

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

February 7, 2024

[REDACTED], INTERIM ADMINISTRATOR  
LAKEVIEW HEALTHCARE OPERATING LLC

RE: LAKEVIEW SENIOR CARE  
15 WEST WILLOW STREET  
SMETHPORT, PA, 16749  
LICENSE/COC#: 45411

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/20/2023, 09/21/2023 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:** LAKEVIEW SENIOR CARE **License #:** 45411 **License Expiration:** 06/22/2024  
**Address:** 15 WEST WILLOW STREET, SMETHPORT, PA 16749  
**County:** MCKEAN **Region:** WESTERN

## Administrator

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

## Legal Entity

**Name:** LAKEVIEW HEALTHCARE OPERATING LLC

**Address:** [REDACTED]  
[REDACTED]

## Certificate(s) of Occupancy

**Type:** C-1 **Date:** 09/08/1967 **Issued By:** L&I

## Staffing Hours

**Resident Support Staff:** 0 **Total Daily Staff:** 16 **Waking Staff:** 12

## Inspection Information

**Type:** Full **Notice:** Unannounced **BHA Docket #:**  
**Reason:** Renewal, Complaint **Exit Conference Date:** 09/21/2023

## Inspection Dates and Department Representative

09/20/2023 - On-Site: [REDACTED]  
09/21/2023 - On-Site: [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

**License Capacity:** 28 **Residents Served:** 16

## 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:** 16  
**Diagnosed with Mental Illness:** 1 **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 0 **Have Physical Disability:** 0

## Inspections / Reviews

09/20/2023 Full

**Lead Inspector:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 10/23/2023

11/06/2023 - POC Submission

**Submitted By:** [REDACTED] **Date Submitted:** 01/24/2024  
**Reviewer:** [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/13/2023

Inspections / Reviews *(continued)*

11/06/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/24/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/24/2024

02/07/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/24/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65e - 12 Hours Annual Training

1. Requirements

2600.

65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

Description of Violation

Direct care staff person A received only 2 hours of annual training in training year 6/1/22 through 5/31/23

Direct care staff person B received only 2 hours of annual training in training year 6/1/22 through 5/31/23

Direct care staff person C received only 2 hours of annual training in training year 6/1/22 through 5/31/23

Plan of Correction

Accept ( ) - 11/06/2023)

PCHA posted a memo on 9/23/2023 that all staff were behind on the required 12 hours of education to be completed online at Health care Academy. DCS were given a list of incomplete assignments on 10/19/2023 with an expected completion date of 12/01/2023. All certificates are to be submitted to the PCHA by 12/4/2023. PCHA will conduct a quarterly review of employee education 1/4/2023. PCHA will maintain documentation of all employee education and trainings

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented ( ) - 02/07/2024)

65f - Training Topics

2. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

Description of Violation

Direct care staff A, hired ( ), failed to complete training in the following required training topics:

Medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and Care for residents with mental illness

Direct care staff B, hired ( ), failed to complete training in the following required training topics: Medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Care for residents with dementia and cognitive impairments, Infection control, Personal care service needs of the resident, Safe management techniques and Care for residents with mental illness

Direct care staff C, hired ( ), failed to complete training in the following required training topics: Medication self-administration, Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, Personal care service needs of the resident, Safe management techniques and Care for residents with mental illness

Plan of Correction

Accept ( ) - 11/06/2023)

PCHA posted a memo in the medication room reminding DCS that 12 hours of annual education are required to remain employed with a PCH and that education is available to them using Healthcare Academy. On 10/19/2023 PCHA gave each employee a personalized list of missing educations with a copy of regulation 2600.65e through 2600.65i the letter states that certificates of completare expected to be submitted to the PCHA by 12/1/2023. PCHA will maintain documentation of education and review employee education quarterly beginning 1/4/2023

65f Training Topics (continued)

Licensee's Proposed Overall Completion Date: 01/04/2024

Implemented ( ) - 02/07/2024)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

Description of Violation

Direct care staff A, hired ( ), failed to complete training in the following required training topics: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Direct care staff B, hired ( ), failed to complete training in the following required training topics: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.

