

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

June 26, 2023

[REDACTED]
ALLEGHENY CHRISTIAN MINISTRIES, INC.
2000 CAMBRIDGE DRIVE
DAVIDSVILLE, PA, 15928

RE: LAUREL VIEW VILLAGE
2000 CAMBRIDGE DRIVE
DAVIDSVILLE, PA, 15928
LICENSE/COC#: 32135

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2023, 05/24/2023 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: LAUREL VIEW VILLAGE	License #: 32135	License Expiration: 10/09/2023
Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA 15928		
County: SOMERSET	Region: CENTRAL	

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

Legal Entity		
Name: ALLEGHENY CHRISTIAN MINISTRIES, INC.		
Address: 2000 CAMBRIDGE DRIVE, DAVIDSVILLE, PA, 15928		
Phone: [REDACTED]	Email: [REDACTED]	

Certificate(s) of Occupancy		
Type: C 2 LP	Date: 11/04/1998	Issued By: L&I

Staffing Hours		
Resident Support Staff: 0	Total Daily Staff: 79	Waking Staff: 59

Inspection Information		
Type: Full	Notice: Unannounced	BHA Docket #:
Reason: Renewal	Exit Conference Date: 05/24/2023	

Inspection Dates and Department Representative	
05/23/2023 On Site	[REDACTED]
05/24/2023 On Site	[REDACTED]

Resident Demographic Data as of Inspection Dates			
General Information			
License Capacity: 107		Residents Served: 64	
Secured Dementia Care Unit			
In Home: Yes	Area: Reflections	Capacity: 15	Residents Served: 15
Hospice			
Current Residents: 4			
Number of Residents Who:			
Receive Supplemental Security Income: 0		Are 60 Years of Age or Older: 64	
Diagnosed with Mental Illness: 0		Diagnosed with Intellectual Disability: 0	
Have Mobility Need: 15		Have Physical Disability: 0	

Inspections / Reviews		
05/23/2023 - Full		
Lead Inspector: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/06/2023
06/15/2023 - POC Submission		
Submitted By: [REDACTED]	Date Submitted: 06/19/2023	
Reviewer: [REDACTED]	Follow-Up Type: POC Submission	Follow-Up Date: 06/22/2023

Inspections / Reviews *(continued)*

06/15/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 06/22/2023

06/26/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/19/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, hired [redacted] 23, did not receive orientation on the following topics: the designated meeting place outside the building or within the fire safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms and telephone use and notification of emergency services.

Plan of Correction

Accept ([redacted] - 06/15/2023)

Action Plan to fix and prevent in the future: There have been no new hires to complete this proper orientation currently. Staff person hired [redacted] /23 will receive FS Orientation 1st Day on 6/16/23 and [redacted] file will be updated. The Personal Care Administrator will complete required training.

System Implementation: Prior to or during the first workday, all direct care staff including ancillary staff, substitute personnel and volunteers will have orientation in general fire safety and emergency preparedness that includes the following: the designated meeting place outside the building or with in the fire-safe area in the event of an actual fire, the location and use of fire extinguishers, smoke detectors and fire alarms and telephone use and notification of emergency services. The New Staff Fire and Disaster Preparedness Training has been updated to include the First Workday Personal Care Orientation. This will be completed by the Environmental Services Fire Safety Instructor/designee for all new employees.

Audit to maintain ongoing compliance: The new employee file will be audited by Human Resources and/or the Personal Care Administrator to ensure compliance with the required education. This will be ongoing moving forward with all new employees. The new updated form is already available and in use for new employees at Laurel View Village.

Please see attachment # 1.

Date Corrected: 6/2/23

Licensee's Proposed Overall Completion Date: 06/15/2023

Implemented [redacted] 06/26/2023)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 5/23/23 at approximately 10:08 AM, resident #1 had an enabler bar installed on the right side of the bed. The enabler bar was uncovered and had an opening of 11.5 inches wide and 7 inches high, posing an entrapment risk.

81b - Resident Personal Equipment (continued)

Plan of Correction

Accept (AS 06/15/2023)

Action plan to fix and prevent in the future: A new mobility bar was purchased and is already installed for Resident # 1. Resident # 1 has been offered cover for [redacted] mobility bar on two separate occasions but has refused. [redacted] was educated to the safety concern and continued to refuse an enabler cover. This was well documented, and care planned as to resident wishes. Resident # 1 can make [redacted] own decisions, and this is the reason [redacted] mobility bar was not covered. Another mobility bar was purchased and installed on [redacted] bed with a higher cover, but still allowing a free hand grip for bed positioning use at resident request.

System Implementation: Another mobility bar was purchased and installed on [redacted] bed with a higher cover, but still allowing a free hand grip for bed positioning use at resident request. The Personal Care Center does have an extensive enabler bar process. First, the request is evaluated by our therapy department and a therapy screen is written for appropriateness and safety. The physician gives the official order if appropriate, maintenance installs the enabler bar, the Life Safety Director audits the enabler bar monthly to ensure stability, proper placement and covering. All other enabler bars in the center are covered appropriately.

Audit to maintain ongoing compliance: The processes in the Personal Care Center for enabler bars will continue as stated above. If a resident refuses a cover moving forward the enabler bar will be assessed and changed to maintain resident safety.

Mobility bar monitoring will be ongoing by the Life Safety Director and the Personal Care Administrator.

See attached information.

