

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

October 3, 2023

[REDACTED], OWNER/ADMINISTRATOR
TRINITY OAKS INC
117 SHADY REST ROAD
ELLWOOD CITY, PA, 16117

RE: TRINITY OAKS II
117 SHADY REST ROAD
ELLWOOD CITY, PA, 16117
LICENSE/COC#: 45857

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2023 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: TRINITY OAKS II License #: 45857 License Expiration: 11/26/2023
 Address: 117 SHADY REST ROAD, ELLWOOD CITY, PA 16117
 County: BEAVER Region: WESTERN

Administrator

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

Legal Entity

Name: TRINITY OAKS INC
 Address: 117 SHADY REST ROAD, ELLWOOD CITY, PA, 16117
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/19/1998 Issued By: Dept L & I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 20 Waking Staff: 15

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 08/14/2023

Inspection Dates and Department Representative

08/14/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 30 Residents Served: 18
 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: 18
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

08/14/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 08/29/2023

08/30/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/30/2023
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/07/2023

Inspections / Reviews *(continued)*

09/11/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/01/2023

10/03/2023 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/30/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff person A was hired on [redacted]; however, a criminal history background check was not completed until [redacted]

Plan of Correction

Accept [redacted] - 09/11/2023)

This regulation is important because it makes sure we aren't hiring people that maybe dangerous to work with our residents. Administration (administrator and assistant administrator) had a miscommunication when doing the background check. Our administrator and assistant administrator have access to our background check account and each thought the other had done it. When we realized our error months down the road and completed the background check which came back with no issues.

Our immediate action is to sit down meeting as and administrative team (administrator, Assistant Administrator) and brainstorm ways to prevent any lags in our background checks. This meeting happened on 08/31/2023.

Our corrective action to prevent further failures of background checks is that our Administration will complete the background check immediately on the date of hire with the candidate. If the person passes than they will be hired and can start if the person come back under review they will not be able to start until the background check comes back. This policy started 8/31/23.

For our preventive action as of 8/31/23 we have reduced the task to just our administrator therefore this error will not occur. Likewise, to help Administration have made up a Checklist for the hiring process and attached it to all our applications. The checklist is to be immediately done on the day of date of hire by our administrator. With these corrections to our hiring system are effective immediately.

[redacted]
09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [redacted] - 10/03/2023)

65d - Initial Direct Care Training

2. Requirements

2600.

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

1. Training that includes a demonstration of job duties, followed by supervised practice.
2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
3. Initial direct care staff person training to include the following:
 - i. Safe management techniques.
 - ii. ADLs and IADLs
 - iii. Personal hygiene.
 - iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
 - v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
 - vi. Implementation of the initial assessment, annual assessment and support plan.
 - vii. Nutrition, food handling and sanitation.
 - viii. Recreation, socialization, community resources, social services and activities in the community.

65d - Initial Direct Care Training (continued)

- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

Description of Violation

Direct care staff person A, hired on [REDACTED], provides unsupervised ADL services; however, [REDACTED] has not successfully completed the Department-approved direct care training course, or passed the competency test.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This regulation is important because it sets new hires up with the best possible base of education to achieve excellent resident care. The state's new test and system makes it hard for us to get staff especially overnight staff in to take the test. The staff person that did not complete the test had been working at another home previously and was trying to get access to the test results there. However, attempts were unsuccessful.

Our immediate action is to have the staff person complete the training. The staff person did in fact complete the training on 8/25/23.

Our corrective action took place on 8/25/23 and is that our Administrator we will make all new employees take the test before they can start working. If the new hire passes the test they will be able to start working if not they will be given a 2nd chance. If the second chances aren't successful they will be let go at that time. Likewise, as of 8/25/23 our preventive measure is to have the training course be part of our new hire checklist which our administrator checks for each hire.

[REDACTED]
09/04/2023

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [REDACTED] - 10/03/2023)

132c - Fire Drill Records

3. 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.

Description of Violation

According to the fire drill record, 3 staff participated in the following fire drills; however, staff schedules and interviews indicate there is only two staff present on the following dates at [REDACTED]. [REDACTED].

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This regulation is important because we need correct logs to make sure we are following proper procedures so when an emergency happens our staff is prepared no matter the situation. The error occurred when our administrator

132c - Fire Drill Records (continued)

was counting [REDACTED] in the total as staff persons here in the building during our drills.

Our immediate action is to stop counting the person overseeing the drill in the logs. Our administrator will no longer count himself in the drill logs effective immediately 8/24/23. Our corrective action started on 8/24/23 and will also be making sure that all drills are held in ordnance to 2600.132.c. We'll do this by using our on house made checklist. Our administrator will use this checklist each time we do a drill too make sure the proper information is described.

As a preventive measure starting on 8/24/23 the last day of every month our Assistant administrator will review all logs and make sure the proper information is log correctly. Having a double set of eyes will insure our logs and drills meet the correct standards.

