

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

May 17, 2024

[REDACTED], ADMINISTRATOR

PO BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736

RE: FAMILY PINES PERSONAL CARE
HOME
P.O.BOX 455, 11293 ROUTE 422
ELDERTON, PA, 15736
LICENSE/COC#: 42671

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/02/2024 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: FAMILY PINES PERSONAL CARE HOME License #: 42671 License Expiration: 04/20/2023
 Address: P.O.BOX 455, 11293 ROUTE 422, ELDERTON, PA 15736
 County: ARMSTRONG Region: WESTERN

Administrator

Name: [REDACTED]

Legal Entity

Name: [REDACTED]
 Address: PO BOX 455, 11293 ROUTE 422, ELDERTON, PA, 15736
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 10/20/2017 Issued By: D&L

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 6 Waking Staff: 5

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 02/02/2024

Inspection Dates and Department Representative

02/02/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 8 Residents Served: 6
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 6
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

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

03/07/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 05/15/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/14/2024

Inspections / Reviews *(continued)*

04/09/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/19/2024

05/17/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

64c - Annual Training

1. Requirements

2600.

64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

Staff person A, [REDACTED], completed only 21 hours of Department-approved training in calendar training year 2023.

Plan of Correction

Directed ([REDACTED] - 04/09/2024)

1. Annual Training

Administration will complete annual training on the web site HCQU West Lutheran Senior Life Training began 02/15/2024.

Expected completion for staff members to ensure compliance to be completed by date.

Proposed Overall Completion Date: 03/17/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall audit all employee training records and quarterly thereafter to ensure compliance with regulations [REDACTED] 4/9/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall add the training record audit to the next quality improvement meeting and each meeting thereafter. [REDACTED] 3/26/24

Directed Completion Date: 04/19/2024

Directed Completion Date: 03/17/2024

Implemented ([REDACTED] - 05/17/2024)

92 - Windows

2. Requirements

2600.

92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

At 10:15 a.m., there were multiple tears in the bottom 1/3 of the window's screen located in the common bathroom across the hall from the cleaning supply closet.

Plan of Correction

Directed ([REDACTED] - 04/09/2024)

2. Windows

Screens in common bathroom was replaced by the administrator on February 2, 2024 Administrator will inspect all windows to identify all windows for missing screens on a monthly basis. Starting on April 1, 2024.

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall instruct all staff on the importance of window screens. [REDACTED] 4/9/24

92 Windows (continued)*Directed Completion Date: 04/19/2024**Proposed Overall Completion Date: 03/17/2024***Directed Completion Date: 03/17/2024****Implemented () - 05/17/2024)****109b - Rabies Vaccination****3. Requirements**

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation*Feline Elsa was present in the home, however, the most recent Rabies vaccination for feline Elsa expired 2/12/23.**Feline Hank was present in the home, however, the most recent Rabies vaccination for feline Hank, expired 9/4/23,**Feline Samuel was present in the home, however, the most recent Rabies vaccination for feline Samuel, expired 9/4/23.**Feline Sissy was present in the home, however, the most recent Rabies vaccination for feline Sissy, expired 2/12/23.***Plan of Correction****Directed () - 04/09/2024)***Rabies Vaccination**Administrator had felines Elsa, Hank, Samuel, and Sissy vaccinated 3/24/2024 @ Tractor Supply in ()**All vaccines will completed on a yearly basis.**Proposed Overall Completion Date: 03/17/2024***Directed:***Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person review all pet vaccination records and then quarterly thereafter to ensure compliance with regulations. () . 4/9/24***Directed:***Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall add the vaccination review to the agenda of the next regular quality improvement meeting and each meeting thereafter.***() . 4/9/24***Directed Completion Date: 04/19/2024***Directed Completion Date: 03/17/2024****Implemented () - 05/17/2024)****132a - Monthly Fire Drill****4. Requirements**

2600.

132.a. An unannounced fire drill shall be held at least once a month.

132a - Monthly Fire Drill (continued)

Description of Violation

Unannounced fire drills were not held during the months of November, October, and December, of 2023, and January of 2024.

Plan of Correction

Directed () - 04/09/2024)

Administrator will hold unannounced fire drills on a monthly basis starting 2/02/2024. All fire drills will be documented.

Proposed Overall Completion Date: 03/17/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall review monthly all fire drill records to ensure compliance with regulations. (). 4/9/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall add the fire drill review to the next scheduled quality improvement meeting and each meeting thereafter. () 4/9/24

Directed Completion Date: 04/19/2024

Directed Completion Date: 03/17/2024

Implemented () - 05/17/2024)

132b - Safety Inspection/Fire Drill

5. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire drill observed by a fire safety expert was conducted on 1/24/23.

