

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

June 20, 2023

[REDACTED]  
THE VILLAGE AT MORRISONS COVE  
429 SOUTH MARKET STREET  
MARTINSBURG, PA, 16662

RE: THE VILLAGE AT MORRISONS COVE  
425 SOUTH MARKET STREET  
MARTINSBURG, PA, 16662  
LICENSE/COC#: 30389

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/17/2023 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: THE VILLAGE AT MORRISONS COVE License #: 30389 License Expiration: 05/18/2024  
 Address: 425 SOUTH MARKET STREET, MARTINSBURG, PA 16662  
 County: BLAIR Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: THE VILLAGE AT MORRISONS COVE  
 Address: 429 SOUTH MARKET STREET, MARTINSBURG, PA, 16662  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C 2 LP Date: 01/23/1993 Issued By: Labor and Industry

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 22 Waking Staff: 17

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 05/17/2023

**Inspection Dates and Department Representative**

05/17/2023 On Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 40 Residents Served: 22

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

**Hospice**  
 Current Residents: 0

**Number of Residents Who:**  
 Receive Supplemental Security Income: 14 Are 60 Years of Age or Older: 21  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

05/17/2023 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/03/2023

06/01/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 06/16/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/08/2023

Inspections / Reviews *(continued)*

06/02/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/19/2023

06/20/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/16/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

## 105g - Lint Removal and Duct Cleaning

**2. Requirements**

2600.

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**

*In the second floor laundry room, there is a stackable washer and dryer. Inside the stackable dryer there was a layer of lint in the lint trap and a thick layer of dryer lint film behind the lint trap. The machine was not in operation at the time and there was no clothing located inside the machine.*

**Plan of Correction**

Accept (████) 06/02/2023)

*CEO had dryer cleaned immediately and the rest of the dryers checked for lint. 05.17.2023*

*Administrator or LPN will provide education to Personal Care staff that is a requirement of keeping the dryers free from lint. Dryers should be cleaned of lint after every use. Staff will check each dryer at the end of their shift and will initial the dryer check form. 06.16.23*

*Audit will be conducted weekly for 4 weeks and then a monthly audit to ensure that dryers are free of lint by Administrator or LPN. This audit will be reviewed at monthly Quality Assurance meeting. 06.30.2023*

**Licensee's Proposed Overall Completion Date:** 06/30/2023

Implemented (████) 06/20/2023)

## 132b - Safety Inspection/Fire Drill

**3. 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**

*The home has not had an observed fire drill conducted by a fire safety expert since █████/2019.*

**Plan of Correction**

Accept (████) - 06/02/2023)

*Administrator or LPN will provide education to Personal Care staff and Maintenance staff that is a requirement to a fire safety inspection and fire drill conducted by a fire safety expert annually. 06.16.2023*

*A fire safety inspection and fire drill will be scheduled by a fire safety expert from the Martinsburg Fire Department in August 2023. 08.31.2023*

*Administrator will ensure compliance with regulation 132b by setting a calendar reminder 2 months prior to the expiration of the annual fire safety expert inspection and fire drill.*

*Fire Safety inspection and fire drill will be monitored during the Quality Assurance meeting. 06.30.2023*

**Licensee's Proposed Overall Completion Date:** 08/31/2023

Implemented (████) - 06/20/2023)

## 224a - Preadmission Screen Form

**4. Requirements**

224a - Preadmission Screen Form (*continued*)

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

*The preadmission screening form, completed for Resident 1 on [REDACTED] 2023, has the resident evaluated and identified as a resident of the Secure Dementia Care Unit (SDCU), as the cognitive screening of the preadmission screening form is filled out. This is not a resident of the SDCU.*

*On the preadmission screening form, completed for Resident 2 on [REDACTED] /2021, the section in the preadmission screening form regarding the ability to self-administer medication was blank.*

**Plan of Correction****Accept [REDACTED] - 06/02/2023)**

*Administrator and Residential Coordinator put an addendum to the preadmission screening form. 05.17.2023*

*Administrator will provide education to LPNs for how to complete a preadmission screening form. 06.16.23*

*Audit will be conducted of all residents to ensure preadmission screening form is completed accurately by the Administrator. This audit will be reviewed at monthly Quality Assurance meeting. Audit will be completed by 06.30.2023*

*Administrator or LPN (if the Administrator completed the preadmission screening) will complete a review on all new admission's preadmission screening form to ensure compliance for the next 3 months at which time if there are issues with the preadmission screening form then Administrator will do a reeducation and review preadmission screening form for another 3 months. 10/17/2023*

**Licensee's Proposed Overall Completion Date: 10/17/2023**

**Implemented [REDACTED] - 06/20/2023)**

## 226a - Mobility Assessment

**5. Requirements**

2600.

226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

**Description of Violation**

*Resident 2 has grab/enabler bars on their bed, however, there is no documentation in the resident's most recent RASP, dated [REDACTED] /2022, for use of this adaptive equipment in the Resident Assessment-Support Plan (RASP), including transferring, ambulating, turning and positioning.*

**Plan of Correction****Accept [REDACTED] - 06/02/2023)**

*Enabler bars were added to the Resident Assessment-Support Plan for this resident. 05.17.2023*

*Administrator will provide education to LPNs that enablers as well as any use of adaptive equipment need to be documented as part of the resident's assessment. 06.16.2023*

*Audit will be conducted of all residents that use an enablers and any adaptive equipment to ensure that adaptive equipment is documented as part of the Resident Assessment-Support Plan by the Administrator. This audit will be reviewed at monthly Quality Assurance meeting. Administrator will have audit completed by 06.30.2023*

226a - Mobility Assessment *(continued)*

Licensee's Proposed Overall Completion Date: 06/30/2023

Implemented [REDACTED] - 06/20/2023)