

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

July 27, 2023

[REDACTED], ADMINISTRATOR  
LIBERTY LUTHERAN HOUSING DEVELOPMENT CORPORATION  
[REDACTED]  
[REDACTED]

RE: THE VILLAGE AT PENN STATE  
160 LIONS HILL ROAD  
STATE COLLEGE, PA, 16803  
LICENSE/COC#: 22944

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 06/01/2023 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 PENN STATE License #: 22944 License Expiration: 05/30/2024  
 Address: 160 LIONS HILL ROAD, STATE COLLEGE, PA 16803  
 County: CENTRE Region: NORTHEAST

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: LIBERTY LUTHERAN HOUSING DEVELOPMENT CORPORATION  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: 1 1 Date: 04/01/2016 Issued By: Centre region Code

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 9 Waking Staff: 7

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 06/01/2023

**Inspection Dates and Department Representative**

06/01/2023 On Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 14 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: 0 Have Physical Disability: 0

**Inspections / Reviews**

06/01/2023 - Full  
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 06/25/2023

06/30/2023 - POC Submission  
 Submitted By: [Redacted] Date Submitted: 07/26/2023  
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 07/10/2023

Inspections / Reviews *(continued)*

07/17/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/24/2023

07/27/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/26/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

82a - Poisonous Materials

1. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A bottle of yellow liquid identified as peroxide multi-surface cleaner was in the housekeeping closet without the original manufacturers label.

Plan of Correction

(redacted) - 07/17/2023)

The unlabeled bottle of yellow multi-surface cleaner was removed and discarded the day of survey. Poisonous materials will be stored in manufacturer labeled containers. The unit manager/ designee will educate staff to maintain poisonous materials in the labeled manufacturer container by July 14, 2023. The unit manager/ designee will conduct random monthly checks of poisonous materials to ensure proper storage in manufacturer labeled containers. The unit manager/ designee will report audit results to the QAPI committee monthly for further recommendation as needed.

Licensee's Proposed Overall Completion Date: 07/14/2023

Implemented (redacted) - 07/27/2023)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The emergency numbers were not posted on or near the landline telephone in Room #5.

Repeat violation: 4/26/22

Plan of Correction

Accept (redacted) - 07/17/2023)

The emergency phone number list was revised to 8 1/2 x 11 size in larger font and posted on the wall in room 5 by the landline phone. The unit manager checked all other rooms to ensure emergency numbers were located near outside phone lines. The unit manager/ designee will educate staff regarding the requirements of where to post emergency numbers. The unit manager/ designee will audit 2 random rooms monthly to ensure the emergency contact post is placed near the outside phone line. The unit manager/ designee will educate staff that the emergency list must be located near outside telephone lines by July 14, 2023. The unit manager/ designee will report audit results to the QAPI committee monthly for further recommendation as needed.

Licensee's Proposed Overall Completion Date: 07/14/2023

Implemented (redacted) - 07/27/2023)

101j7 - Lighting/Operable Lamp

3. Requirements

2600.

**101j7 - Lighting/Operable Lamp (continued)**

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

**Description of Violation**

*A bedside lamp or other source of lighting was not accessible from the bed in Room #5.*

*Repeat violation: 4/22/22*

**Plan of Correction**

**Accept** (████) - 07/17/2023)

*A touch lamp was placed by the head of the bed in room 5 by the administrator and the resident demonstrated the ability to reach and use the touch lamp. The unit manager checked all other rooms to ensure residents were able to reach the light source from their bed. The unit manager will educate staff that a light source must be within reach of the resident at bedside by July 14, 2023. The unit manager/ designee will audit 2 random rooms monthly to ensure the resident can reach the bedside light source. The unit manager/ designee will report audit findings to the QAPI committee monthly for further recommendation as needed.*

**Licensee's Proposed Overall Completion Date: 07/14/2023**

**Implemented** (████) - 07/27/2023)

**182b - Prescription Medication****4. Requirements**

2600.

