

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

March 23, 2023

[REDACTED]
DUBOIS CONTINUUM OF CARE COMMUNITY INC
282 SOUTH EIGHTH STREET
DUBOIS, PA, 15801

RE: DUBOIS VILLAGE
282 SOUTH EIGHTH STREET
DUBOIS, PA, 15801
LICENSE/COC#: 44867

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/31/2023, 02/01/2023, 02/02/2023 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: *DUBOIS VILLAGE* License #: *44867* License Expiration: *06/04/2023*
 Address: *282 SOUTH EIGHTH STREET, DUBOIS, PA 15801*
 County: *CLEARFIELD* Region: *WESTERN*

Administrator

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

[REDACTED]

Name: *DUBOIS CONTINUUM OF CARE COMMUNITY INC*
 Address: *282 SOUTH EIGHTH STREET, DUBOIS, PA, 15801*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/07/1996* Issued By: *Dept of L&I*
 Type: *I-2* Date: *08/02/2011* Issued By: *Bureau Vitas of North America Inc*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *92* Waking Staff: *69*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *02/02/2023*

Inspection Dates and Department Representative

01/31/2023 - On-Site: [REDACTED]
 02/01/2023 - On-Site: [REDACTED]
 02/02/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *118* Residents Served: *75*

Secured Dementia Care Unit
 In Home: *Yes* Area: *yes* Capacity: *9* Residents Served: *8*

Hospice
 Current Residents: *0*

Number of Residents Who:
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *74*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *3*
 Have Mobility Need: *17* Have Physical Disability: *0*

Inspections / Reviews

01/31/2023 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *02/24/2023*

03/13/2023 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 03/20/2023

03/23/2023 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2023

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. However, on 1/31/23, there was a carbon monoxide detector approximately 7 feet from the gas operated dryer in the Dogwood resident laundry room.

Plan of Correction

Accept (JW - 03/13/2023)

1. On 1/31/2023 Maintenance worker immediately relocated CO Alarm/Detector to area outside of Dogwood laundry room into hallway 15 feet from gas dryer.
2. On 2/1/2023 Administrator audited all CO Alarms/Detectors in facility to confirm they were no closer than 15 feet from fuel sources.
3. The audit results will be reviewed at the monthly QA meeting by the Administrator to determine compliance
4. Completion Date 2/1/2023

Licensee's Proposed Overall Completion Date: 03/03/2023

Implemented (JG - 03/23/2023)

107c - Food/Water 3 Day Supply

2. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

On 1/31/23, the home served 74 residents, requiring 224 gallons of emergency drinking water. However, the home had only 185 gallons. The home does not have a contract with a local bottled water supplier.

Plan of Correction

Accept (JW - 03/13/2023)

1. On 1/31/2023 Maintenance worker contacted [REDACTED] to deliver 40 extra gallons of water to our base supply of 224 gallons for a total of 264 to be kept in facility therefore preventing the on hand supply from going below our required 3 gallons/resident between our bi-weekly delivery.
2. Administrator received written confirmation on 2/13/2023 from [REDACTED] that they will guarantee 24 hour delivery service of bottled water as a priority to Dubois Village in the event of a regional general emergency.
3. Administrator or designee will audit water supply monthly for 3 months and adjust orders accordingly to maintain a 3 gallon/resident supply of water at all times.
4. The audit results will be reviewed at the monthly QA meeting by the Administrator to determine compliance
5. Completion Date 2/13/2023

Licensee's Proposed Overall Completion Date: 03/03/2023

Implemented (JG - 03/23/2023)

187c - Refusal of Medication

3. Requirements

2600.

187c - Refusal of Medication (continued)

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

Resident #2 is prescribed Senna 8.6 MG take two tablets by mouth one time a day for constipation. The resident has refused this medication on multiple occasions to include, 1/21/23 through 1/23/23, 1/26/23, and on 1/27/23. However, the home failed to notify the prescribing physician.

Resident #3 is prescribed Gabapentin oral tablet 600MG. The resident refused this medication on 1/8/23, at 8:00 a.m., and 2:00 p.m. However, the home failed to notify the prescribing physician.

Resident #3 is prescribed Propranolol HCL oral tablet 10 milligram take one tablet by mouth three times daily for [REDACTED]. The resident refused the medication on 1/21/23, at 9:03 a.m. However, the home failed to notify the prescribing physician.

