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

January 9, 2024

[redacted], ADMINISTRATOR
THE VILLAGES OF MAPLE HEIGHTS, LLC
[redacted]

RE: THE VILLAGES OF MAPLE HEIGHTS
429 MANOR DRIVE
EDENSBURG, PA, 15931
LICENSE/COC#: 33865

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/15/2023 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: *THE VILLAGES OF MAPLE HEIGHTS* **License #**: *33865* **License Expiration**: *07/01/2024*

Address: *429 MANOR DRIVE, EDENSBURG, PA 15931*

County: *CAMBRIA* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *THE VILLAGES OF MAPLE HEIGHTS, LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date**: *11/20/2013* **Issued By**: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *105* **Waking Staff**: *79*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Interim* **Exit Conference Date**: *11/15/2023*

Inspection Dates and Department Representative

11/15/2023 - On-Site: [redacted]*son*

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *76* **Residents Served**: *68*

Special Care Unit

In Home: *Yes* **Area**: *5th Floor* **Capacity**: *40* **Residents Served**: *35*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *66*

Diagnosed with Mental Illness: *2* **Diagnosed with Intellectual Disability**: *2*

Have Mobility Need: *37* **Have Physical Disability**: *1*

Inspections / Reviews

11/15/2023 - Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *12/15/2023*

12/18/2023 - POC Submission

Submitted By: [redacted] **Date Submitted**: *12/29/2023*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *12/29/2023*

Inspections / Reviews *(continued)*

01/09/2024 - Document Submission

Submitted By: [redacted] **Date Submitted**: *12/29/2023*

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

85a Sanitary conditions

1. Requirements

2800.
85.a. Sanitary conditions shall be maintained.

Description of Violation

There was an unlabeled tube of toothpaste in the common shower room on the 5th Floor (SCU).

Plan of Correction ***Accept (- 12/18/2023)***

The tube of toothpaste was immediately removed from the shower room on 11/15/23 by nurse aide. Education will be provided by the administrator to direct care staff regarding 2800.85a and the facility's processes regarding labeling and removal of personal items in the common areas. This education will take place no later than 12/28/2023. Audits beginning on 12/13/23 will be done daily for 2 weeks and weekly for 4 weeks and will be completed on 1/24/2024 to ensure that no unlabeled personal items are in the common shower area. These will be completed by Administrator/Clinical Coordinator/LPN.

Licensee's Proposed Overall Completion Date: *01/24/2024*

Implemented - 01/05/2024)

88a Floors, walls, ceilings, windows, doors

2. Requirements

2800.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The common shower room on the 5th Floor had a stopper in a floor-mounted drain. The wingnut and bolt protruded from the floor about a half-inch and pose a risk to anyone who steps on or stubs their toes against the wingnut or exposed threads of the bolt.

Plan of Correction ***Accept - 12/18/2023)***

Maintenance Director notified on 11/15/2023 regarding the stopper in the floor mounted drain to be repaired. On November 17, 2023 Maintenance director ordered new toilet to be installed where the previous toilet had been. By 12/31/23 the toilet will be installed and functioning. Cover placed over the stopper on 11/16/2023. Audit of placement of cover completed daily for 2 weeks and weekly until toilet in place. Audit to begin on 12/13/23 and to be completed by Administrator/Clinical Coordinator/LPN.

Licensee's Proposed Overall Completion Date: *12/31/2023*

Implemented - 01/05/2024)

103f Fridge/Freezer Temps

3. Requirements

2800.
103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the small refrigerator adjacent to the 600-hallway staff area.

Plan of Correction ***Accept - 12/18/2023)***

Thermometer placed in refrigerator on 11/15/23 by the administrator or designee. Audit completed daily for 2

103f Fridge/Freezer Temps (continued)

weeks and weekly for 4 weeks to verify placement of thermometer. Audit to begin on 12/13/23 and will be completed by 1/24/23. Audit will be completed by Administrator/Clinical Coordinator/LPN.
Education given to staff beginning 12/13/23 and completed by 12/22/23 regarding 2800.103f.

Licensee's Proposed Overall Completion Date: *01/24/2024*

Implemented [redacted] - 01/05/2024)

144c1 Smoking area guidelines

4. Requirements

2800.
144.c. A residence that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:
1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the residence, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

The residence's designated smoking area is on the front patio to the far right of the entrance. Numerous cigarette butts were observed on the sidewalk in front of the entrance to the residence. Signs on the front doors state that the designated smoking area is at the rear of the building.

Plan of Correction ***Accept [redacted] - 12/18/2023)***

Signs posted 11/16/23 stating correct designated smoking area. Administrator or designee will be assigned daily beginning 12/13/23, every shift to ensure front entrance is clear of cigarette butts. Audit to begin 12/13/23 to completed daily for 2 weeks and weekly for 4 weeks to ensure area is clean. Audit to be completed by 1/24/2024. Will be completed by Administrator/Clinical Coordinator/LPN. Education given to staff beginning 12/13/23 and completed by 12/22/

Licensee's Proposed Overall Completion Date: *01/24/2024*

Implemented [redacted] - 01/05/2024)

183b Medications and syringes locked

5. Requirements

2800.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's living unit.

