

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

August 30, 2023

[REDACTED], OWNER
TWIN OAKS PERSONAL CARE HOME INC
1100 COWLEY ROAD
GRANVILLE SUMMIT, PA, 16926

RE: TWIN OAKS PERSONAL CARE
HOME
1100 COWLEY RD
GRANVILLE SUMMIT, PA, 16926
LICENSE/COC#: 21470

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/31/2023 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: TWIN OAKS PERSONAL CARE HOME License #: 21470 License Expiration: 04/20/2023
 Address: 1100 COWLEY RD, GRANVILLE SUMMIT, PA 16926
 County: BRADFORD Region: NORTHEAST

Administrator

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

Legal Entity

Name: TWIN OAKS PERSONAL CARE HOME INC
 Address: 1100 COWLEY ROAD, GRANVILLE SUMMIT, PA, 16926
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-1 Date: 05/18/2006 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 19 Waking Staff: 14

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 05/31/2023

Inspection Dates and Department Representative

05/31/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 24 Residents Served: 19
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 19
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

05/31/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 06/12/2023

07/26/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 06/28/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 07/10/2023

Inspections / Reviews (*continued*)

07/26/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2023

07/28/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/31/2023

08/30/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

141a 1-10 Medical Evaluation Information

1. 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

The Documentation of Medical Evaluation (DME) form for resident #1 dated [redacted] was missing page 2. The DME form for resident #2 dated [redacted] was missing the pulse.

Plan of Correction

Accept ([redacted] - 07/26/2023)

Page 2 was obtained and pulse rate was added on May 31, 2023. Administrator will ensure both pages are current and completed in full for each resident. All DMEs were audited by administrator on 07-06-23 and all contained page two.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented ([redacted] - 07/28/2023)

181c - Self-administration Assessment

2. Requirements

2600.

181.c. The resident’s assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician’s assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident #3 has an order for insulin to be administered on a sliding scale before meals. According to resident interview and the insulin documentation sheet, on the following dates and times resident #3 was out of the home and self administered the sliding scale units of insulin:

- [redacted] before lunch and dinner
- [redacted] before dinner
- [redacted] before lunch
- [redacted] before lunch
- [redacted] before lunch .

t #3 does not have a current physician's order stating the resident is capable of self administering insulin.

Plan of Correction

Accept ([redacted] - 07/26/2023)

A current physician's order was obtained and is attached. Administrator will ensure ongoing compliance. Resident number three is able to self administer insulin when out of facility. Resident support plan was updated to indicate

181c Self administration Assessment (continued)

this on 07 06 23. An audit of all residents was performed and no other self administrating residents were identified.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented (█) - 07/28/2023)

184a - Resident's Meds Labeled**3. Requirements**

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label on resident #1's medication █ states the order is for 2 tablets to be taken daily. The current order for this medication is 1 tablet by mouth at bedtime and is stated on the medication administration record (MAR) as such. The pharmacy label did not match the current physician's order for the medication █.

Plan of Correction

Accept (█) - 07/26/2023)

Staff was administering the correct dosage. Administrator had failed to send the new order to the pharmacy but had informed staff of the change. The pharmacy is now aware and administrator will ensure that future orders are promptly forwarded to the pharmacy. All MARs have been audited to ensure that all orders are current.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented (█) - 08/30/2023)

187d - Follow Prescriber's Orders**4. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 has an order for █ to be taken twice daily and held if the systolic blood pressure (SBP) is less than █ or the heart rate is less than █. On █ at █ the resident's heart rate was █ and the medication was administered.

Also, on █ at █ the resident's SBP and heart rate were not recorded due to no blood pressure cuff being available.

Plan of Correction

Accept (█) - 07/26/2023)

Staff was retrained on carefully following prescribers directions, documenting correctly and properly taking and recording resident blood pressures on March 31, 2023. Administrator will do MAR audits monthly to ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented (█) - 08/30/2023)

227d - Support Plan Medical/Dental

5. Requirements

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #1 began receiving hospice services on [REDACTED]. On [REDACTED] a new support plan was completed for resident #1, however the support plan did not include the information that the resident is receiving hospice services.

Plan of Correction**Accept** [REDACTED] - 07/26/2023)

Resident's support plan was updated with Hospice information and the services they provide to the resident. All RASPs were audited on June 1, 2023, no other residents are receiving Hospice services. Administrator will ensure ongoing compliance.

Licensee's Proposed Overall Completion Date: 07/26/2023

Implemented [REDACTED] - 07/28/2023)