

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

September 18, 2023

[REDACTED]
UNITED CHURCH OF CHRIST HOMES INC
[REDACTED]

RE: THORNWALD HOME
442 WALNUT BOTTOM ROAD
CARLISLE, PA, 17013
LICENSE/COC#: 34342

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/23/2023 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: THORNWALD HOME License #: 34342 License Expiration: 05/25/2024
Address: 442 WALNUT BOTTOM ROAD, CARLISLE, PA 17013
County: CUMBERLAND Region: CENTRAL

Administrator

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

Legal Entity

Name: UNITED CHURCH OF CHRIST HOMES INC
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 01/17/1974 Issued By: Labor and Industry
Type: I-2 Date: 04/28/2009 Issued By: Borough of Carlisle
Type: I-2 Date: 12/17/2010 Issued By: Borough of Carlisle

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 32 Waking Staff: 24

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 08/23/2023

Inspection Dates and Department Representative

08/23/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 36 Residents Served: 32

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 32
Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

08/23/2023 - Full

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/09/2023

Inspections / Reviews *(continued)*

09/11/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/18/2023

09/18/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/15/2023

Reviewer: [REDACTED]

Follow-Up Type: Not Required

88a - Surfaces

1. 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

On 8/23/23, there was water damage observed on the ceiling of the room where the emergency water supply is stored. There were also spots of a black substance observed on the ceiling and wallpaper.

On 8/23/23, there was water damage observed on the ceiling in the main laundry room. The water has caused staining to the wall, showing a path where moisture runs down the wall to the floor. There were also spots of a black substance observed on the ceiling.

Plan of Correction

Accept [REDACTED] 09/11/2023)

Maintenance staff replaced the ceiling tile in the main laundry stock room on 8/25/23 where the water damage and black substance was observed.

Maintenance staff repainted the wall in the main laundry stock room where the water left staining on 8/25/23.

Maintenance staff replaced the ceiling tile in the closet where the emergency water is stored on 8/30/23.

Maintenance staff began removing the wallpaper and the black substance in the closet where the emergency water is stored on 8/30/23 with the plan to repaint the closet. Repairs to this closet are expected to be completed by 10/1/2023.

Root cause of both moisture problems will be eliminated with the installation of the new HVAC system beginning on 9/18/2023.

PC Administrator will report the progress and completion of these projects at the QA meetings on 9/14/23 and 10/12/23.

Licensee's Proposed Overall Completion Date: 10/01/2023

Implemented [REDACTED] - 09/18/2023)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 8/23/23, there was lint observed in the lint trap for dryer #2. There were no clothes in the dryer at the time.

Plan of Correction

Accept [REDACTED] 09/11/2023)

The lint was immediately removed from Dryer #2 on 8/23/23.

The laundry staff will be educated on cleaning dryer lint from the dryers after every use by the Maintenance

105g - Lint Removal and Duct Cleaning (continued)

Director or PCHA between 9/5/23 and 9/11/23.

Maintenance Director will perform a daily randomly audit, Monday - Friday, that the lint is being removed from dyers after each use. The audit will begin 9/6/23 and will be completed daily. The audit will end 10/6/23 if full compliance is observed.

Results of the audit will be reviewed by the PC Administrator weekly of Friday 9/15, 9/22, 9/29, and 10/6.

Pc Administrator will report the audit results to the QA Committee on 9/14/23 and 10/12/23

Licensee's Proposed Overall Completion Date: 09/11/2023

Implemented [REDACTED] - 09/18/2023)

187a - Medication Record**4. Requirements**

2600.

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

6. Dose.

Description of Violation

On Resident 1's August 2023 medication administration record (MAR), the order for resident's Levemir 100 unit/ML solution states "administer 20 units subcutaneously every evening with supper". However, the pharmacy label on the medication states to administer 15 units.

Plan of Correction

Accept [REDACTED] 09/11/2023)

"Change of Direction" label was immediately placed on the insulin label of Resident #1 on 8/23/23 by the LPN at the time it was discovered that the label did not match the current order in the Medication Administration Record.

All licensed staff will be educated on ensuring that all labels on medications being administered by staff, match the MAR. This education will be completed by 9/8/23.

All licensed staff will be educated that if there is a change in directions/dosing in the medication order, a "Change of Directions" label needs to be added to the pharmacy medication label.

PC Administrator will audit insulin labels weekly to ensure that the label on the vials match the Medication Administration record.

The audit will end after reviewing the results at the QA meeting on 10/12/23.

Licensee's Proposed Overall Completion Date: 09/08/2023

Implemented [REDACTED] - 09/18/2023)