

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

September 22, 2023

[REDACTED], ADMINISTRATOR  
HAP SENIOR CARE  
5130 TUSCARAWAS ROAD  
BEAVER, PA, 15009

RE: BEAVER MEADOWS  
5130 TUSCARAWAS ROAD  
BEAVER, PA, 15009  
LICENSE/COC#: 41801

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/01/2023 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: *BEAVER MEADOWS* License #: *41801* License Expiration: *12/12/2023*  
 Address: *5130 TUSCARAWAS ROAD, BEAVER, PA 15009*  
 County: *BEAVER* Region: *WESTERN*

**Administrator**

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

**Legal Entity**

Name: *HAP SENIOR CARE*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *C-2 LP* Date: *11/12/2002* Issued By: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *59* Waking Staff: *44*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal, Complaint* Exit Conference Date: *08/01/2023*

**Inspection Dates and Department Representative**

08/01/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *83* Residents Served: *43*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *7*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *43*  
 Diagnosed with Mental Illness: *22* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *16* Have Physical Disability: *1*

**Inspections / Reviews**

08/01/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/20/2023*

08/23/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *09/20/2023*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *08/25/2023*

Inspections / Reviews *(continued)*

08/25/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 09/22/2023

09/22/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/20/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On 8/1/23 the home's license inspection summary, dated 6/22/22 and the 2600 regulation chapter, was posted in a locked case in the recreation room, and not in conspicuous and public place in the home.

Plan of Correction

Accept (redacted) - 08/21/2023)

- There is a key that is left in the bulletin board case, which had gone missing. On 8/1/23, during the inspection, the spare key was located and put in the case by the Administrator so that the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter were in a conspicuous and public place in the personal care home.
- On 8/2/23, the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter were relocated by the Office Coordinator to the welcome station so that they were in a conspicuous and public place in the personal care home.
- On 8/11/23, the Administrator was educated by reading the RCG regarding 2600.3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.
- The Administrator will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 2600.3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented (redacted) - 09/22/2023)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home is a smoke free campus. The home's "no smoking" sign is in a glass case in the recreation room and not posted in a public and conspicuous place.

The home's boiler certificates for the hot water tanks expired on 4/21/23.

Plan of Correction

Accept (redacted) - 08/25/2023)

- On 8/1/23, during the inspection, the "no smoking" sign was relocated to the front entrance by the Administrator so that it was posted in a public and conspicuous place.
- On 8/9/23, the boilers for the hot water tanks were inspected by Cincinnati Insurance Companies.
- Maintenance technician was educated by administrator on 8/11/2023 on regulation 2600.18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.
- Administrator or designee will monitor monthly to ensure compliance with regulation 2600.18. Applicable Health

18 - Compliance With Laws (continued)

and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Licensee's Proposed Overall Completion Date: 08/25/2023

Implemented ( ) - 09/22/2023)

88a - Surfaces

3. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The interior fire doors located between bedroom 100 and the Nurses station east have a gap at the bottom of the door of approx. 1/2 inch.

Plan of Correction

Accept ( ) - 08/21/2023)

- On 8/2/23, Maintenance Technician replaced the door strip to eliminate the gap at the bottom of the interior fire doors between bedroom 100 and the Nurses station east.
- Maintenance Technician audited building on 8/3/23 to ensure compliance with regulation 2600.88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.
- On 8/11/23, Maintenance Technician was educated by Administrator on regulation 2600.88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.
- Administrator or designee will monitor monthly to ensure compliance with regulation 2600.88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ( ) - 09/22/2023)

123b - Emergency Procedures Posted

4. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On 8/1/23 the home's emergency procedures were locked in a glass case in the recreation room and not posted in a conspicuous and public place in the home.

Plan of Correction

Accept ( ) - 08/22/2023)

- There is a key that is left in the bulletin board case, which had gone missing. On 8/1/23, during the inspection, the spare key was located and put in the case by the Administrator so that copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.
- On 8/2/23, the emergency procedures were relocated by the Office Coordinator to the welcome station so that they were in a conspicuous and public place in the personal care home.
- On 8/11/23, the Administrator was educated by reading the RCG regarding 2600.123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and

123b Emergency Procedures Posted (continued)

public place in the home and a copy shall be kept.

The Administrator will monitor on a weekly basis for one month and then monthly to ensure compliance with regulation 2600.123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ( ) - 09/22/2023)

132g - Fire Drills Days/Times

5. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely has only 3 staff persons working on the 6:30 pm 5:30 am. shift and only 2 staff persons working from 5:30 am 6:30 am. shift. However, the home has not done a sleeping time drill with minimum number of staffing.

