

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

April 10, 2024

[REDACTED], ADMINISTRATOR
9 JUSTINE DRIVE OPERATING COMPANY LLC
[REDACTED]

RE: VINTAGE KNOLLS
9 JUSTIN DRIVE
DANVILLE, PA, 17821
LICENSE/COC#: 23094

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/26/2024 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: VINTAGE KNOLLS **License #:** 23094 **License Expiration:** 11/21/2024
Address: 9 JUSTIN DRIVE, DANVILLE, PA 17821
County: MONTOUR **Region:** NORTHEAST

Administrator

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

Legal Entity

Name: 9 JUSTINE DRIVE OPERATING COMPANY LLC
Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/15/2019 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 60 **Waking Staff:** 45

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal **Exit Conference Date:** 02/26/2024

Inspection Dates and Department Representative

02/26/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 **Residents Served:** 55

Secured Dementia Care Unit

In Home: No **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 **Are 60 Years of Age or Older:** 55
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 5 **Have Physical Disability:** 1

Inspections / Reviews

02/26/2024 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 03/29/2024

03/22/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 04/08/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 03/28/2024

Inspections / Reviews (*continued*)

04/01/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/08/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/05/2024

04/08/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/08/2024

Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 04/10/2024

04/10/2024 Document Submission

Submitted By: [REDACTED] Date Submitted: 04/08/2024

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:

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

Description of Violation

The home did not have documentation of a high school diploma or GED for staff person A who was hired as a personal care aide on [REDACTED].

Plan of Correction

Accept [REDACTED] - 03/22/2024)

2600.

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

- 1. Be 18 years of age or older, except as permitted in subsection (b).
- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.
- 3. Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

The home did not have documentation of a high school diploma or GED for staff person A who was hired as a personal care aide on 12/11/23.

Crystal Duncan/HR director will obtain high school diploma/GED at orientation. Staff member will not be put on the schedule until this paperwork has been obtained by the HR department.

[REDACTED]-Executive Director will audit all new employees' files monthly starting in March-2024 for the next 90 days. June -2024 the audit will be complete.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented [REDACTED] - 04/08/2024)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

The home did not have documentation that staff person A completed the department's required Direct Care Competency test. Staff person A was hired as a personal care aide on 12/11/23.

Plan of Correction

Accept [REDACTED] - 03/22/2024)

2600.

65.d.

Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2.

Successful completion and passing the Department-approved direct care training course and passing of the

65d Initial Direct Care Training (continued)

competency test.

The home did not have documentation that staff person A completed the department's required Direct Care Competency test. Staff person A was hired as a personal care aide on 12/11/23.

[REDACTED]/HR director will obtain high school diploma/GED at orientation. Staff member will not be put on the schedule until this paperwork has been obtained by the HR department.

Rachel Bingaman Executive Director will audit all new employees' files monthly starting in March 2024 for the next 90 days. June 2024 the audit will be complete.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented ([REDACTED]) - 04/10/2024)

96a - First Aid Kit

3. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The home's first aid kit located on 2nd floor at the wellness desk was missing scissors, tape, and bandages. Repeated violation 7/25/23.

Plan of Correction

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

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

The home's first aid kit located on 2nd floor at the wellness desk was missing scissors, tape, and bandages. Repeated violation 7/25/23.

The Activity director Angela Wells, will be responsible weekly, for checking all emergency kits to ensure that all equipment is in the kit. Executive Director [REDACTED] will then audit the kit monthly to ensure that each kit has all of the necessary equipment is in the kit. The community has also bought 3 extra kits to replace the kits in the event that the existing kit needs an item replaced. This has started on March 4,2024 and will continue for the next 3 months. June 2024 this plan of correction will be completed.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented ([REDACTED]) - 04/08/2024)

125a - Combustible Storage

4. Requirements

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

Description of Violation

The home has two designated smoking areas one area is located outdoors near room 11 and the 2nd designated smoking area is located outdoors near room 0. In both designated areas numerous cigarette butts were observed on the ground in areas covered with mulch and grass. Also, outside a rear exit cigarette butts were observed on the ground in an area that is not a designated smoking area.

125a - Combustible Storage (continued)

Plan of Correction

Accept () - 03/22/2024)

2600.

125.a. Combustible and flammable materials may not be located near heat sources or hot water heaters.

The home has two designated smoking areas—one area is located outdoors near room 11 and the 2nd designated smoking area is located outdoors near room 0. In both designated areas numerous cigarette butts were observed on the ground in areas covered with mulch and grass. Also, outside rear exit cigarette butts were observed on the ground in an area that is not a designated smoking area.

All cigarette butts were immediately removed on inspection. Going forward all staff on each shift have a sheet that they will sign stating that they have picked up all cigarette butts. () - maintenance director, will check both areas weekly to ensure that there are no cigarettes on the ground for the next 90 days.

This plan of correction will be completed in June 2024.

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented () - 04/08/2024)

183e - Storing Medications

5. 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

The () belonging to resident #1 was not dated and initialed when the pen was opened for use.

Plan of Correction

Accept () - 03/22/2024)

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.

The Novolog Flexpen belonging to resident #1 was not dated and initialed when the pen was opened for use.

Staff on all 3 shifts sign off that they have checked for a date on all insulin pens.

Resident care coordinator - () will check all insulin pens for the next 3 months to ensure that there is a date on all of the insulin starting the month of March 2024 and will be completed in June 2024

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented (JH - 04/08/2024)

227d - Support Plan Medical/Dental

6. 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 #2 has an enabler bar attached to their bed. The support plan dated () does not reflect the specific

227d - Support Plan Medical/Dental (continued)

need for the device, any risks associated with the device, the intended use, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Resident #3 's Documentation of medical evaluation dated [REDACTED] indicates a need for mechanical soft diet; the support plan dated [REDACTED] indicates the resident requires only a regular diet.

Plan of Correction**Accept [REDACTED] - 03/22/2024)**

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.

Resident #2 has an enabler bar attached to their bed. The support plan dated 3/24/23 does not reflect the specific need for the device, any risks associated with the device, the intended use, the resident's ability to use the device safely for the intended purpose, identification of the specific device to be used and if a cover is required to meet FDA guidelines.

Resident #3 's Documentation of medical evaluation dated 6/20/23 indicates a need for mechanical soft diet; the support plan dated 6/5/23 indicates the resident requires only a regular diet.

[REDACTED] -Director of nursing will audit 5 charts a month to ensure that all RASPS are up to date. Starting the month of March 2024 and will be completed in June 2024

Licensee's Proposed Overall Completion Date: 03/19/2024

Implemented ([REDACTED]) - 04/08/2024)