

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

June 16, 2023

[REDACTED], ADMINISTRATOR
WOLF RUN VILLAGE LLC
3750 ROUTE 220 HIGHWAY
HUGHESVILLE, PA, 17737

RE: WOLF RUN VILLAGE
3750 ROUTE 220 HIGHWAY
HUGHESVILLE, PA, 17737
LICENSE/COC#: 22149

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/15/2023 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: WOLF RUN VILLAGE **License #:** 22149 **License Expiration:** 03/21/2023
Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737
County: LYCOMING **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: WOLF RUN VILLAGE LLC
Address: 3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA, 17737
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: I-1 **Date:** 11/12/2009 **Issued By:** Code Inspector

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 64 **Waking Staff:** 48

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 04/10/2023

Inspection Dates and Department Representative

03/15/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 75 **Residents Served:** 64

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 2 **Are 60 Years of Age or Older:** 64
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 0 **Have Physical Disability:** 1

Inspections / Reviews

03/15/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/20/2023

04/20/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 06/14/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 04/26/2023

Inspections / Reviews *(continued)*

05/23/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/29/2023

06/16/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/14/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

91 Telephone Numbers

1. 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

Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were not posted on or by the telephone in Resident room # C-9. It was corrected on the day of the inspection.

Plan of Correction

Accept ([redacted] - 05/23/2023)

The emergency phone numbers were placed in frames and hung on the wall near the phone jack on 3/15/23 during the inspection .

Staff will monitor to ensure the numbers are still posted on a daily basis. If the frame continues to be taken down, the frame will be screwed fast to the wall.

Administrator will include a check on the monthly building checks to ensure continued compliance.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented [redacted] - 06/16/2023)

141a 1 10 Medical Evaluation Information

2. 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

The DME for Resident #1, dated [redacted], does not indicate any Health Status or Cognitive Functioning on #9 of the form.

Plan of Correction

Accept [redacted] - 05/23/2023)

The PCP for resident #1 was contacted on the day of the inspection. The PCP stopped at the facility later in the day and completed the Health and Cognitive section.

The RCC will monitor DME's before filing in the resident chart to ensure they are complete.

The Office Director will audit charts monthly to ensure ongoing compliance beginning 3/16/2023.

141a 1-10 Medical Evaluation Information (continued)

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented () - 06/16/2023)

187a - Medication Record

3. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

14. Name and initials of the staff person administering the medication.

Description of Violation

Review of the Resident #2' One Touch Ultra 2 Glucometer indicates a blood glucose level of [redacted] on [redacted] at [redacted] am. The MAR for Resident #2 indicates a Blood Glucose level of [redacted] on this date and time. The MAR for Resident #5 was not initialed by staff to indicate [redacted] was administered on [redacted] before breakfast as prescribed by the physician.

Plan of Correction

Accept () - 05/23/2023)

For resident #2 - While the documentation of the BG reading was incorrect the amount of insulin given was correct based on the meter. The staff member was retrained on the importance of documenting the correct information on the MAR.

For Resident #5 - The facility uses an auto bag system with the date and time for each dose to be given. the bag for resident #5 was administered to the resident but not documented that it was. The staff member was retrained on correct documentation and how to verify that all documentation is complete on the eMAR system.

The entire Direct Care Staff was trained by the medication administration trainer and LPN on Documentation and how to check the eMAR system at the staff meeting on 3/16/23.

The Resident Care Coordinator will monitor the MAR daily for abnormalities beginning 3/16/2023 using the Report from the eMAR system.

The LPN will monitor weekly to ensure compliance beginning 3/16/23 using the report from the eMAR system.

Licensee's Proposed Overall Completion Date: 05/23/2023

Implemented () - 06/16/2023)