



Emailing Date: June 23, 2023

[REDACTED]
Lakeview Healthcare Operating, LLC
[REDACTED]

RE: Lakeview Senior Living
15 West Willow Street
Indiana, Pennsylvania 15701
License #:45411

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on March 16, 2023 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large, looping initial 'J'.

Jamie Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: LAKEVIEW SENIOR CARE License #: 45411 License Expiration:
Address: 15 WEST WILLOW STREET, SMETHPORT, PA 16749
County: MCKEAN Region: WESTERN

Administrator

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

Legal Entity

Name: LAKEVIEW HEALTHCARE OPERATING, LLC / BONAMOU HEALTHCARE GROUP, LLC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 12/08/1971 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Partial Notice: Announced BHA Docket #:
Reason: Change Legal Entity Exit Conference Date: 03/16/2023

Inspection Dates and Department Representative

03/16/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: 18

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: 18
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

03/16/2023 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/03/2023

Inspections / Reviews (*continued*)

04/04/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/03/2023

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 04/11/2023

05/03/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/11/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/30/2023

06/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/30/2023

Reviewer: [REDACTED]

Follow-Up Type: Exception

18 - Compliance With Laws

1. 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

The Care Facility Carbon Monoxide Alarms Standard Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning devise or appliance. The home has two gas hot water tanks in the basement. The carbon monoxide alarm outside the hot water tank room was not operable on 3/16/23.

Plan of Correction

Accept [redacted] - 04/12/2023)

18 Environmental services changed batteries immediately on 3/16/2023 and CO2 monitor failed. Environmental services then replaced the entire unit on 3/16/23. Environmental services will do carbon monoxide alarm test of alarm located near gas hot water tanks once a week for four weeks starting on 3/17/2023. This alarm location will be add to the monthly check list of carbon monoxide detectors by the head of Environmental services by 4/30/2023. Documentation will be kept by environment services and reviewed by PCHA quarterly beginning 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [redacted] - 06/08/2023)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 3/16/23 there were 4 cigarette butts on the floor and a 1/8-inch layer of cigarette ash observed on the floor of the gazebo smoking area.

Plan of Correction

Accept [redacted] - 04/12/2023)

85a Environmental services will initially use the leaf blower to clean employee gazebo of ash by 4/7/2023. Then upkeep will be maintained by all staff. Signage was posted 3/29/2023 by PCHA that all staff are responsible to keep staff smoking area free from debris. PCHA will do audits 5 times a week for 4 weeks beginning 3/17/2023. Then weekly for four weeks ending 5/8/2023 followed by once a month for one year ending March 2024. Documentation will be maintained by PCHA.

Licensee's Proposed Overall Completion Date: 05/08/2023

Implemented [redacted] - 06/08/2023)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On 3/16/23 the lid for the trash can in the dishwashing station was off and next to the can. The trash can was

85d - Trash Receptacles (continued)

approximately 1/8 full and not being utilized for food preparation.

Plan of Correction

Accept (██████ 04/12/2023)

Trash receptacle were covered immediately by dietary staff on 3/16/23. Dietary manager will provide education by 3/31/2023 on covering of trash receptacle when not in direct use. Four weekly audits will be conducted on different shifts beginning 4/3/2023 then monthly thereafter. Dietary manager will maintain documentation and PCHA will review quarterly starting 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (██████ 06/08/2023)

86b - Bathroom**4. Requirements**

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

On 3/16/23 the bathroom in bedroom #21 did not have a window and the ventilation fan was not operable.

Plan of Correction

Accept (██████ - 04/12/2023)

Environmental services conducted a full house audit of all ventilation fans initially on 3/17/2023, system failed. ██████████ contacted and service date of 4/6/2023 was given. Parts were ordered and system will be functional by 5/5/2023, A weekly audit to include all bathrooms for four weeks beginning 5/8/2023. Environmental services will add ventilation fans to the monthly check list by 4/30/2023. Audits will be performed by environmental services. Documentation will be maintained by Environmental services and PCHA will review quarterly starting 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (██████ - 06/08/2023)

89b - Hot Water Temperature**5. Requirements**

2600.

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

Description of Violation

On 3/16/23 the hot water temperature in the bathroom sink in bedroom #21 was 129.2 degrees Fahrenheit at 10:50 a.m. and 124.8 degrees Fahrenheit at 1:15 p.m.

On 3/16/23 the hot water temperature in the bathroom sink in bedroom #27 was 125.4 degrees Fahrenheit at 11:15 a.m. and 125.9 degrees Fahrenheit at 1:20 p.m.

Plan of Correction

Accept (██████ - 04/12/2023)

Environmental services began hot water temperature audits and adjustments on 3/17/2023 and as of 3/24/2023 all sinks have water temperature at or below 120 degrees. Environmental service will conduct four weekly audits of all sinks beginning 4/3/2023. Hot water temperatures for all bathrooms will be add to the Environmental services monthly check list by 4/30/2023. Documentation will be maintained by environmental services and PCHA will

89b - Hot Water Temperature (continued)

review quarterly beginning 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (█) - 06/08/2023)

103g - Storing Food**6. Requirements**

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 3/16/23 there was an unsealed plastic bag containing meatballs in the walk-in cooler.