Description of Violation

On 11/16/23 at 9:15 am, the treatment cart on the 600 floor was unlocked, unattended, and accessible.
At 9:35 am, the treatment cart on the 500 floor was unlocked, unattended, and accessible.
At 9:40 am, the following medications were unlocked, unattended, and accessible in a bin atop the toilet in the 5th Floor common shower room: Resident 1's Nystatin cream; Resident 2's Calmoseptine Ointment; Resident 3's AF Powder, two 2.5-ounce bottles. At about 11:00 am, Resident 3's Eucerin Cream was sitting on a towel in the 5th Floor common shower room.

183b Medications and syringes locked (continued)

Plan of Correction ***Accept [redacted] - 12/18/2023)***

On 11/16/23 treatment carts were immediately locked. Physician ordered treatments were immediately removed from the 5th floor common shower by med tech. Education provided to all staff beginning 12/13/23 and will be completed 12/19/23. Daily audits of treatment carts and the common shower room will be completed daily for 2 weeks beginning 12/13/23 and then weekly for 4 weeks to be completed by 1/24/2024. Audits will be completed by Administrator/Clinical Coordinator/LPN.

Licensee's Proposed Overall Completion Date: *01/24/2024*

Implemented ([redacted] - 01/05/2024)

187a Medication record

6. Requirements

2800.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

Description of Violation

Resident 4 is prescribed Prednisone, 20 mg, from 11/12 - 11/14/23. This medication does not include a diagnosis or purpose on the Medication Administration Record (MAR).

Resident 5 is prescribed Calcium Carbonate - Vitamin D3, 600 mg - 10 mcg. This medication does not include a diagnosis or purpose on the MAR.

Resident 6 is prescribed the following medications which do not include a diagnosis or purpose on the MAR: Atorvastatin, 20 mg; Donepezil, 5 mg; Famotidine, 20 mg; Ferrous Sulfate, 325 mg; Lisinopril, 2.5 mg; Metformin, 1,000 mg.

Plan of Correction ***Accept [redacted] - 12/18/2023)***

Administrator or designee will ensure diagnoses are added to resident 4,5 and 6's orders no later than 12/15/23. Audit to be completed by Administrator/Clinical Coordinator/LPN for all residents and that there is a diagnosis for every ordered medication. Will be completed by 12/22/23. Education will be provided to all nurses to be completed by 12/22/23 that there is to be a diagnosis for all ordered medications. Audit to be completed weekly X4 for all new orders that there is a diagnosis present. To begin on 12/22/23 and completed on 1/20/24.

Licensee's Proposed Overall Completion Date: *01/20/2024*

Implemented [redacted] - 01/05/2024)

227g Support plan - signatures

7. Requirements

2800.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

227g Support plan - signatures *(continued)*

Description of Violation

- Resident 6's Assessment and Support Plan (ASP), dated [redacted]23, is not signed or dated by the resident or the assessor.
- Resident 7's ASP, dated [redacted]/23, was not dated when signed by the assessor.
- Resident 8's ASP, dated [redacted]/23, was not dated when signed by the assessor or the resident.

Plan of Correction ***Accept ([redacted] - 12/18/2023)***

Administrator or designee will review resident 6, 7, and 8's ASP and make updates where needed, sign and date. Audit completed for all support plans that all signatures are present and dated. Audit will be completed by 12/22/23 by Administrator/Clinical Coordinator/LPN. Weekly audit to begin on 12/22/23 for 4 weeks and will be completed on 1/24/2024.
Staff completing support plans educated on requirements of support plans, completed 12/13/23.

Licensee's Proposed Overall Completion Date: *01/24/2024*

Implemented [redacted] - 01/05/2024)

233c Key-locking devices

8. Requirements

2800.
233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The exit door at the end of the 5th Floor leads to an enclosed vestibule. The two doors labeled as exits in the vestibule are equipped with electronic locks. The directions for operating these locks are not conspicuously posted near the doors.

Plan of Correction ***Accept ([redacted] - 12/18/2023)***

Administrator or designee placed directions for operating these locks placed 11/17/23. Audit that directions are in place to begin 12/13/23 for 4 weeks. Audit to be completed by Administrator/Clinical Coordinator/LPN and will be completed by 1/4/2024. Education given to staff beginning 12/14/23 and end on 12/22/23.

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

Implemented [redacted] - 01/05/2024)

236a Staff training

9. Requirements

2800.
236.a. Each direct care staff person working in a special care unit for residents with Alzheimer's disease or dementia shall have 8 hours of initial training within the first 30 days of the date of hire and a minimum of 8 hours of annual training related to dementia care and services, in addition to the 16 hours of annual training specified in § 2800.65 (relating to staff orientation and direct care staff person training and orientation).

Description of Violation

Direct care staff A and B, hired [redacted]/23, work in the special care unit, however, neither has completed 8 hours of initial training relating to dementia care within the first 30 days from the date of hire.

236a Staff training *(continued)*

Plan of Correction ***Accept [redacted] - 12/18/2023)***

8 hours of Dementia education to be provided to Staff A and B beginning 12/20/23 and will be completed by 1/24/2024.

Administrator/Designee will audit all staff files to ensure all have proper training. If training is missing, these staff will be educated by 1/31/2024. New hire checklist is developed to ensure all training is received timely and will be used to audit their Relias training for completion.

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

Implemented [redacted] - 01/05/2024)