Date Corrected: 6/1/23

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented ([redacted] - 06/26/2023)

85a - Sanitary Conditions

3. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 5/24/23 at approximately 9:15 AM, a Styrofoam cup was observed in resident room [redacted] on the bathroom sink. The cup contained a blue liquid substance, and the rim of the cup was observed to have a buildup on an unknown substance.

Plan of Correction

Accept ([redacted] 06/15/2023)

Action plan to fix immediately and prevent in the future:

The Styrofoam cup in resident room [redacted] was thrown away by staff with much encouragement to the resident. The cup had [redacted] mouth wash in it. Resident reluctant to dispose of cup and was educated on sanitary conditions, health, and safety.

System Implementation: The Direct Care Staff and the Housekeeping team were re-educated on identifying these items in resident rooms and obtaining permission to dispose of items when necessary. Housekeeping provides

85a - Sanitary Conditions (continued)

services weekly in resident rooms and will monitor for used items and dispose of soiled, used items. Direct Care Staff will monitor daily as care is given to residents. The Personal Care Home Administrator or Designee will do weekly room checks to ensure sanitary conditions are maintained.

Date Corrected: Immediately

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [REDACTED] - 06/26/2023)

121a Unobstructed Egress**4. 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 5/23/23 at approximately 9:55 AM, there was an artificial tree located in front of the Secure Dementia Care Unit (SDCU) emergency exit door located near room [REDACTED]

Plan of Correction

Accept [REDACTED] 06/15/2023)

Action plan to fix immediately and prevent in the future:

An artificial tree was standing in front of an emergency exit door near room [REDACTED] in the Secure Dementia Unit. This is not the normal placement of this tree. The tree was immediately moved to its normal area. Furniture was being rearranged during this time frame and this was an accidental placement.

System Implementation: When changes are being made in the future no articles will be placed in an emergency door area. Direct Care Staff, Housekeeping and Maintenance teams have been educated. The Personal Care Home Administrator and Life Safety Director or Designee will conduct facility rounds and ensure all egress areas are clear. Direct Care Staff were educated on all shifts when making daily shift rounds to ensure all egress areas are always clear on all shifts. There is also a monthly Worxhub system recurring work order for the Maintenance Team to check all egress routes, stairways, hallways, doorways, and passageways to ensure they are clear of obstruction.

See attached information.

Date Corrected: Immediately

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented [REDACTED] - 06/26/2023)

162c - Menus Posted**5. Requirements**

2600.

162c - Menus Posted (continued)

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On 5/23/2023, the home's menu for the week of 5/22/2023 through 5/28/2023 was posted. However, the home did not have a menu posted 1 week in advance.

Plan of Correction

Accept (█) - 06/15/2023)

Action plan to fix immediately and prevent in the future: The menu was immediately posted in front of the surveyor and also placed on the TV outside of the main Personal Care Dining Room.

System Implementation: This will be ongoing and monitored by the Director of Dining Services and the Personal Care Home Administrator to do audits of the menu postings when new menus are available on Wednesdays of every week. This audit will be ongoing weekly.

Date Corrected: Immediately

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (█) - 06/26/2023)

183b - Meds and Syringes Locked**6. Requirements**

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On 5/24/2023 at approximately 9:30 AM, an over-the-counter bottle of █ and prescribed █ were observed in resident #2's bedroom and bathroom. The bedroom door was open, and the room was unattended. Resident #2 is not assessed to self-administer medications per the resident's current medical evaluation (DME) dated █/2023 and resident's current Resident Assessment and Support Plan (RASP) dated █/2022.

Plan of Correction

Accept (█) - 06/15/2023)

Action plan to fix immediately and prevent in the future: The over-the-counter bottle of █ and prescribed █ was removed from resident room. Resident was immediately educated about having over-the-counter and prescription medications in █ room. █ is not deemed to self-administer.

System Implementation: All Direct Care Staff have been educated at staff meeting regarding all medications should be kept in an area or container that is locked and no medications are to be kept in resident rooms unless deemed appropriate to self-administer. Education to residents will be provided at our monthly Resident Council meeting. All residents on admission review the Personal Care Handbook with Personal Care Administrator or Designee. This information on prescription medications and OTC medications is in the Handbook. Resident room audits were completed to check for any prescription medications, OTC, medications, CAM and syringes. No other items found. Quarterly room checks will be completed by RN or Designee for over-the-counter medications or medications in resident rooms that are not deemed to self-administer.

183b - Meds and Syringes Locked (continued)

See attachments

Date Corrected: Immediately

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (█) - 06/26/2023

233c - Key-Locking Devices**7. Requirements**

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism to exit the SDCU were posted by the exit. However, the licensing representatives were unable to exit the SDCU without assistance from staff because the code that was posted included extra digits/numbers that must be omitted in order to disengage the lock.

Plan of Correction

Accept (█) - 06/15/2023

Action plan to fix immediately and prevent in the future: The code to the Secure Dementia Unit was retyped and posted without extra numbers.

System Implementation: Any visitor will be able to exit the Secure Dementia Unit without staff assistance. The reprogramming is only done by the Personal Care Administrator and/or the Life Safety Director. The code does not change often, in the event the code needs to be adjusted – the Personal Care Administrator and/or the Life Safety Director will ensure that the code does not have extra characters present and that visitors can exit without staff assistance.

See attached photo

Date Corrected: Immediately

Licensee's Proposed Overall Completion Date: 06/14/2023

Implemented (█) - 06/26/2023