

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

May 17, 2023

[REDACTED], OWNER/OPERATOR
DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC
[REDACTED]
[REDACTED]

RE: DELAWARE VALLEY PERSONAL
CARE CENTER
109 RIVERS EDGE DRIVE
MATAMORES, PA, 18336
LICENSE/COC#: 23013

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/24/2023 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: *DELAWARE VALLEY PERSONAL CARE CENTER* License #: *23013* License Expiration: *04/26/2024*
 Address: *109 RIVERS EDGE DRIVE, MATAMORES, PA 18336*
 County: *PIKE* Region: *NORTHEAST*

Administrator

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

Legal Entity

Name: *DELAWARE VALLEY PERSONAL CARE OPERATING COMPANY LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: Total Daily Staff: *56* Waking Staff: *42*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Incident* Exit Conference Date: *03/24/2023*

Inspection Dates and Department Representative

03/24/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *100* Residents Served: *51*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *51*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

03/24/2023 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/23/2023*

04/26/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: *05/10/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2023*

Inspections / Reviews *(continued)*

04/28/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/08/2023

05/17/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/10/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b2 - Medical Evaluation Changes

1. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

Description of Violation

Resident #1's DME did not state that the resident had a history [redacted] and had a recent diagnosis of a [redacted] [redacted] where he was hospitalized and admitted into a physical rehabilitation center from October 2022 to end of November 2022.

Plan of Correction

Accept [redacted] - 04/28/2023)

Residents that have had a status change prior to their annual medical evaluation will have a new DME to support changes of medical conditions.

ADM/ Designee [redacted], PCHA and Patricia Hanrahan Wellness Director, LPN) will be responsible for fixing problem and will ensure that all status changes (new diagnoses and medical conditions) have been documented on the DME when received for a status change.

ADM/Designee will do an audit to ensure that all Residents in the last 6 months that have had significant change have a status change on a DME. If problems are identified during audit that a status change has not been documented ADM/Designee will initiate a Significant change/status change on a new DME. Audit will be complete by 5/12/2023.

[redacted], PCHA and [redacted], Wellness Director, Nurse will monitor for ongoing compliance monthly continuously.

All employees will have an in-service on Reg. 141.b.2

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented [redacted] - 05/17/2023)

227d - Support Plan Medical/Dental

2. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1's RASP dated [redacted] was not updated following their recent hospitalization and physical rehabilitation to address their medical changes.

227d - Support Plan Medical/Dental (continued)

Plan of Correction**Accept ([REDACTED] - 04/28/2023)**

All RASPs are required to be updated following a change in status after recent hospitalization or a stay in a physical rehabilitation to address their medical changes.

ADM/Designee ([REDACTED], PCHA [REDACTED] (LPN) will be responsible to ensure that RASPs are updated after a status change has occurred for Residents.

ADM/Designee will complete audit of all Resident RASPs that have had a recent hospitalization or a stay at a physical rehabilitation to ensure medical changes have been documented. If any problems are identified RASP will be updated to reflect changes. Audit will be completed by 5/12/2023.

ADM/Designee will monitor for continued compliance monthly contiguously.

All employees will have an in-service on REG 227d.

Licensee's Proposed Overall Completion Date: 05/12/2023

Implemented [REDACTED] 05/17/2023)