - Outdated Food**2. Requirements**

2600.

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

Description of Violation

Inside of the pantry of the kitchen, where the dry goods are stored, there were multiple dented cans among the other cans on the shelves. The observed dented cans were:

- Chicken of the Sea (Tuna) 6.63lbs can
- Pumpkin Pie filling 6.63lbs can
- Spaghetti sauce (tomato sauce) 6.62lbs can

Plan of Correction

Accept (SK - 03/27/2023)

- During the inspection on 3/1/23, ED discarded Chicken of the Sea (Tuna) 6.63lbs can, Pumpkin Pie filling 6.63lbs can and Spaghetti sauce (tomato sauce) 6.62lbs can.
- On 3/2/23, ED conducted an audit in the kitchen pantry and verified there were no additional dented cans in circulation.
- On 3/2/23, RDCS re-educated ED on the requirements within regulation 2600.103i. Documentation will be retained within the community. (Exhibit 1 - Inservice)
- On 3/10/23, ED re-educated dietary staff on the requirements within regulation 2600.103i. Documentation will be retained within the community. (Exhibit 4 - Inservice)
- Beginning 3/13/23, ED or designee will audit the dry storage area weekly x 6 weeks and biweekly x 6 weeks to ensure outdated or spoiled food or dented cans are not used. Documentation will be retained within the community. (Exhibit 5 – Audit Tool)
- Beginning in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. Quality improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing. Documentation will be retained within the community.
- Completion Date: 3/10/23

Licensee's Proposed Overall Completion Date: 04/17/2023

Implemented (SK - 04/06/2023)

183e - Storing Medications**3. Requirements**

183e - Storing Medications (continued)

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident 1's 16 oz container of Eucerin Cream had a crack across the bottom of the container. Lotion was observed coming out of the crack.

Plan of Correction**Accept (SK - 03/27/2023)**

- *During the inspection on 3/1/23, resident #1's Eucerin Cream was immediately removed from the cart and discarded and reordered from the pharmacy.*
- *On 3/2/23, CSM inspected the medication cart and ensured prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.*
- *On 3/2/23, RDCS re-educated ED and CSM on the requirements within regulation 2600.183e. Documentation will be retained within the community. (Exhibit 6 – Inservice)*
- *On 3/10/23, ED and CSM re-educated staff who administer medications on the requirements within regulation 2600.183e. Documentation will be retained within the community. (Exhibit 7 – Inservice).*
- *Beginning 3/13/23, CSM or designee will audit the medication carts weekly x 12 weeks to ensure prescription medications, OTC medications and CAM are stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Documentation will be retained within the community. (Exhibit 8 – Audit Tool)*
- *Beginning in March 2023, ED or designee will discuss the results of the audit during the monthly Quality Improvement meetings. Quality improvement committee will determine if continued auditing is necessary based on three consecutive months of auditing. Documentation will be retained within the community*

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented (SK - 04/06/2023)