Direct care staff C, hired ( ), failed to complete training in the following required training topics: Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert., Emergency preparedness procedures and recognition and response to crises and emergency situations. Resident rights. The Older Adult Protective Services Act (35 P. S. § 10225.101 10225.5102). Falls and accident prevention

Plan of Correction

Accept ( ) - 11/06/2023)

Memo was posted by PCHA on 9/23/2023 that employee's are required 12 hours of annual training to be completed by 12/1/2023. Personalized list were given to each employee by PCHA on 10/19/2023 and included that the date for an upcoming mandatory class by the fire safety expert would be announced. On 10/17/2023 building administrator left a message for Wayne Foltz the local fire expert requesting he teach a class as soon as possible. Maintenance manager will be trained by a fire safety expert by 12/30/2023 and an annual fire safety training program will be developed and implemented by 1/31/2024.

Licensee's Proposed Overall Completion Date: 01/31/2024

Implemented ( ) - 02/07/2024)

65i - Training Record

4. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

The training records for direct care staff A and C did not include the length training and the date that the trainings were provided.

Plan of Correction

Accept ( ) - 11/06/2023)

Beginning 10/19/2023 all training records will include the name of the staff person, date, source content, length of each course and copies of any certifications and maintained by the PCHA who will use state provided form for training when appropriate. PCHA will do quarterly audits of all educations records beginning 1/15/2024 for one

65i Training Record (continued)

year ending 1/15/2024

Licensee's Proposed Overall Completion Date: 01/15/2025

Implemented ( ) - 02/07/2024)

85a - Sanitary Conditions

5. Requirements

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

Description of Violation

On 9/20/23, there were multiple black and brown particles, grime and rust, accumulated on the bottom of the cabinet below the sink in the dining area.

Plan of Correction

Accept ( ) - 11/06/2023)

On 9/20/2023 PCHA wiped down entire sink area with disinfectant wipes. Dietary manager added sink area in the dining room to the daily cleaning checklist on 9/25/2023. Checklist will be maintained by the Dietary Manager. An audit of checklist and the area will be done daily for four weeks then weekly for four weeks, followed by monthly through 12/27/2023 by the dietary manager. PCHA will audit checklist monthly for three months followed by quarterly ending 7/2/2024 Dietary manager reeducated all dietary staff by 10/02/2023 and included checklist to new hire information.

Licensee's Proposed Overall Completion Date: 07/02/2024

Implemented ( ) - 02/07/2024)

103g - Storing Food

6. Requirements

2600. 103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 9/20/23, there was an unsealed plastic bag containing 5 salisbury steak patties and an unsealed plastic bag containing shredded cheese in the walk in freezer.

Repeat Violation: 3/16/23

Plan of Correction

Accept ( ) - 11/06/2023)

On 9/20/2023 dietary staff immediately obtained twist ties and sealed the Salisbury steak and cheese. Dietary manager was informed of findings and an audit of schedule and menu was conducted it was found the employee responsible for the violation is no longer employed with Lakeview. On 9/25/2023 checking cooler and freezer to ensure food is sealed was added to the nightly checklist. Checklist will be maintained by dietary manager and audited daily for four weeks then weekly for weeks followed by monthly through 12/27/2023. PCHA will audit monthly for three months ending 12/27/2023 then quarterly through 12/31/2024. Dietary manager reeducated all dietary staff by 10/2/2023 and include checklist education with new hire information.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented ( ) - 02/07/2024)

## 141b2 - Medical Evaluation Changes

## 7. Requirements

2600.

141.b.2. A resident shall have a medical evaluation: If the medical condition of the resident changes prior to the annual medical evaluation.

## Description of Violation

Resident #1's annual medical evaluation, dated [REDACTED] does not indicate the resident's ability to self administer medications. This section and section 4: Special health or Dietary Needs are blank.

Resident #2's annual medical evaluation, dated [REDACTED] does not indicate the resident's ability to self administer medications. This section is blank

## Plan of Correction

Accept [REDACTED] - 11/06/2023)

On 9/22/2023 PCHA faxed DME for resident #2 back to PCP for completion and signature. Received DME back and was found to be incorrect. A letter with needed information was attached to a new DME for resident#2 and refaxed to PCP on 9/26/2023. A message was left on voicemail requesting form to be returned on 9/27/2023. A letter was hand delivered to the office of PCP by the PCHA and several more message were left with no response as of 10/16/2023. On 10/17/2023 PCHA contacted family to make them aware of the noncompliance from PCP. Recieved phone call from PCP to discuss how to complete DME correctly 10/19/2023. A new copy was provided by PCHA on 10/20/2023 and waiting for return. Resident #1 was seen by his new PCP on 9/28/2023 and a new DME was returned on 9/29/2023. PCHA will complete an audit of all current resident DME by 11/30/2023. PCHA will be responsible to review all DME upon receipt for completion of all sections beginning 9/25/2023 and moving forward.