There were also 2 unsealed plastic bags of breaded pork patties in the walk-in freezer.

In addition, there were 4 unsealed plastic bags of pasta in the dry storage area

Plan of Correction

Accept (█) - 04/12/2023)

Dietary staff immediately used twist tie to seal all open bags on 3/16/23. Dietary manager will provide education by 3/31/2023 on proper ways to seal food containers. Four weekly audits of walk-in cooler, walk-in freezer and dry storage area will be conducted by Dietary manager beginning 4/3/2023 then monthly thereafter. Documentation will be maintained by Dietary manager and reviewed quarterly by PCHA beginning 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (█) - 06/08/2023)

103i - Outdated Food**7. Requirements**

2600.

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

Description of Violation

On 3/16/23 there was a dent in a 6 pound can of sliced beets in the dry storage area.

Plan of Correction

Accept (█) - 04/12/2023)

Dented can were immediately removed from dry goods area on 3/16/2023. Dietary manager will provide education by 3/31/2023 about dented cans and food spoilage to kitchen staff. Damaged food items will be stored separately from usable products and returned to manufacturer or disposed of. Four weekly audits will be conducted by Dietary manager beginning 4/3/2023 then monthly thereafter. Documentation will be maintained by Dietary manager and reviewed quarterly by PCHA beginning 7/7/2023

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented (█) - 06/08/2023)

105g - Lint Removal and Duct Cleaning**8. Requirements**

2600.

105g - Lint Removal and Duct Cleaning (continued)

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 3/16/23 there was an accumulation of lint on the floor and exhaust and several pieces of paper and dryer sheets on the floor around the dryer exhaust in the laundry room.

Plan of Correction

Accept () - 04/12/2023

Debris was immediately removed from behind equipment on 3/16/2023 by PCHA. Signage was posted by PCHA along with audit sheets to be signed per shift by all staff using laundry equipment on duty beginning 3/29/2023. All staff using laundry equipment will be educated by Head of housekeeping department on 4/30/2023 to keep area behind washer and dryer clear of debris. PCHA will maintain documentation of audits beginning 4/30/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented () - 06/08/2023

121a - Unobstructed Egress

9. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 3/16/23 the emergency exit door in the hallway by bedroom #19, which is used as an egress route from the personal care area was equipped with a magnetic locking system which requires a code to be entered on a keypad, preventing immediate egress from the home. The home did not have written approval or a variance from the Department of Labor and Industry, the Department of Health or the local building authority for use of magnetic locking system and according to resident and staff interviews not all residents are able to operate the keypad independently.

Plan of Correction

Accept () - 04/12/2023

Meeting was held with regional directors from () Head of environmental services, NHA of facility and PCHA on March 28,2023 the decision was made to replace keypad with buttons that read exit to disengage locks and furnish the door leading to the stairwell with an alarm that will sound when door is open as a safety precaution. Buttons were ordered on March 29,2023 and will be installed upon arrival. Instructions of operation will be posted near both doors and all residents will be educated on use of door in a emergency situation. Initial audits of resident capability to operate exit button will be conducted PCHA by June 1,2023 and then a monthly thereafter. A prescreen for door operation will be add to new admission packet by PCHA by April 30,2023. PCHA will add checking of signage near both doors to shift sheet by March 17,2023. All Documentation will be maintained by PCHA beginning March 17,2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented () - 06/08/2023

132a Monthly Fire Drill

10. Requirements

2600.

132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (*continued*)**Description of Violation**

On 3/16/23 records indicated that an unannounced fire drill was not held during the month of October 2022.

Plan of Correction

Accept () - 04/12/2023

PCHA and DHS inspector immediately educated the Environmental on 3/16/2023 concerning all aspects of fire drills. Environmental services will be provided regulation 2600.132a through () on 3/31/2023. Environmental services will be educated that one fire drill must be held monthly and cannot be made up for in the next month. Environmental service will use DHS issued forms to track all fire drills starting 4/11/2023. Documentation will be maintained by environmental services and reviewed by PCHA quarterly beginning 7/7/2023

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented () - 06/08/2023

132b - Safety Inspection/Fire Drill

11. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

On 3/16/23 the home did not have documentation of an annual supervised fire drill or inspection by a fire safety expert in the past 12 months.