Plan of Correction

Directed () - 04/09/2024)

Elderton District Fire Dept. held a annual fire drill on 02/05/2024. All fire extinguisher were accessible and in good working order. The whole facility was evacuated to establish safe area in a required time. Smoke detectors all in working order.

Fire safety inspection will be done yearly.

Proposed Overall Completion Date: 03/17/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall review monthly all fire drill records to ensure compliance with regulations. (). 4/9/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall add the fire drill review to the next scheduled quality improvement meeting and each meeting thereafter. (). 4/9/24

Directed Completion Date: 04/19/2024

132b - Safety Inspection/Fire Drill (continued)

Directed Completion Date: 03/17/2024

Implemented [REDACTED] - 05/17/2024)

183e - Storing Medications

6. 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

At [REDACTED], [REDACTED] oral tablet was located in resident #1's private room on [REDACTED] nightstand. Resident #1 is unable to self-administer this medication.

At [REDACTED], [REDACTED] oral tablet was located in resident #1's private room on [REDACTED] nightstand. Resident #1 is unable to self-administer this medication.

Plan of Correction

Directed [REDACTED] - 04/09/2024)

The administrator will make sure all medication will be stored in a organized and sanitized area. Also in proper temperature and light according to manufacturing instructions of the medication. This was as of 02/02/2024.

Also patient in question is no longer in facility.

Proposed Overall Completion Date: 03/17/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall train all staff responsible for administering medication on proper medication storage procedures. [REDACTED]. 4/9/24

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall inspect the medication storage, and then monthly thereafter to ensure compliance with medication storage requirements. [REDACTED] 4/9/24

Directed Completion Date: 04/19/2024

Directed Completion Date: 03/17/2024

Implemented [REDACTED] - 05/17/2024)

187a - Medication Record

7. Requirements

2600.

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

- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.
- 9. Administration times.

187a - Medication Record (continued)

- 13. Date and time of medication administration.
- 14. Name and initials of the staff person administering the medication.

Description of Violation

Resident #1 is prescribed [REDACTED] take one tablet orally every other day. However, the medication was not indicated on the resident's February medication administration record.

Resident #1 is prescribed [REDACTED] capsule take one capsule orally daily. However, the medication was not indicated on the resident's February medication administration record.

Resident #1 is prescribed [REDACTED] tablet take one tablet orally daily. However, the medication was not indicated on the resident's February medication administration record.

Resident #2 is prescribed [REDACTED] tab take one tablet orally daily. However, the medication was not indicated on the resident's February 2024, medication administration record.

Resident #2 is prescribed the [REDACTED] tablet take one tablet orally in the morning. However, the medication was not indicated on the resident's February 2024, medication administration record,

Resident #2 is prescribed [REDACTED] mg tab take one tablet orally twice daily. However, the medication was not indicated on the resident's February 2024, medication administration record.

Resident #2 is prescribed [REDACTED] tab take one tablet orally weekly. However, the medication is not indicated on the resident's February 2024, medication administration record.

Plan of Correction

Directed ([REDACTED] - 04/09/2024)

As of 02/02/2024 administration corrected patient #1 Mars and Physician's orders in February's Administration Records.

Also on 02/02/2024 Administration evaluated February Administration Records of patient #2 and corrected Mars and Physician's orders.

Administration will do review medications on Mars and Physician's order on a monthly basis.

Proposed Overall Completion Date: 03/17/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall review all MARs and physicians orders and then monthly thereafter. [REDACTED] 4/9/24

Directed Completion Date: 04/19/2024

Directed Completion Date: 03/17/2024

Implemented [REDACTED] - 05/17/2024)

225a - Assessment 15 Days

8. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident #1, admitted on [REDACTED], did not have a completed assessment.

Plan of Correction

Directed [REDACTED] - 04/09/2024)

Administrator will have a written assessment plan within the 15 days of admissions. The Administrator will do this for every new arrival.

Proposed Overall Completion Date: 03/17/2024

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall review all resident assessments to ensure completeness. [REDACTED] **4/9/24**

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall begin reviewing all new admission assessments to ensure they are completed within fifteen days of admission. [REDACTED] **4/9/24**

Directed:

Within 7 days of receipt of the accepted plan of correction the administrator or designated staff person shall train all staff responsible for completing intake paperwork on the importance of completing all intake paperwork. [REDACTED]

4/9/24

Directed Completion Date: 04/19/2024

Directed Completion Date: 03/17/2024

Implemented [REDACTED] - 05/17/2024)