

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

March 28, 2024

[REDACTED], ADMIN/LPN
GUARDIAN ELDER CARE AT OIL CITY LLC
1293 GRANDVIEW ROAD
OIL CITY, PA, 16301

RE: OIL CITY SENIOR LIVING
1293 GRANDVIEW ROAD
OIL CITY, PA, 16301
LICENSE/COC#: 44798

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2023 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: OIL CITY SENIOR LIVING License #: 44798 License Expiration: 03/13/2024
 Address: 1293 GRANDVIEW ROAD, OIL CITY, PA 16301
 County: VENANGO Region: WESTERN

Administrator

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

Legal Entity

Name: GUARDIAN ELDER CARE AT OIL CITY LLC
 Address: 1293 GRANDVIEW ROAD, OIL CITY, PA, 16301
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 08/17/1998 Issued By: Dept of Health

Staffing Hours

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

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/07/2023

Inspection Dates and Department Representative

11/07/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 22 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: 5 Are 60 Years of Age or Older: 14
 Diagnosed with Mental Illness: 2 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

11/07/2023 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/30/2023

12/01/2023 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/05/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/08/2023

Inspections / Reviews *(continued)*

12/08/2023 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/28/2024

03/28/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/05/2024

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

The most recent license inspection summary, dated 1.31.23, is not posted in a public and conspicuous location.

Plan of Correction

Accept [redacted] - 12/08/2023)

11/7/23 the most recent license inspection was posted by Administrator [redacted] in the posting binder hanging in the main hallway. 11/7/2023 the Administrator [redacted] reviewed the posting binder for all other required postings are present. Beginning 11/13/2023 the Administrator [redacted] or RCC [redacted] will monitor weekly for 4 weeks and then monthly to ensure the posting binder is complete and accurate.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [redacted] - 03/07/2024)

88a - Surfaces

2. 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 bathroom floor, in resident #1 and resident #2 bathroom, is a dark rust color around the base of the toilet. An 18 inch area, to the right of the toilet, is discolored a ringed rust color.

A section of carpet, next to resident #2's bed, is matted to the point it is a black solid section, measuring approximately 10"x 10".

Plan of Correction

Accept [redacted] - 12/08/2023)

11/8/23 [redacted], Administrator contacted [redacted], Maintenance Director regarding the need for replacement of bathroom floor and carpet in room of Resident #1 and #2. On 11/28/23 a flooring contractor came to the facility and measured for replacement. Facility awaiting price quote. Flooring will be replaced tentatively by 02/28/2024. Administrator [redacted] or designee will monitor physical site weekly and report repair/replacement needs to Maintenance.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [redacted] - 03/28/2024)

89b - Hot Water Temperature

3. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

The water temperature at the sink in resident #3's bathroom measured 123.2 degrees Fahrenheit.

The water temperature at the sink in resident #1's bathroom measured 121.4 degrees Fahrenheit.

89b Hot Water Temperature (continued)

Plan of Correction

Accept (█ - 12/08/2023)

11/7/2023 Administrator █ contacted █, Maintenance Director to report high water temps. █ adjusted the mixing valve at that time. Beginning 11/13/23 PC staff will test the water temperatures daily in varying parts of the facility for 30 days, then weekly and report any temperatures above 120 degrees to the Maintenance director Eric Gourley for adjustments.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented (█ - 03/28/2024)

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

3 minutes 40 seconds is the home's maximum evacuation time determined by a fire safety expert on 11/29/22. The home exceeded this time on 2/23/23 at 11:30 a.m. with an evacuation time of 4 minutes 19 seconds.

Plan of Correction

Accept (█ - 12/08/2023)

11/08/2023 █, Maintenance contacted Cornplanter Volunteer Fire Department and on 11/22/2023 an unannounced fire drill and safety inspection occurred and determined that the facility does have fire safe areas as defined by the facility being fully sprinklered and alarmed and 3 zones separated by certified 2 hour fire safe, automatic closing doors and barrier walls. The Fire letter and Drill documentation are attached. Administrator █ Maintenance Director who is in charge of fire drills, and the local volunteer fire department chief █ met after the drill to discuss the timing of drills and expectations. The Maintenance director was timing the amount of time it took to evacuate to outside the building vs. to a fire safe area. Beginning 12/31/2023 the drills will be timed to a fire safe area as determined by the fire department. The Maintenance Director █ will provide continuing education to the Staff and residents on evacuation policy/procedure following each drill. Starting 12/1/2023 The Administrator █ will monitor drills monthly. If at any time the facility exceeds the determined time, drills will continue to be conducted that month until the determined time is reached. All staff and residents will be inserviced on fire drill procedures by 12/30/23

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented (█ - 03/28/2024)

183e - Storing Medications

5. 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 11/7/23, two bubble packs containing a total of 64 oxycodone tablets, belonging to resident #4, stored in the

183e - Storing Medications (continued)

medication cart; however, this medication was discontinued on 10/21/23.

