

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

July 27, 2023

[REDACTED], PRESIDENT
MAPLE VALLEY PERSONAL CARE HOME INC
2212 ANTHONY RUN ROAD
INDIANA, PA, 15701

RE: MAPLE VALLEY PERSONAL CARE
HOME
2212 ANTHONY RUN ROAD
INDIANA, PA, 15701
LICENSE/COC#: 42769

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/25/2023, 04/26/2023 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: *MAPLE VALLEY PERSONAL CARE HOME* License #: *42769* License Expiration: *03/08/2024*
 Address: *2212 ANTHONY RUN ROAD, INDIANA, PA 15701*
 County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *MAPLE VALLEY PERSONAL CARE HOME INC*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *05/01/2008* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *33* Waking Staff: *25*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Incident* Exit Conference Date: *04/26/2023*

Inspection Dates and Department Representative

04/25/2023 - On-Site: [Redacted]
 04/26/2023 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *40* Residents Served: *33*

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

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *33*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

04/25/2023 - Full
 Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *05/20/2023*

Inspections / Reviews *(continued)*

05/23/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/26/2023
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/31/2023

05/31/2023 - POC Submission

Submitted By: [REDACTED] Date Submitted: 07/26/2023
Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 07/18/2023

07/27/2023 - Document Submission

Submitted By: [REDACTED] Date Submitted: 07/26/2023
Reviewer: [REDACTED] Follow-Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 4/25/23, there was a small, uncovered plastic trash that was full of paper products in the common bathroom located immediately after the home's dining room fire doors in the Mountain wing of the home.

Plan of Correction Accept [redacted] - 05/31/2023)

On the date of inspection, April 25, 2023, immediately after being informed by the inspector that the trash can was unsanitary, the Director of Operations immediately changed out the trash can and replaced it with a trash can the had a lid.

Director of Operation then also checked all trash cans in the building on April 25,2023 to ensure that those cans that are required to have a lid did in fact have one.

Director of operations will check the trash cans monthly (beginning June 1st 2023) to ensure that the appropriate cans have lids.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [redacted] 07/27/2023)

96a - First Aid Kit

2. Requirements

2600.
96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On 4/26/23, at 11:18 a.m., the home's first aid kit in the did not include eye coverings.

Plan of Correction Accept [redacted] - 05/31/2023)

Inspector informed the DON that there was an eye covering missing from the first aid kit.

DON immediately found medical goggles on site on 4 26 23 and put them in the first aid kit while the inspector was still on site.

DON will check the first aid kit quarterly (beginning June 1st 2023) to ensure that the proper supplies are in the first aid kit.

DON checked all first aid kits on the grounds 05/31/2023 to ensure all supplies are in the first aid kit.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [redacted] - 07/27/2023)

132c - Fire Drill Records

4. Requirements

2600.
132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

132c - Fire Drill Records (continued)

Description of Violation

The fire drill record for the drill conducted from 1/22, through 3/23, did not include the specific evacuation route used.

Plan of Correction

Accept [redacted] - 05/31/2023)

The administrator will list in the fire drill record which specific evacuation route is used starting June 1st/2023. The designee will document on the fire drill record every time that MVPCH conducts a fire drill starting June 1st/2023.

This will be documented the next time a fire drill is conducted (in June 2023).

Fire drill will be reviewed quarterly at risk management meetings starting June 1st/2023.

It should be noted that MVPCH had been documenting the fire drills in the exact same manor for the last five years, provided BHSL a copy of the fire drill record at every annual inspection and was found in compliance each of the last five years. It is unknown why this violation was cited in 2023 when MVPCH has been inspected each of the last 5 years without a violation being cited to this regulation.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [redacted] - 07/27/2023)

187d Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 is prescribed [redacted] tab take 1/2 tablet by mouth four times daily for [redacted]. However, the medication was not administered to the resident on [redacted] at [redacted], and [redacted] at [redacted]. The medication was unavailable in the home.

Plan of Correction

Accept [redacted] - 05/31/2023)

On 4/11/2023 DON called [redacted] Pharmacy at 9:00am to arrange for medication to be sent that afternoon. The DON did verbal training with all med technicians on 5/9/23 to ensure that staff order the medications that need reordered a few days before the medication needs refilled.

DON will audit the cart weekly (beginning June 1, 2023) to ensure that the staff are effectively ordering the medication in a timely manner.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [redacted] - 07/27/2023)

225d Higher Level of Care

6. Requirements

2600.

225d - Higher Level of Care (continued)

225.d. If the resident's physician or appropriate assessment agency determines that the resident requires a higher level of care, a plan for placement shall be made as soon as possible by the administrator in conjunction with the resident or designated person, or both.

Description of Violation

Resident #1's support plan dated [REDACTED] does not indicate the care and services being provided by hospice which stated on [REDACTED]

Plan of Correction

Accept [REDACTED] 05/31/2023)

DON immediately (while inspector was still on site on 4-25-23) added in the support plan that VNA Hospice came to visit the resident twice per week and as needed.

DON did a chart audit on 05/31/2023 to ensure proper documentation regarding nurses visits in hospice residents charts.

DON will ensure that support plans are properly documented on a weekly basis starting (beginning June 1st 2023) to include changes in a resident's condition.

Licensee's Proposed Overall Completion Date: 05/31/2023

Implemented [REDACTED] - 07/27/2023)