

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

May 8, 2023

[REDACTED]
GUARDIAN ELDER CARE AT TYRONE I, LLC
[REDACTED]
[REDACTED]

RE: EPWORTH MANOR SENIOR LIVING
925 SOUTH LINCOLN AVENUE
TYRONE, PA, 16686
LICENSE/COC#: 32842

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/06/2023 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: *EPWORTH MANOR SENIOR LIVING* License #: *32842* License Expiration: *08/01/2023*
 Address: *925 SOUTH LINCOLN AVENUE, TYRONE, PA 16686*
 County: *BLAIR* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *GUARDIAN ELDER CARE AT TYRONE I, LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/05/2002* Issued By: *D L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *47* Waking Staff: *35*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Renewal, Complaint* Exit Conference Date: *04/06/2023*

Inspection Dates and Department Representative

04/06/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *54* Residents Served: *33*

Secured Dementia Care Unit
 In Home: *Yes* Area: *MS* Capacity: *12* Residents Served: *10*

Hospice
 Current Residents: *7*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *14* Have Physical Disability: *0*

Inspections / Reviews

04/06/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/21/2023*

04/21/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/05/2023*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/28/2023*

Inspections / Reviews *(continued)*

05/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 05/12/2023

05/08/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/05/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65e - 12 Hours Annual Training

2. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct Care Staff Person A did not receive 12 hours of annual training for Training Year 2022.

Plan of Correction

Accept [redacted] - 05/02/2023)

1. Violation - staff member was missing required 12 hour training that was due for 2022.

2. The violation happened due to staff not completing provided training from Guardian (Relias) and Administrator was unaware that once restrictions were lifted, all staff training had to be made up by 2023.

3. To fix the issue, staff meetings will be mandatory monthly to meet 12 hour requirements of training. Staff Training started January 19th, 2023. Training checklist implemented to ensure all staff receive required training annually.

4. Administrator has attached Staff training plan for 2023 and it has already been started and implemented.

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented [redacted] - 05/08/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] 23, during multiple visits to the home's secured dementia care unit throughout the day, a strong urine odor was detected in the unit. The resident rooms are not carpeted, however the hallways and living areas are carpeted. The urine smell was throughout the unit.

Plan of Correction

Accept [redacted] 05/02/2023)

1. Violation - Secured dementia unit has a strong urine odor.

2. The violation happened due to the staff not cleaning the carpet in a timely manor for incontinent resident.

3. To fix the problem, secured dementia unit will be professionally cleaned by ChemDry on 5/5/2023. Staff will then clean carpet with in house carpet extractor weekly and spot clean as needed. Resident will remain on hour checks to assist with incontinence.

4. Administrator educated staff on 4/13/2023 on spot cleaning, and a household size carpet scrubber was purchased.

5. Administrator will continue to monitor smell weekly and will obtain quotes by 7/30/2023 and expects carpet/flooring replacement by 12/31/2023.

Licensee's Proposed Overall Completion Date: 04/25/2023

85a - Sanitary Conditions *(continued)**Implemented (MD - 05/08/2023)*

103f - Refrigerator/Freezer Temps

4. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

Approximately 9:45 am on 4/6/23, there was no thermometer in the Midea refrigerator/freezer, located in the home's activity room. Ice cream and muffins were in the freezer and juices were observed in the refrigerator.

At approximately 10:19 am on 4/6/23, the Frigidaire refrigerator/freezer located in the home's community/activity room did not have a thermometer. A case of eggs labeled for the personal care home were observed in the refrigerator.

Plan of Correction**Accept** [REDACTED] *- 05/02/2023)*

- 1. Violation - Refrigerator/Freezer in activities room was missing thermometer and items in Refrigerator were not labeled.*
- 2. This violation happened due to activities director placing items in refrigerator and not labeling them. Also, staff not checking the temps.*
- 3. To fix the problem, Thermometers were placed in refrigerator/freezer on 4/14/2023. Activities Director, Staff and dietary staff were trained on 4/14/2023 and will be checking temps twice daily in AM and PM starting 4/15/2023.*
- 4. Administrator educated staff on labeling items and checking temps on 4/14/2023.*
- 5. Administrator attached freezer temp check sheets.*

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented [REDACTED] *- 05/08/2023)*

231e - No Objection Statement

5. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

Resident #1 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] 2022. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

Resident #2 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] /2018. The home has no documentation that the resident and the resident's designated person have not objected to the admission.

231e - No Objection Statement (*continued*)**Plan of Correction****Accept** (MD - 05/02/2023)

1. Violation - No official documentation that the resident or the resident's designated person have not objected to the resident's admission to the secured dementia care unit.
2. The violation happened due to the contracts used not officially stating that there was no objection.
3. To fix the problem, administrator developed a form for residents and resident designated person to sign that they are not objecting to secured dementia unit. Form for no objection started 4/9/2023. Checklist developed to ensure all forms are completed and in a timely manner. Checklist implemented 4/24/2023. Administrator is responsible for obtaining no objection statement and completing checklist.
4. Administrator has included this into move in packet and will obtain signatures for all current residents by 5/31/2023
5. Form and Checklist developed by administrator is attached.

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented [REDACTED] - 05/08/2023)

236 - Staff Training

6. Requirements

2600.

236. Training - Each direct care staff person working in a secured dementia care unit shall have 6 hours of annual training related to dementia care and services, in addition to the 12 hours of annual training specified in § 2600.65 (relating to direct care staff person training and orientation).

Description of Violation

Direct Care Staff Person A, who works in the Secure Dementia Care Unit (SDCU), did not receive any training in dementia care during the 2022 training year.

Plan of Correction**Accept** [REDACTED] 05/02/2023)

1. Violation - staff member was missing required additional 6 hour dementia training that was due for 2022.
2. The violation happened due to staff not completing provided training from Guardian (Relias) and Administrator was unaware that once restrictions were lifted, all staff training had to be made up by 2023.
3. To fix the issue, staff meetings will be mandatory monthly to meet the additional 6 hours of dementia training requirements. Staff Training started January 19th, 2023. Training checklist implemented to ensure all staff receive required training annually.
4. Administrator has attached staff dementia training plan for 2023 and it has already been started and implemented.

Licensee's Proposed Overall Completion Date: 04/25/2023

Implemented [REDACTED] - 05/08/2023)