Licensee's Proposed Overall Completion Date: 11/30/2023

Implemented [REDACTED] - 02/07/2024)

## 183e - Storing Medications

## 8. Requirements

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

On 9/21/23, there was a 60 gram bottle of [REDACTED] – apply to affected area of coccyx twice daily for 14 days, for resident #2 in the home's medication cart. The medication was started on 8/24/22.

## Plan of Correction

Accept [REDACTED] - 11/06/2023)

Resident #2 [REDACTED] was immediately removed from medication cart and disposed of via drug buster by direct care staff on 9/21/2023. Direct care staff complete a full review of medication cart 9/22/2023. Education was posted in medication room regarding timely and proper disposal of medication and all employees signed off by 10/18/2023. PCHA will do monthly cart audits beginning 11/2023. PCHA will maintain record of all cart audits.

Licensee's Proposed Overall Completion Date:

Implemented [REDACTED] - 02/07/2024)

## 185a - Implement Storage Procedures

9. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

On 9/21/23, resident #2's glucometer was not calibrated to correct date and time.

On 9/21/23, resident #4's glucometer was not calibrated to correct date and time.

Plan of Correction

Accept ( [redacted] - 11/06/2023)

Information was found via the internet by DCS to calibrate resident #2 and resident #4 glucometer on 9/22/2023 and both were set to the correct time and date. All other glucometer were audited by PCHA and found to have the correct date and time as of 10/16/2023. PCHA added the task of checking date and time of all glucometers to the shift sheet starting 10/17/2023. PCHA will maintain shift sheets as documentation of glucometer calibration

Licensee's Proposed Overall Completion Date: 10/20/2023

Implemented [redacted] - 02/07/2024)

187a - Medication Record

10. 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.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #3 is prescribed [redacted] – 1 cap orally twice a day. However, the resident's September 2023 medication administration record (MAR) indicates: [redacted] – take 1 cap by mouth two times a day.

Resident #3 is prescribed [redacted] – take one tablet by mouth daily. However, the resident's September 2023 medication administration record (MAR) [redacted] – Give one tablet by mouth at bedtime

Resident #3 is prescribed [redacted] – Give 1 cap by mouth once daily. However, the resident's September 2023 medication administration record (MAR) indicates: [redacted] – Give 1 cap by mouth two times daily

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

On 3/21/23, there was a [REDACTED] gram tube of [REDACTED] for resident #3 in the home's medication cart. However, this medication was not documented on the resident's September 2023 medication administration record (MAR)

**Plan of Correction****Accept [REDACTED] - 11/06/2023)**

PCP of resident #3 was contacted and a current medication order was received 9/22/2023. PCHA/LPN corrected error on EMAR 9/22/2023. Resident chart was consulted and the order for [REDACTED] was found to be for 14 days and the PRN. The PRN portion was added to the EMAR on [REDACTED] by LPN/PCHA. Direct care staff will complete a full cart review of all resident orders, EMAR and medication by 12/30/2023. PCHA will conduct quarterly audits that ensure medication labels, EMAR and orders received from healthcare providers all coincide beginning 1/4/2024 audits to end 1/3/2025

Licensee's Proposed Overall Completion Date: 01/03/2025

**Implemented [REDACTED] - 02/07/2024)****224a - Preadmission Screen Form****11. Requirements**

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**Description of Violation**

Resident 5's preadmission screening form, dated [REDACTED], does not include a determination that the needs of the resident can be met by the services provided by the home.

**Plan of Correction****Accept [REDACTED] - 11/06/2023)**

The box for resident #5 preadmission screening form that states her needs could be met by the services provided by the home was checked by the PCHA on 9/21/2023 whom preformed the initial screening. Review of all current preadmission screening forms will be completed by 11/30/2023. PCHA will ensure compliance upon admission of all new resident candidates with a complete chart review 30 days after admission beginning 10/20/2023

Licensee's Proposed Overall Completion Date: 11/30/2023

**Implemented [REDACTED] - 02/07/2024)**