

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

January 2, 2024

[REDACTED], PRESIDENT  
WILBRI INC  
206 LANE AVENUE  
PUNXSUTAWNEY, PA, 15767

RE: LANE AVENUE PERSONAL CARE  
HOME  
206 LANE AVENUE  
PUNXSUTAWNEY, PA, 15767  
LICENSE/COC#: 42409

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/26/2023 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: LANE AVENUE PERSONAL CARE HOME License #: 42409 License Expiration: 12/21/2023  
 Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767  
 County: JEFFERSON Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: WILBRI INC  
 Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA, 15767  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 05/19/1993 Issued By: Dept L & I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 28 Waking Staff: 21

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 09/26/2023

**Inspection Dates and Department Representative**

09/26/2023 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 42 Residents Served: 28  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 28 Are 60 Years of Age or Older: 22  
 Diagnosed with Mental Illness: 28 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 0 Have Physical Disability: 2

**Inspections / Reviews**

09/26/2023 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/15/2023

10/13/2023 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/05/2023  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/20/2023

Inspections / Reviews *(continued)*

10/30/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2023

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/29/2023

01/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/05/2023

Reviewer: [REDACTED]

Follow Up Type: Not Required

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

*There was approximately 1/8 inch layer of dust and grime on the grate of the ventilation fan in the smoking room.*

Plan of Correction

Accept (████) - 10/30/2023)

*Owner was notified during survey on 09/26/2023 by Administrator that the smoke room ventilation fan needed to be cleaned.*

*Owner was present during survey and immediately cleaned ventilation fan in smoking room on 09/26/2023. The fan was washed with hot soap and water. During shift meeting on 09/26/2023, staff was notified to be aware that the fan needed to be cleaned on a daily basis.*

*To ensure on going compliance, beginning 10/02/2023 the nightshift caregiver will be responsible for cleaning and signing off that the fan is well maintained and cleaned on the daily sign-off sheet. Administrator will do weekly checks beginning 10/04/2023 to ensure cleaning continues to be maintained.*

Licensee's Proposed Overall Completion Date: 10/17/2023

Implemented (████) - 01/02/2024)

94b - Non-Skid Surface

2. Requirements

2600.  
94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

*There is no non-skid strip on the ramp leading from the deck to the side yard.*

Plan of Correction

Accept (████) - 10/30/2023)

*Owner was present during survey on 09/26/2023 and was notified that the non-skid strips were worn off the ramp.*

*Owner informed all staff and residents to use main exit for the day since it was raining and posted sign to remind residents and staff that ramp was not to be used on 09/26/2023.*

*Owner pressure washed the deck and ramp and applied new non-skid strips next day 09/27/2023.*

*Ramp leading to the yard will have weekly checks by owner to ensure non-skid strips are still in place beginning 10/02/2023 for one month. Without incident checks will go monthly starting 11/02/2023.*

Licensee's Proposed Overall Completion Date: 10/17/2023

Implemented (████) - 01/02/2024)

103e - Left Overs

3. Requirements

2600.

103e Left Overs (continued)

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were 5 undated plastic containers containing cereal in the cabinet above the toaster.

Plan of Correction

Accept [redacted] - 10/30/2023)

Kitchen staff was present during survey and were informed on 09/26/2023 to correct the cereal containers that were not dated. Weekend kitchen staff was informed at shift meeting on 09/29/2023 about dating containers.

Kitchen staff dated cereal containers once they were brought aware on 09/26/2023.

Cook will do daily inspections beginning on 10/02/2023 to check for labels and dates for one month. Inspections of dates and labels will go to weekly without incident beginning 11/02/2023. Staff will sign off on sheet beginning 10/02/2023 and administrator will do checks weekly beginning 10/04/2023. Administrator will have retraining on 2600.103.e leftover food labeling and dating 10/18/2023.

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [redacted] - 01/02/2024)

103g - Storing Food

4. Requirements

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

Description of Violation

At approximately 10:15 a.m., there was an unsealed plastic bag containing fish fillets in the Whirlpool freezer.

Plan of Correction

Accept [redacted] - 10/30/2023)

Kitchen staff was present during the survey on 09/26/2023 and was informed that the plastic bag of fish filets that was tied in a knot was not an acceptable way to seal the bag.

Cook placed fish filets in a sealed Ziploc bag and dated that new bag on 09/26/2023.

Cook will do daily inspections to check for closed or sealed containers for one month beginning 10/02/2023. Inspections of closed or sealed containers will go to weekly without incident starting 11/02/2023. Staff will have sign off sheet and administrator will check weekly beginning 10/02/2023 to ensure proper storage. Administrator will have retraining on 2600.103g closed and sealed containers on 10/18/2023 for all staff in kitchen.

Licensee's Proposed Overall Completion Date: 10/18/2023

Implemented [redacted] - 01/02/2024)

187a - Medication Record

5. Requirements

2600. 187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

## 187a - Medication Record (continued)

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).

**Description of Violation**

Resident #1 is ordered [REDACTED]; however, the medication administration record did not include the dosage amount for either medication.

**Plan of Correction**

Accept [REDACTED] - 10/30/2023)

Nurse was made aware of the incomplete information on the residents' MARs during the survey on [REDACTED]

Nurse updated the resident MARs to include the dosage amounts for both medications on [REDACTED]. Nurse verified that resident's new MARs had updated information on [REDACTED].

Resident #1 was a new resident and staff used provided MARS from previous facility. Nurse will no longer use MARs from different facility beginning 10/02/2023. Nurse will do audit of 25% of residents MARs once a month to ensure that complete information is on MARS. The audits will begin 10/25/2023.

Licensee's Proposed Overall Completion Date: 10/25/2023

Implemented [REDACTED] - 01/02/2024)

## 224a - Preadmission Screen Form

**6. 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**

The preadmission screening for resident #1, dated [REDACTED] does not indicate if the residents needs can be met by the home.

Resident #2 was admitted [REDACTED] however, the preadmission screening was not included the residents record.

**Plan of Correction**

Accept [REDACTED] - 10/30/2023)

During survey on 09/26/2023 inspector brought to Administrator's attention that the check box that indicates needs can be met by the home was not marked for resident #1 and that resident #2 was missing the form from their chart.

**224a - Preadmission Screen Form (continued)**

*Administrator on 09/26/2023 corrected files by marking that resident #1 needs can be met and located resident's #2 form on 09/26/2023 and added it to resident #2 chart.*

*Administrator will do chart review of all residents beginning 10/25/2023 to ensure resident files are complete and accurate. Administrator will do monthly reviews of 25% of resident files beginning 11/29/2023 to ensure all paperwork is accurate and complete.*

**Licensee's Proposed Overall Completion Date: 10/26/2023**

**Implemented (█ - 01/02/2024)**