

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

June 2, 2023

[REDACTED], VICE PRESIDENT  
DUBOIS CONTINUUM OF CARE COMMUNITY INC  
282 SOUTH EIGHTH STREET  
DUBOIS, PA, 15801

RE: DUBOIS VILLAGE  
282 SOUTH EIGHTH STREET  
DUBOIS, PA, 15801  
LICENSE/COC#: 44867

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/11/2023 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:** DUBOIS VILLAGE **License #:** 44867 **License Expiration:** 06/04/2023  
**Address:** 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801  
**County:** CLEARFIELD **Region:** WESTERN

**Administrator**

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

**Legal Entity**

**Name:** DUBOIS CONTINUUM OF CARE COMMUNITY INC  
**Address:** 282 SOUTH EIGHTH STREET, DUBOIS, PA, 15801  
**Phone:** [REDACTED] **Email:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C-2 LP **Date:** 08/07/1996 **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** **Total Daily Staff:** 99 **Waking Staff:** 74

**Inspection Information**

**Type:** Partial **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Complaint **Exit Conference Date:** 05/11/2023

**Inspection Dates and Department Representative**

05/11/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

**License Capacity:** 118 **Residents Served:** 76

**Secured Dementia Care Unit**

**In Home:** Yes **Area:** Willow **Capacity:** 9 **Residents Served:** 7

**Hospice**

**Current Residents:** 0

**Number of Residents Who:**

**Receive Supplemental Security Income:** 3 **Are 60 Years of Age or Older:** 75  
**Diagnosed with Mental Illness:** 2 **Diagnosed with Intellectual Disability:** 3  
**Have Mobility Need:** 23 **Have Physical Disability:** 0

**Inspections / Reviews**

05/11/2023 Partial

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 05/26/2023

05/24/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 05/26/2023  
**Reviewer:** [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 05/31/2023

Inspections / Reviews *(continued)*

06/02/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2023

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

Resident #1 has a history of agitation toward other residents when over stimulated. Resident #2 has a history of stress and agitation at mealtimes. On [redacted], at approximately [redacted] pm. residents #1 and #2 were sitting at the dining room table in the secured dementia care unit (SDCU) eating dinner. Resident #2 asked resident #1 multiple times if he/she wanted resident #2's sandwich. Resident #1 responded no. Resident #2 put his/her sandwich on resident #1's plate. Resident #1 responded to resident #2, "I told you I don't want that" and was observed slapping the top of resident #2's hand. Both residents were separated and placed on monitoring. Both residents do not recall the incident. No injuries were reported. This incident was reported to staff person A on [redacted]. However, this allegation of abuse was not reported to the local Area Agency on Aging until [redacted].

Plan of Correction

Accept [redacted] - 05/24/2023)

I note that staff member A is [redacted] and your written description of the incident states the act was reported to [redacted] on 4/1/23. I was in fact made aware on [redacted] at [redacted] when the supervisor noted the incident during review of documentation from previous day and notified me, I came into facility and called the report into OAPSA by 9:30 am. My staff member [redacted] was counseled on immediately reporting this type of behavior to her supervisor.

- 1. On 4/3/23 PCA that witnessed the "slap" was counseled by Administrator and Resident Care Manager on the guidelines for immediately reporting any type of suspected abuse; resident to resident, staff to resident or visitor/family to resident. [redacted] could call into the OAPSA hotline or report to supervisors on call 24/7.
- 2. Administrator will provide OAPSA training to all staff by 5/24/23
- 3. Administrator, Director of Wellness or Resident Care Manager will audit resident progress notes three times per week for four weeks for proper notification to supervisors for any unusual incidents that were documented.
- 4. Audit will be reviewed at Monthly Quality Assurance Meeting by Administrator to determine if additional training is warranted.
- 5. Completion Date 5/24/23

Licensee's Proposed Overall Completion Date: 05/24/2023

Implemented [redacted] - 06/02/2023)