

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

March 22, 2024

[REDACTED], EXECUTIVE DIRECTOR  
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 02/06/2024, 02/07/2024, 02/08/2024 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: DUBOIS VILLAGE License #: 44867 License Expiration: 06/04/2024  
 Address: 282 SOUTH EIGHTH STREET, DUBOIS, PA 15801  
 County: CLEARFIELD Region: WESTERN

**Administrator**

Name: [REDACTED]

**Legal Entity**

Name: DUBOIS CONTINUUM OF CARE COMMUNITY INC  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 08/07/1996 Issued By: L&I  
 Type: I-1 Date: 07/09/2020 Issued By: Sandy Twp.

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 81 Waking Staff: 61

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 02/08/2024

**Inspection Dates and Department Representative**

02/06/2024 - On-Site: [REDACTED]  
 02/07/2024 - On-Site: [REDACTED]  
 02/08/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 118 Residents Served: 66

**Secured Dementia Care Unit**  
 In Home: Yes Area: Memory Care Capacity: 9 Residents Served: 6

**Hospice**  
 Current Residents: 1

**Number of Residents Who:**  
 Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 65  
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 3  
 Have Mobility Need: 15 Have Physical Disability: 0

**Inspections / Reviews**

02/06/2024 Full  
 Lead [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/22/2024

Inspections / Reviews *(continued)*

02/21/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 02/28/2024

02/23/2024 POC Submission

Submitted By: [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

[REDACTED] [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/18/2024

03/22/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/11/2024

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 certificate to operate a pressure vessel, issued by the Pennsylvania Department of Labor and Industry, for boiler #1 and boiler #2 expired on 2/1/24.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

- 1. Administrator received confirmation via email on 02/16/2024 that the next appointment to certify boiler(s) #1 & #2 is 04/18/2024 by the Labor and Industry [REDACTED]
- 2. Training to maintenance director re: monitoring Boiler certificates that expire on 02/12/2024 by Administrator.
- 3. All boilers were Audited on 02/6/2024 by Maintenance Director.
- 4. Audit added to maintenance department Audits Binder/Records 02/16/2024 to be done every 6 months for every two year certification.
- 5. Audit will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented ([REDACTED] - 03/22/2024)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 2/6/24, there was an enabler bar on resident #1's bed in bedroom #230. The enabler was not secured to the bed frame and was uncovered leaving an open area measuring approximately 11 inches wide by 12 inches high.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

- 1. The resident was educated on 02/06/2024 and stated [REDACTED] did not want to use it, was furnished by [REDACTED] brother unbeknownst to staff. Enabler Bar was immediately removed by DOW from resident's bed on 02/06/2024.
- 2. Education will be provided to all staff on enabler bar/assist rail use in facility by 02/21/2024.
- 3. Policy for enabler bars/assist rails is already present in resident contract.
- 4. Audit of all rooms complete on 02/12/2024 by Administrator and will be done monthly for three months by Administrator or designated person to check for unsecured equipment present in resident rooms.
- 5. Written notification to resident reminding her of home rules relating to enabler bars/assist rails and any other equipment provided by friends and family was provided 02/13/2024 by Administrator.
- 6. Audit will be reviewed at monthly Quality Assurance Meeting.

81b - Resident Personal Equipment (continued)

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented ( ) - 03/22/2024)

132c - Fire Drill Records

3. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home's fire drill log does not record the evacuation time in minutes and seconds for the fire drills conducted on 1/19/24 at 3:20 p.m. and 6/11/23 at 5:30 a.m.

Plan of Correction

Accept ( ) - 02/23/2024)

1. New fire drill record developed by Administrator on 02/12/2024 to include the minutes and seconds to be filled in by administrator or designated person conducting the monthly Fire Drill.
2. Education will be provided to designated persons who are assigned to run fire drill on documentation needed for minutes and seconds by 02/14/2024
3. Designated person will complete audit of monthly fire drills initially on 02/16/2024 to ensure that documentation is correct and then complete for 3 months.
4. Audit will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented ( ) - 03/22/2024)

132f - Alternate Exit Routes

4. Requirements

2600.