[REDACTED]
09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [REDACTED] - 10/03/2023)

132g - Fire Drills Days/Times

4. 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

According to the fire drill record, the last three night time fire drills, dated 5/13/23, 12/4/22, and 8/4/22, were held at 6:00 a.m.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This regulation is important because emergency are not on a schedule and it helps us be prepared no matter the day, time, and staffing. The administration felt that the date separations where enough difference between the drills and in 30 plus years of doing drills no one has had an issue with our conduct regarding time. We now realize the error in thinking that date doesn't matter if time remains the same people may become complacent.

As our immediate action is that our Administration has changed our private fire drill schedules 08/25/23 and will only use 6am once per year.

Our corrective measure was to have our administrator hold a meeting with all staff regrading fire drill procedures that meeting occurred on 09/01/23.

Our preventive actions started on 09/01/23 and are to have our assistant administrator will double check all logs on the last day of every month to make sure the proper information is being reported and we are follow all regulations.

[REDACTED]
09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [REDACTED] - 10/03/2023)

183e - Storing Medications

5. Requirements

183e Storing Medications (continued)

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #1 is prescribed [redacted] eye drops, place one drop into right eye once daily; however, there was no open date indicated on the bottle or box.

Plan of Correction

Accept [redacted] - 09/11/2023)

This regulation is important because it sets up guidelines for us to follow for proper storage of medications to keep our residents safe. The error in marking the drops occurred by a mistake. Staff was aware that the drops were opened the day after they were received it just was not labeled correctly.

Our immediate actions were to have our pharmacy send up opened date stickers for us to use. They were delivered to the home on 08/15/2023 and received by our Administrative Assistant. We have since received new drops and an open label was placed correctly on them.

Our corrective actions started on 08/15/23 and are when a medication arrives that is time sensitive an opened sticker is to be placed immediately by the opening staff person after breaking the seal. We task our medication trained staff with making sure the label is place immediately. Our Administrator has also place a reminder flyer in our medication room on 08/23/23 to remind all staff of this procedure.

Our preventive action on 08/23/23 we completely re-trained all of our medication staff. This procedure was discussed at length during the training and our post training meeting. We feel with our reeducation coupled with having the proper labels available will stop future violations.

[redacted]
09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [redacted] - 10/03/2023)

184a Resident's Meds Labeled

6. Requirements

2600.

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

Description of Violation

Resident #2 is ordered [redacted], 1 tablet by mouth everyday with [redacted] however, the medication label indicates [redacted] take 1 tablet by mouth at bedtime.

Resident #2 is ordered [redacted], 1 tablet every 8 hours as needed; however, the label on the second bottle indicates 1 tablet by mouth every 6 hours as needed.

Plan of Correction

Accept [redacted] - 09/11/2023)

This regulation is important because it makes sure we are providing our residents with the proper safe medication. The errors occurred when our resident had recently gone to the doctor and had their orders changed. Our failure occurred when we did not get the proper labeling for the medication.

Our immediate actions were to have the correct labels ordered in and in place. This occurred on 8/15/2023 and

184a - Resident's Meds Labeled (continued)

were placed on by our Administrative Assistant whom oversees the medication room.

Our corrective action was to have our Administrative Assistant place the new labels. Our Administrative Assistant and Administrator had a meeting on 08/23/23 coming up with ideas on how to not let this happen again. We came up with adding a reminder flyer to our medication room on 08/23/23 that states all medication changes are to be sent to our pharmacy immediately.

Our preventive action is that all medication changes are to be sent immediately by staff to our pharmacy. Once the new medications come the receiving staff member will send the previous medication back to the pharmacy. These procedures were discussed during our medication retraining on 08/23/23.

09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented - 10/03/2023

187a - Medication Record**7. Requirements**

2600.

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

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.

Description of Violation

Resident #2 is ordered [REDACTED], 1 tablet by mouth two times daily; however, the medication administration record indicates [REDACTED], take 1 tablet by mouth two times daily.

Resident #2 is ordered [REDACTED], 1 tablet by mouth every 8 hours as needed; however, the MAR indicates [REDACTED] take 1 tablet every 6 hours.

Plan of Correction

Accept [REDACTED] - 09/11/2023

This regulation is important because it sets up the guidelines for us to make sure our residents are getting the proper medications. The problems with resident #2 medications being labeled wrong is because the doctor had just changed the orders and we did not correct the MAR sheet.

Our immediate actions were to send out for completely new MAR sheets with the corrected dosages and times. Our Pharmacy delivered these sheets on 08/15/2023 and checked by our Administrative Assistant.

187a - Medication Record (continued)

Our corrective actions started on 08/29/23 and are All medication changes will be made immediately upon receipt by our head medication girl working the shift. They will also keep a copy of the new order with the MAR sheet. Our preventive action started on 8/29/23 and will be to have a weekly MAR log check by two of our medications staff that goes over all MAR's and Meds to make sure our orders match the pills we have on hand for any resident whom had medication changes that week.

[REDACTED]
09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented ([REDACTED]) - 10/03/2023)

187b - Date/Time of Medication Admin.

8. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #2 is ordered and being administered [REDACTED], take 1 tablet by mouth daily; however, this medication is not included on the medication administration record and not being recorded as administered at the time of administration.

Plan of Correction

Accept ([REDACTED]) - 09/11/2023)

This regulation is important because it sets up proper record keeping for medications that way we always know what a resident has and has not taken. The medication in question was missed being put on the MAR by our pharmacy due to it being a new medication.

Our immediate actions were to correct the MAR by adding the medication which was done by the head medication girl that was working that day on 08/14/23.

Our corrective action was to make sure all our MARs matched all our medication on hand. On 08/15/23 two of our medication staff audited our MARs to make sure there were no further pharmacy errors.

Our preventive action started on 08/15/23 to stop errors like this from occurring we are implementing a double check policy where any MAR that comes in must be checked by at our Administrative Assistant and one other medication trained staff member before it goes into our medication room. All new MAR sheets are received by our pharmacy by the 28th of every month. Any errors in the MAR sheet will be sent back immediately to our pharmacy for correction by staff to ensure proper MAR sheets are placed into service on the 1st of every month. To insure this policy is enforced both staff members will have to sign off a paper each month. All medication staff was re-trained on 8/23/23 these new procedures were included in the training.

[REDACTED]
09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented ([REDACTED]) - 10/03/2023)

190a - Completion Medication Course

9. Requirements

190a - Completion Medication Course (continued)

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department’s performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

The medication administration training record, dated [redacted], for staff person B is incomplete and missing the Medication Administration Training Initial Training Practicum form; therefore, making it difficult to determine if the Train-the-trainer completed the training. Additionally, no medication administration record review nor observations have been documented since the 5/4/22 training date. According to the August 2023 medication administration record, Staff person B is administering medication to multiple residents, on multiple dates and times to include:

Resident #2's [redacted]

Resident #1's [redacted]

Plan of Correction

Accept [redacted] - 09/11/2023)

This regulation is important because it makes sure our staff is properly trained and able to pass medications correctly. The staff member in question had left us for 6 months. In that time we misplaced part of their records including medication administration test records.

Our immediate action was to remove the aide in question from passing medications until she was properly retrained. Our aide was removed from medication duties on 08/15/23 by our administrator.

Our corrective actions were to have all medication staff was fully re-trained on 8/23/23. The staff member in question now has all the correct paperwork.

Our preventive measures for future compliance started on 08/23/23 is that our Administration will no longer let a staff persons whom has left our employment start passing pills again without passing the Medication Administration Training again. Therefore all staff have the proper paper work.

George Knox

09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [redacted] - 10/03/2023)

225a - Assessment 15 Days

10. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department’s assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #2, admitted [redacted] however, her assessment was not completed until [redacted]

Resident #3, admitted [redacted]; however, an assessment has not been completed.

225a - Assessment 15 Days (continued)

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This regulation is important because our staff use and reference all assessments to provide excellent resident care. In the case of resident #2 we made a date error. The assessment was done within the proper amount of time however we mistakenly dated both the assessment and support plan for the same date. Resident #3's assessment was finished but not printed out of our computer system due to a staff members vacation.

Our immediate corrective action was to have both assessments corrected properly this was done by our Administrative Assistant on 08/21/2023.

Our corrective actions were to sit down as a care team which occurred on 08/23/23 and discuss with our Administrator the proper time frames to meet compliance. During the meeting we realized that this as a lot to handle for one person to handle all assessments. Therefore we have assigned our Assistant Administrator all new assessments and our Administrative assistant all year updates therefor allowing each to focus on making our assessments proper.

Our preventive measures to keep us compliant started after our meeting on 08/23/23 staff will use our computer programming to get the dating correct. We have implemented a double look procedure that all documents must be checked by at least two staff members before it can be filed. This way mistaken dates will be caught.

[REDACTED]
09/04/23

Licensee's Proposed Overall Completion Date: 09/04/2023

Implemented [REDACTED] - 10/03/2023)

252 - Record Content

11. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

Description of Violation

The most current photo, in resident #1's record, is dated [REDACTED].

Resident #3's record did not include a photo.

Plan of Correction

Accept [REDACTED] - 09/11/2023)

This regulation is important because we must have current photos for resident recognition. Normally our long-term care software makes us aware of photo dates but somehow that portion of the software was not working. Resident #3's photo was taken but not uploaded to the software.

Our immediate actions were to take all new resident's photos and upload them to our software. This was completed on [REDACTED] by our administrator.

Our corrective actions started on 8/29/23 and are to take all income residents photos on the day of their admission this will be done by our administrator. We will also added resident photo to the our admission check list so our administrator doesn't forget to take it.

Our preventive actions will start on 08/29/23 and will be to take a resident photo every January 3rd regardless of admission date the next date on which this will occur will be 01/03/24 This will be done by our Assistant Administrator.

252 - Record Content (continued)

[REDACTED]

9/05/23

Licensee's Proposed Overall Completion Date: 09/05/2023

Implemented [REDACTED] 10/03/2023)