Plan of Correction

Accept () - 04/12/2023

On March 14, 2023 NHA contacted local fire expert regarding scheduling of annual fire inspection. On April 11, 2023 fire chief () will conduct an annual fire safety inspection and conduct a fire drill to set safe evacuation time. Documentation will be submitted to DHS and a copy shall be obtained in the personal care home administrators office and in the evacuation manual at the nurse's station. PCHA will begin making arrangements March of 2024 in advance of expiration of April 11, 2023 inspection to insure no lapse transpires in the future.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented () - 06/08/2023

132c - Fire Drill Records

12. 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

According to staff interviews, the fire drill record evacuation times were rounded to the nearest minute and did not indicate the evacuation time of the fire drills in minutes and seconds for the drills conducted on the following dates and times:

*2/28/23 at 4:04 p.m. – 3 minutes 0 seconds.

*1/31/23 at 10:07 a.m. – 4 minutes 0 seconds

*12/31/22 at 2:00 a.m. – 4 minutes 0 seconds

*11/6/22 at 5:05 p.m. – 5 minutes 0 seconds

132c - Fire Drill Records (continued)

*11/2/22 at 1:01 p.m. – 4 minutes 0 seconds

Plan of Correction

Accepted [REDACTED] - 04/12/2023)

PCHA and DHS inspector immediately educated Environmental services on 3/16/2023 about correct documentation of fire drills. PCHA gave copies of 2600 regulation 132.a through j and DHS forms on 3/31/2023 for use in all future fire drills. Documentation of fire drills will be maintained by environmental services and quarterly reviews performed by PCHA beginning 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 06/08/2023)

132d - Evacuation**13. Requirements**

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

On 3/16/23 records indicated that the home did not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded the safe evacuation time of 2 minutes 30 seconds during fire drills conducted on the following dates and times:

*2/28/23 at 4:04 p.m. – 3 minutes 0 seconds.

*1/31/23 at 10:07 a.m. – 4 minutes 0 seconds

*12/31/22 at 2:00 a.m. – 4 minutes 0 seconds

*11/6/22 at 5:05 p.m. – 5 minutes 0 seconds

*11/2/22 at 1:01 p.m. – 4 minutes 0 seconds

*9/17/22 at 11:00 p.m. – 4 minutes 20 seconds

Plan of Correction

Accepted [REDACTED] - 04/12/2023)

Fire safety expert Chief [REDACTED] will determine maximum safe evacuation time on 4/11/2023 at 1800 and it will be maintained during proceeding monthly fire drills beginning in May of 2023. Documentation will be kept by environmental services and Personal Care Home administrator. Quarterly audits of fire drill times will be monitored by PCHA beginning 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 06/08/2023)

132f - Alternate Exit Routes**14. Requirements**

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

On 3/16/23 records indicated that the East Hallway was the only exit route used during the fire drills held on 11/2/22, 11/6/22, 12/31/22 and 1/31/23.

132f - Alternate Exit Routes (*continued*)**Plan of Correction**

Accept [REDACTED] - 04/12/2023)

PCHA and DHS inspector immediately educated environmental services on 3/16/2023 on all aspects of fire drill. Environmental services were given regulation 2600.132 a through [REDACTED] on 3/31/2023. Environmental services will conduct monthly fire drills using alternate routes of evacuation by simulating blocked exits in different areas of PCH on different shifts and at varying times beginning 4/11/2023. Documentation will be kept on DHS forms by both PCHA and Environmental services. PCHA will review quarterly beginning 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 06/08/2023)

132g - Fire Drills Days/Times

15. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

On 3/16/23 records indicated that the home conducted fire drills on the last day of the month on the following dates and times:

*2/28/23 at 4:04 p.m.

*1/31/23 at 10:07 a.m.

*12/31/22 at 2:00 a.m.

Plan of Correction

Accept [REDACTED] - 04/12/2023)

PCHA and DHS inspector immediately educated environmental services on 3/16/2023 about all aspects of fire drills. PCHA gave environmental services copies of the regulation 2600.132a through j on 3/31/2023. Environmental services will use varying weeks, days, and times. No routine will be used to ensure practice of evacuation is spontaneous beginning 4/11/2023. Documentations will be on DHS forms and kept by environmental services and PCH administrator will do quarterly review of audits beginning 7/7/2023.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] - 06/08/2023)

144c1 - Smoking Area Guidelines

16. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 3/16/23 there were 4 red seat cushions on the benches, which were not California Code compliant, in the gazebo smoking area.

144c1 - Smoking Area Guidelines (continued)

There were also 2 grey cushioned chairs, which were not California Code complaint, in the front porch smoking area.

Plan of Correction**Accept** [REDACTED] **04/12/2023)**

4 red cushions were removed from employee smoke hut and two grey chairs were removed from front porch smoking area on 3/16/2023 by PCHA. Staff were educated that only cushions with California Code complaint tags maybe use in smoking areas by PCHA on 3/17/2023. Areas was posted with this information on 3/17/2023 by PCHA. PCHA will do 5 audits weekly for 4 weeks ending 4/13/2023 then four weekly audits ending 5/8/2023 followed by monthly audits for one year ending March 2024.

Licensee's Proposed Overall Completion Date: 04/30/2023

Implemented [REDACTED] **- 06/08/2023)**