Plan of Correction**Accept (JW - 03/13/2023)**

1. *On 2/1/2023 Director of Wellness received an order from Resident #3's prescriber that states we may notify prescriber after 3 missed doses of medication.*
2. *On 2/6/2023 Director of Wellness received new order per requested to make Senna PRN therefore preventing refusals due to loose stools.*
3. *Administrator will in service/educate all medication staff including Director of Wellness and Resident Care Manager on policy and regulation to notify medication prescribers of medication refusals within 24 hours.*
4. *Administrator or designee will audit EMARS monthly for 3 months for any medication refusals to confirm that they were reported to prescriber within 24 hours.*
5. *The audit results will be reviewed at the monthly QA meeting by the Administrator to determine compliance*
6. *Completion Date 2/17/2023*

Licensee's Proposed Overall Completion Date: 03/03/2023

Implemented (JG - 03/23/2023)**187d - Follow Prescriber's Orders****4. Requirements**

2600.

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

Description of Violation

Resident #3 is prescribed Gabapentin oral capsule 400MG. Take one capsule by mouth at bedtime nightly. However, the resident was not administered this medication on 1/4/23, and 1/5/23. The resident had voluntarily left the facility during this time period and was not available for the medication's administration.

Resident #3 is prescribed Propranolol HCL oral tablet 10 MG. Take one tablet by mouth three times daily for anxiety. However, the resident was not administered the medication on 1/5/23, at 8:00 a.m., and 1/8/23 at 4:00 p.m. The resident had voluntarily left the facility during this time period and was not available for the medication's administration.

187d - Follow Prescriber's Orders (continued)

Resident #3 is prescribed Pantoprazole SO D40MG oral tablet take 1 tablet by mouth two times daily for [REDACTED] pain. However, the resident was not administered the medication on multiple dates and times to include 1/10/23, through 1/14/23, at 8:00 a.m., and 1/29/23, at 4:00 a.m. The resident had voluntarily left the facility during this time period and was not available for the medication's administration.

Plan of Correction**Accept (JW - 03/13/2023)**

1. Administrator will in service/educate all medication staff including Director of Wellness and Resident Care Manager on policy and regulation to notify medication prescribers of medication missed due to residents out of facility status.
2. Administrator will in service/educate all medication staff including Director of Wellness and Resident Care Manager on educating residents that leave facility and do not or cannot take medications for self-administration that doses will be missed and adverse effects are possible as well as that prescriber will be notified.
3. Administrator will notify resident #3 in writing relating to the importance of following prescriber's directions for medications and consequences of repeated missed medications.
4. Completion Date 3/3/2023

Licensee's Proposed Overall Completion Date: 03/03/2023

Implemented (JG - 03/23/2023)**227d - Support Plan Medical/Dental****5. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #4 assessment and support plan dated [REDACTED], indicates an assessment of need "when transferring in out of bed/chair" as needing the assistance of "one staff member to assist the resident into [REDACTED] wheelchair; at times [REDACTED] only requires a standby assist, but will ask for more help if needed". And a service implementation plan of "staff will orally queue resident to use wheelchair to transfer in\ out of bed\ chair at all times staff will encourage [REDACTED] to ring for assistance for standby monitoring and assistance with balance". However, resident #4 has needed multiple staff persons to assist [REDACTED] on multiple occasions to include, a two person assist on 10/31/22, at 1:25 p.m., a two person assist on 11/2/22 at 1:37 p.m., a three person assist on 12/25/22 at 11:26 a.m., and a two person assist on 11/2/22 at 8:16 p.m.

Resident #5 support plan, dated [REDACTED], does not include the use of an enabler bar which was ordered on 1/11/23.

Plan of Correction**Accept (JW - 03/13/2023)**

1. On [REDACTED] Director of Wellness completed a Significant Change RASP for Resident #4 to address changes in assistance required to transfer to and from bed to chair.
2. On [REDACTED] Director of Wellness updated Resident #5'S RASP to reflect use of enabler bar.
3. Administrator will provide in service/education to all nursing staff and Director of Wellness on RASP requirements to include changes in condition, assistance required, documentation of assistance required and updating the RASP for new orders.
4. Administrator or designee will initially audit all current RASP's to confirm that level of ability to transfer is accurate as well as assistance that is required is accurate and in line with current documentation by PCA's. Audit

227d - Support Plan Medical/Dental (continued)

will include that the use of enabler bar/assist rail is documented on the RASP for resident's that have a current PCP order. After initial audit completed by 3/3/2023 Administrator or designee will audit all RASP's again monthly for 3 months.

5. The audit results will be reviewed at the monthly QA meeting by the Administrator to determine compliance
6. Completion date 3/3/2023

Licensee's Proposed Overall Completion Date: 03/03/2023

Implemented (JG - 03/23/2023)