

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

March 8, 2024

[REDACTED], OWNER/Administrator

RE: LYNN HAVEN PERSONAL CARE  
HOME  
119 WALNUT STREET, PO BOX 484  
BLACK LICK, PA, 15716  
LICENSE/COC#: 44516

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/18/2024 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: LYNN HAVEN PERSONAL CARE HOME License #: 44516 License Expiration: 06/18/2024  
 Address: 119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716  
 County: INDIANA Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: RENEE STUCKICH  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: I-1 Date: 07/26/2006 Issued By: Indiana County Planning

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 27 Waking Staff: 20

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 01/18/2024

**Inspection Dates and Department Representative**

01/18/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 36 Residents Served: 26  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 22  
 Diagnosed with Mental Illness: 6 Diagnosed with Intellectual Disability: 4  
 Have Mobility Need: 1 Have Physical Disability: 1

**Inspections / Reviews**

01/18/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/11/2024

02/15/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 03/07/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/19/2024

Inspections / Reviews *(continued)*

02/16/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/08/2024

03/08/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/07/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person A does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ( ) - 02/16/2024

Staff person A was removed from direct care staff on 01/18/2024 and placed on ancillary staff until [redacted] can provide an original copy of a high school diploma, GED or CNA certificate.

administrator has verified all other direct care staff as having valid diplomas or GED's on 01/26/2024

Administrator will verify all new direct care workers diplomas, GED's or CNA certificates at time of hire

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented [redacted] - 03/08/2024

65f - Training Topics

2. Requirements

2600.

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

- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- 3. Care for residents with dementia and cognitive impairments.
- 4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- 5. Personal care service needs of the resident.
- 6. Safe management techniques.
- 7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in care for residents with mental illness or an intellectual disability during training year January 1, 2023 - December 31, 2023. The home serves both.

Plan of Correction

Accept ( ) - 02/16/2024

Staff person B completed the required training on [redacted]

Administrator audited all other staff files to ensure compliance with 2600.65.f on 01/25/2024

Each November the administrator will audit all staff training for the current year and have staff complete the needed trainings to be in compliance with 2600.65.f If any are needed they will be completed by December 31st. Our training year will run from January 1 to December 31st of each year

Licensee's Proposed Overall Completion Date: 02/16/2024

Implemented [redacted] - 03/08/2024

82a - Poisonous Materials

3. Requirements

2600.

82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

A 32-ounce clear spray bottle, filled with 16 ounces of isopropyl alcohol, on a shelf in the downstairs' pantry did not have the original manufacturer's label.

Plan of Correction

Accept ( [redacted] ) - 02/16/2024)

corrected at time of inspection

Administrator checked the facility on 1-19-2024 for any additional violations of 2600.82.a none found

Staff were re-educated of this regulation on 01-24-2024

Administrator will be responsible to inspect the facility monthly for compliance. Documentation will be kept

Licensee's Proposed Overall Completion Date: 02/15/2024

Implemented ( [redacted] ) - 03/08/2024)

101j7 - Lighting/Operable Lamp

4. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #1 does not have access to a source of light that can be turned on/off at bedside. The unplugged lamp was on a nightstand approximately five feet from the bed.

Plan of Correction

Accept ( [redacted] ) - 02/15/2024)

Admin corrected at time of inspection

Admin will ask Resident #1 to leave the lamp at bedside. Aflash light was placed on headboard(01/20/2024) to keep us in compliance should she move her lamp again

Administrator checked all other lamps for compliance (01/20/2024)

administrator will check all bedside lights monthly for compliance, documentation will be kept

Admin will check

Licensee's Proposed Overall Completion Date: 02/10/2024

Implemented ( [redacted] ) - 03/08/2024)

103g - Storing Food

6. Requirements

2600.

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

Description of Violation

A 14-ounce bag of sweetened coconut flakes, approximately 1/10 full, on the shelves in the kitchen was open and unsealed.

A 9-ounce bag of soup and oyster crackers, with approximately 30 crackers, on the shelves in the kitchen was opened and unsealed.

## 103g Storing Food (continued)

**Plan of Correction**

Accept [REDACTED] - 02/16/2024)

*Items were disposed of at time of inspection**Staff was re educated on this regulation on 01 24 2024**Administrator checked the kitchen on for additional violations the day of inspection**Administrator will be responsible to check the kitchen area weekly for unsealed food and dispose of any found documentation will be kept***Licensee's Proposed Overall Completion Date: 02/15/2024**

Implemented [REDACTED] - 03/08/2024)

## 183e - Storing Medications

**7. 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 [REDACTED], resident #1 had a [REDACTED] dated as opened on [REDACTED] on the medication cart. According to the manufacturer's instructions the insulin was to be discarded 28 days after opening.***Plan of Correction**

Accept [REDACTED] - 02/15/2024)

*the Insulin was disposed of at time of inspection and replaced with a new one**Administrator checked all other opened insulin for dates opened and that they were in date (1 19 2024)**Medication staff were re educated on the importance of regulation 2600.183.e on 01 24 2024**administrator will check all insulins weekly for an open date and to make sure they are replaced before the 29th day documentation will be kept***Licensee's Proposed Overall Completion Date: 02/10/2024**

Implemented [REDACTED] - 03/08/2024)