132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home fire drill record indicated that the home utilized the same Lilac neighborhood exit routes for three consecutive fire drills conducted on 11/28/23, 12/13/23 and 1/19/24.

Plan of Correction

Accept ( ) - 02/23/2024)

1. New fire drill record developed on 02/12/2024 by Administrator to include the exit route(s) to be filled in by administrator or designated person conducting the monthly Fire Drill.
2. Education will be provided to designated persons by Administrator on 02/14/2024 who are assigned to run fire drill that drill must be conducted using various exit routes.
3. Designated person will complete audit of monthly fire drills initially on 02/16/2024 to ensure varied exit route was used from previous fire drill then for 3 months.
4. Audit will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/23/2024

132f Alternate Exit Routes (continued)

Implemented [REDACTED] - 03/22/2024)

181c Self administration Assessment

5. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self administer and the need for medication reminders.

Description of Violation

Resident #1's initial medical evaluation, dated [REDACTED], indicates the resident cannot self-administer medications. However, on [REDACTED] the resident was had multiple over the counter medications in his/her bedroom and according to resident interviews the resident was self-administering the medications.

Plan of Correction

Accept [REDACTED] - 02/23/2024)

1. Medications were immediately removed by DOW on [REDACTED] and PCP was contacted on [REDACTED] by DOW for permission to allow the resident to self-administer some meds. Permission was granted/new orders received on 02/7/2024/ self-administer assessment completed by DOW on 02/6/2024/ medications labeled and returned to resident on 02/7/2024 by Medication Tech and resident locked them in her lockable cabinet on 02/7/2024, RASP updated 02/7/2024 by DOW
2. Education provided to all staff by Administrator by 02/16/2024 for observing resident rooms for any medications not secured.
3. Random audit of rooms of residents that cannot self-administer medications will be completed by 02/16/2024 by DOW, RCM or Administrator then monthly by designated person to verify no medications are found in room.
4. Written notification to resident #1 reminding her of home rules relating to self-administration and storing medications in a secured locked area was provided by Administrator on 02/12/2024
5. Audit will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented [REDACTED] - 03/22/2024)

181d Storing Medication

6. Requirements

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident #2 self-administers medications and stores medications in his/her bedroom. On [REDACTED], there were several medications unsecured and unprotected from contamination to include:

[REDACTED]

181d - Storing Medication (continued)

Plan of Correction

Accept (█ - 02/23/2024)

1. Written notification by Administrator to resident #2 on reminding her of home rules relating to self-administration and storing medications in a secured locked area on 02/12/2024. Additionally requested she assist with keeping her living area free of her clutter by Administrator on 02/12/2024.
2. Resident keeps her door locked when not in room.
3. Resident receives housekeeping services twice weekly, garbage collection twice daily and laundry service at least weekly by PCA's and housekeeping aides.
4. DOW confirmed on 02/6/2024 that she does have a key to access her locked cabinet and all medications placed in cabinet by DOW on 02/6/2024
5. RASP Updated 02/12/2024 by DOW.
6. Education provided by Administrator to all staff on observing resident rooms for any medications not secured by 02/16/2024.
6. Audit of all residents that self-administer medications will be completed by 02/16/2024 by DOW, RCM or Administrator, then a random audit will be done monthly by designated person to address location of meds, correct labels and orders.
7. Audit will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented (█ - 03/22/2024)

183d - Prescription Current

7. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

There was a 0.12 ounce tube of █ ointment for resident #3 in the home's medication cart. However, this medication was discontinued on █.

Plan of Correction

Accept (█ - 02/23/2024)

1. Medication immediately appropriately disposed of after confirming it was discontinued on 2/6/2024 by DOW.
2. Education to med techs by DOW on current prescriptions only in medication cart by 02/16/2024
3. Audit of med carts for any discontinued medications will be completed by DOW and RCM by 02/16/2024, then monthly by designated person (med tech) to ensure discontinued meds removed timely.
4. Audit will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 02/23/2024

Implemented (█ 03/22/2024)