Plan of Correction

Accept () - 12/08/2023)

Resident #4 had been hospitalized [REDACTED]. Upon [REDACTED] return the dosage of the [REDACTED] had changed to [REDACTED]. Resident was disputing the change stating that the doctor told [REDACTED] to take 7 [REDACTED]. Staff did not have anything in writing stating resident should take [REDACTED]. Staff contacted the ordering physician from the hospital as well as [REDACTED] PCP. Staff did not remove the medication from the locked narcotic drawer waiting for the clarification in dosage. Staff administered [REDACTED] dosage as ordered. Both the ordering physician from the hospital and PCP verified the correct dose of [REDACTED]. Staff did not remove the [REDACTED] tablets from the locked narcotic box. The [REDACTED] bubble cards were removed by Administrator [REDACTED]. Administrator [REDACTED] and RCC [REDACTED] audited the med cart on 11/8/23. All staff will be inserviced on the removal of discontinued medications by 12/30/23. Beginning 11/14/23 Administrator [REDACTED] and/or RCC [REDACTED] will perform a med cart check weekly for 4 weeks then monthly to ensure discontinued medications are removed promptly.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented () - 03/28/2024)

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 #4 is ordered [REDACTED], inhale orally every 6 hours as needed; however, the medication label indicates give [REDACTED] 4 times per day.

Plan of Correction

Accept () - 12/08/2023)

Resident #4 had multiple med changes regarding the [REDACTED]. Documents attached. Staff failed to place a med change sticker on the label when changed to PRN. Staff member [REDACTED] placed a med change sticker on the box immediately 11/7/23. Administrator [REDACTED] and RCC [REDACTED] performed a med cart review on 11/8/23. Administrator [REDACTED] and/or RCC [REDACTED] will complete a med cart review weekly then monthly beginning 11/14/23 to ensure med labels and orders match. All staff to be inserviced on comparing orders and pharmacy labels.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented () - 03/28/2024)

187d - Follow Prescriber's Orders

7. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is ordered [REDACTED], opened date [REDACTED], with manufacturer instructions to discard after 28 days; however, this flex pen was used for to administer [REDACTED] on [REDACTED]. and [REDACTED]

Resident #4 is ordered [REDACTED] once daily; however, the home is administering [REDACTED] tab

187d Follow Prescriber's Orders (continued)

500 400 daily.

Plan of Correction

Accept (JW - 12/08/2023)

Resident #4 [redacted] discarded [redacted] by [redacted]. [redacted] is for sliding scale use. Resident had been in the hospital and the pen hadn't been used. Staff member did not check the date prior to use. Administrator [redacted] and staff member [redacted] inventoried all insulin pens for open dates 11/7/23. All staff will be inserviced on the proper storage and disposal of insulin by 12/30/2023.

Resident #4 [redacted]. Pharmacy sent [redacted]. Pharmacy notified by [redacted] 11/8/23. Pharmacy sent note that this dosage was out of stock and would send when available. Facility received 11/10/23. Documents attached. All staff will be inserviced on comparing physicians orders and pharmacy labels to ensure they match.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [redacted] - 03/28/2024)

252 - Record Content

8. Requirements

2600.

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

Description of Violation

Resident #4's record did not include a photo.

Plan of Correction

Accept [redacted] - 12/08/2023)

Resident #4 photo was taken [redacted] by Administrator [redacted] and placed in the resident's medical record. Document attached. 11/8/23 Administrator [redacted] and or RCC [redacted] performed a MAR check to ensure all current residents have photos present. Beginning 12/1/23 RCC [redacted] will monitor residents photos on admission for need and or updating when printing monthly change over of MAR.

Licensee's Proposed Overall Completion Date: 12/08/2023

Implemented [redacted] - 03/28/2024)