182.b. Prescription medication that is not self-administered by a resident shall be administered by one of the following:

4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**Description of Violation**

*Direct care staff member A's 2023 annual practicum is incomplete. Only one of the required two medication administration observations is completed.*

*Direct care staff member B's most recent annual practicum was completed on 4/21/23, the previous was completed on 2/10/22.*

**Plan of Correction**

**Accept** (████) - 07/17/2023)

*The licensed nurse unit manager completed staff member A second medication administration observation on June 20, 2023. The licensed nurse unit manager is a certified Medication Administration Trainer. The unit manager audited the files of employees responsible to administer medications to ensure compliance to requirements of 2600.182.b.4. The unit manager revised the tracking system in place to ensure regulatory compliance. The unit manager/ designee will report audit results to the QAPI committee for further recommendation as needed.*

**Licensee's Proposed Overall Completion Date: 07/14/2023**

**Implemented** (████) - 07/27/2023)

**187a - Medication Record****5. Requirements**

**187a - Medication Record (continued)**

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

4. Strength.
6. Dose.

**Description of Violation**

Resident #1 has an order for 50 mg of [REDACTED]. The bottle notes 25mg take 2 tablets daily to equal 50mg. The medication administration record (MAR) notes 50mg 1 tablet daily. The MAR is incorrect.

**Plan of Correction****Accepted [REDACTED] - 07/17/2023)**

The administrator corrected resident #1 medication administration record the day of survey. The unit manager/ designee will audit current resident medication orders and medication administration records to ensure accuracy by July 14, 2023. The unit manager/ designee will educate staff on proper transcribing of medication orders by July 14, 2023. The licensed nurse unit manager/ designee will audit 3 random resident orders and medication administration records monthly to ensure accuracy. The unit manager/ designee will report audit results monthly to the QAPI committee for any further recommendation as needed.

**Licensee's Proposed Overall Completion Date: 07/14/2023**

**Implemented [REDACTED] - 07/27/2023)****190b - Insulin Injections****6. Requirements**

2600.

190.b. A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

**Description of Violation**

Direct care staff member B's most recent diabetic training was completed on [REDACTED], the previous training was completed on [REDACTED]

**Plan of Correction****Accepted [REDACTED] - 07/17/2023)**

The licensed nurse unit manager revised the tracking system for annual diabetic training and will secure the resources to ensure the annual diabetic training for staff occurs within and does not exceed 12 months annually. Newly certified staff will complete the initial training and then be placed in the annual training schedule. The completion of annual diabetes education and completion by newly certified staff will be reported by the unit manager/ designee to the QAPI committee for further recommendation as needed.

**Licensee's Proposed Overall Completion Date: 07/14/2023**

**Implemented [REDACTED] - 07/27/2023)****225c - Additional Assessment****7. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.

225c - Additional Assessment (continued)

**Description of Violation**

Resident #2's 2022 assessment portion of the resident assessment support plan (RASP) was completed on [REDACTED].  
The 2023 assessment portion of the RASP was completed on [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 07/17/2023)

The unit manager audited current residents RASP for date of completion and revised the tracking system to ensure timely completion of annual assessments. If a resident is out of the facility when the annual RASP is due, a new RASP will be completed at the time of readmission and will reset the annual due date. The unit manager/ designee will audit 2 resident records for timely completion of RASP. The unit manager/ designee will report audit results monthly to the QAPI committee for further recommendation as needed.

Licensee's Proposed Overall Completion Date: 07/14/2023

Implemented [REDACTED] - 07/27/2023)

227g -Support Plan Signatures

**8. Requirements**

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

**Description of Violation**

Resident #3's resident assessment support plan (RASP) was not signed by the staff that participated in the development of the RASP on [REDACTED].

**Plan of Correction**

Accept [REDACTED] - 07/17/2023)

Resident RASP completed electronically will be printed in hard copy and maintained in the resident record. The evaluator will sign and date the hard copy in ink. The unit manager/ designee will audit 2 resident records for RASP signature monthly. The unit manager / designee will report audit results monthly to the QAPI committee for further recommendation as needed.

Licensee's Proposed Overall Completion Date: 07/14/2023

Implemented [REDACTED] - 07/27/2023)