Plan of Correction

Accept ( ) - 08/23/2023)

While there were only two nursing department members on the schedule, there are also other departments in the building during the 5:30am 6:30am shift.

On 8/11/23, Maintenance Technician was educated by the Administrator on regulation 2600.132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Maintenance will ensure that a sleeping fire drill is held every 6 months with minimum nursing staffing.

Administrator or designee will monitor monthly to ensure compliance with regulation 2600.132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ( ) - 09/22/2023)

133.1 - Exit Signs

6. Requirements

2600.

133.1. Exit Signs - The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Description of Violation

There is no exit sign over the door leading to the exterior courtyard and the main entrance. The home currently serves 43 residents.

Plan of Correction

Accept ( ) - 08/23/2023)

Temporary exit signs were placed over the door leading to the exterior courtyard and the main entrance on

133.1 Exit Signs (continued)

8/3/23 by the Maintenance Technician.

On 8/11/23, Maintenance Technician was educated by the Administrator on regulation 2600.133.1. Exit Signs The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Maintenance Technician will be installing new permanent exit signs over the door leading to the exterior courtyard and the main entrance. This work will be completed by September 30, 2023.

Administrator or designee will monitor monthly to ensure compliance with regulation 2600.133.1. Exit Signs The following requirements apply for a home serving nine or more residents: Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ( ) - 09/22/2023)

133.2 - Exit Signs Direction

7. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

There are no exit signs in multiple areas of the home showing a direct visual line to the nearest exit, including the main hallway from the main entrance. On 8/1/23, the home served 43 residents.

Plan of Correction

Accept ( ) - 08/23/2023)

Temporary exit signs were placed around the facility to show a direct visual line to the nearest exit on 8/3/23 by the Maintenance Technician.

On 8/11/23, Maintenance Technician was educated by the Administrator on regulation 2600.133.2. Exit Signs The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Exit signs located at the end of the hallways will be moved or lowered so that they can be visible at the beginning of the hallway. This will be completed by September 1, 2023.

Other permanent exit signs will be installed to show a direct visual line to the nearest exit by September 30, 2023.

Administrator or designee will monitor monthly to ensure compliance with regulation 2600.133.2. Exit Signs The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Licensee's Proposed Overall Completion Date: 09/30/2023

Implemented ( ) - 09/22/2023)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

## 141b1 - Annual Medical Evaluation (continued)

**Description of Violation**

Resident #1's most recent medical evaluation was completed on 7/19/22.

**Plan of Correction**

Accept ( ) - 08/23/2023)

- On 8/3/23, Resident #1 was seen by her PCP and a DME was completed, which would fall in the 15 day grace period for completion of the annual DME.
- All resident's DMEs were audited to ensure compliance with regulation 2600.141.b.1. A resident shall have a medical evaluation: At least annually.
- Office Coordinator and Nurse Manager were educated by the Administrator on 8/11/23 on regulation 2600.141.b.1. A resident shall have a medical evaluation: At least annually.
- The Administrator or designee will monitor DMEs monthly to ensure compliance with regulation 2600.141.b.1. A resident shall have a medical evaluation: At least annually.

Licensee's Proposed Overall Completion Date: 08/11/2023

Implemented ( ) - 09/22/2023)

## 227d - Support Plan Medical/Dental

**10. 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**

The assessment for resident #3, dated ( ), indicates the resident has a need for total assistance in transfers. The resident's support plan, dated ( ), does not address the resident's use of a hooyer lift and the assistance of 2 staff persons for all transfers and how the home will meet this need.

**Plan of Correction**

Accept ( ) - 08/25/2023)

- On ( ), resident #3 RASP was updated by Office Coordinator to include use of a hooyer lift and the assistance of 2 staff persons for all transfers and how the home will meet this need.
- On ( ), all residents DMEs and RASPs were audited by Office Coordinator, Nurse Manager, and Administrator to ensure compliance with regulation 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.
- On 8/11/23, Office Coordinator and Nurse Manager were educated by the Administrator regarding regulation 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.
- Office Coordinator, Nurse Manager or designee will monitor monthly DMEs and RASPs to ensure compliance 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

**227d Support Plan Medical/Dental (continued)**

*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.*

**Licensee's Proposed Overall Completion Date:** 08/24/2023

**Implemented** [REDACTED] - 09/22/2023)