

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

August 14, 2023

[REDACTED], OWNER/OPERATOR
AROTINS HUMMINGBIRD ESTATE INC
400 PARK AVENUE
PATTON, PA, 16668

RE: AROTIN'S HUMMINGBIRD ESTATE
400 PARK AVENUE
PATTON, PA, 16668
LICENSE/COC#: 33307

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/23/2023 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: AROTIN'S HUMMINGBIRD ESTATE **License #:** 33307 **License Expiration:** 01/26/2024
Address: 400 PARK AVENUE, PATTON, PA 16668
County: CAMBRIA **Region:** CENTRAL

Administrator

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

Legal Entity

Name: AROTINS HUMMINGBIRD ESTATE INC
Address: 400 PARK AVENUE, PATTON, PA, 16668
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

Type: R-4 **Date:** 01/03/2017 **Issued By:** Cambria/Somerset Council

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 11 **Waking Staff:** 8

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 05/23/2023

Inspection Dates and Department Representative

05/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 15 **Residents Served:** 9

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 9
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 2 **Have Physical Disability:** 0

Inspections / Reviews

05/23/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/09/2023

06/13/2023 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 08/11/2023
Reviewer: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/20/2023

Inspections / Reviews (*continued*)

06/27/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/04/2023

08/14/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/11/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

65d Initial Direct Care Training

1. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [REDACTED] has been providing unsupervised ADL services. However, the staff person has no record of completing and passing the Department-approved direct care training course and passing the competency test.

Plan of Correction

Directed [REDACTED] - 06/23/2023)

Staff person A is off on sick time for over a week. [REDACTED] will take the required course and competency requirements immediately upon return and prior to being permitted to being on the floor doing one on one care. Certificate will be emailed to DHS upon completion.

All new employees will be required to take the certification requirements and paperwork on the first day on the job.

(Directed)

- Staff person A will take the required Direct Care Training course and complete the competency requirements before working on the floor no later than 6/30/23.

- By 7/15/23, Administrator will review all files of existing staff to verify that all staff who provide direct care have the required documentation and the correct trainings in their files.

- Starting 6/30/23, the Administrator will verify that all new staff will meet the certification requirements and documented paperwork before being permitted to being on the floor doing one-on-one care.

Directed Completion Date: 06/20/2023

Implemented [REDACTED] - 08/14/2023)

103i Outdated Food

2. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 5/23/23, there was a 15 ounce can of Giant Eagle Brand white potatoes and a 46 ounce can of Dei Fratelli tomato juice located with all of the other food supplies in the kitchen pantry.

Plan of Correction

Directed [REDACTED] - 06/23/2023)

Above items have been removed from the property and in the future all food items all items will be inspected prior to being inventoried into the property's kitchen pantry. The Administrator will directly supervise kitchen staff and oversee the inventory process to ensure proper inspection of expiration dates and attached is the policy of monthly inspections. The Administrator removed the damaged products immediately after inspection on 5/23/23.

(Directed)

- The Administrator removed the damaged products immediately after inspection on 5/23/23.

- By 6/30/23, the Administrator will educate any/all kitchen staff (or anyone who orders supplies, etc) on the regulations regarding the kitchen.

103i - Outdated Food (continued)

- Starting 6/30/23, The Administrator will directly supervise kitchen staff and oversee the inventory process to ensure proper inspection of expiration dates.
- Starting 6/30/23, the Administrator will inspect kitchen monthly for 8 weeks to verify that all policies and new procedures are being followed. The results of these inspections will be kept and will be discussed during the next quality management review, to be held no later than 9/15/23.

Directed Completion Date: 06/14/2023

Implemented () - 08/14/2023)

141a 1-10 Medical Evaluation Information**3. Requirements**

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident # 1's medical evaluation dated [REDACTED] was incomplete in that sections 8 and 9 regarding body positioning and health status were not completed.

Resident # 2's most recent medical evaluation was completed on [REDACTED]. However, the resident's medical evaluation did not include the medication regimen, contraindicated medications and medication side effects.

Plan of Correction

Directed () - 06/23/2023)

Resident #1 medical record was faxed to the PCP and sections 8 and 9 were completed and faxed back to the facility. Please see attached. Medical evaluations will be reviewed section by section by the Administrator any errors will be sent back to the physician, physician's assistant or certified registered nurse practitioner for proper completion.

Medical Record was received on 6/8/23 for Resident #1.

Resident #2 resident's medical evaluation was sent to the PCP on 06/07/23 will be returned directly to DHS once received by the facility. Medical evaluations will be reviewed section by section by the Administrator any errors will be sent back to the physician, physician's assistant or certified registered nurse practitioner for proper completion.

Medical Record was received on 06/09/23 for Resident #2.

(Directed)

- The Administrator will obtain new DMEs for Residents #1 and #2 by 6/9/23 that includes body positioning, health status and medication regimens.
- The Administrator will audit all Resident DMEs by 7/31/23 to ensure they are accurate, complete and present in the file.

141a 1 10 Medical Evaluation Information (continued)

By 7/31/23, the Administrator will develop and implement a review of all Residents' newly completed DMEs immediately after a physician's appointment occurs. If missing information is identified, the Administrator will obtain a fully completed DME within 48 hours.

Directed Completion Date: 06/20/2023

Implemented () - 08/14/2023)

183f - Discontinued Medications**4. Requirements**

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

Description of Violation

On 5/23/23, the medication cart in the home contained two 8 ounce bottles of [REDACTED], one of which expired in 10/2020 and the other expired in 6/2021.

Plan of Correction

Directed () - 06/23/2023)

The medication cart in the home contained two 8 ounce bottles of MicroKlenz 1st aid anti septic spray was discarded immediately on 05/23/23 by the Administrator. The medication cart will be performed once monthly and will include a signoff sheet upon completion. All medication will be examined and inspected for quality and accuracy and no medication is expired or out of date. The Administrator will be solely responsible for monthly review and familiarity of regulations of all medications for each resident. The Administrator is currently inspecting all medications every two weeks with attention to detail of all and any PRN topicals. This policy was initiated on 06/02/23 and conducted by the Administrator.

(Directed)

The expired medication was/will be discarded / appropriately destroyed by the Administrator by 5/23/23.

The Administrator will train all direct care staff who administer medications on the procedures for identifying and destroying expired medications. This training will occur by 7/15/23.

A medication cart audit will be conducted by the Administrator starting 6/2/23 and monthly thereafter. Any expired medications (routine and PRN) found will be destroyed in an appropriate and approved manner. The medication cart audit will include a signoff sheet upon completion.

Directed Completion Date: 06/20/2023

Implemented () - 08/14/2023)

184b - Labeling OTC/CAM**5. Requirements**

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

On 5/23/23, a 0.5 ounce bottle of [REDACTED] cream was in the medication cart and was not labeled with any resident's name.

184b Labeling OTC/CAM (continued)

Plan of Correction**Accept** [REDACTED] - 06/23/2023)

The 0.5 ounce bottle of [REDACTED] was put in the medication cart and was labeled with resident's name on 5/23/23 by Becky M. In the future all medications will be labeled with resident's name. This will be included with the monthly medication cart inventory.

On 06/14/23 Owner/Administrator (only management), reviewed and became reacquainted with medication regulations per DHS.

Administrator started performing monthly medication cart checks on 06/02/23 and initiated a policy of staff performing biweekly medication cart checks with particular attention to OTC/CAM.

Licensee's Proposed Overall Completion Date: 06/20/2023

Implemented [REDACTED] 08/14/2023)