

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

April 15, 2024

[REDACTED], ADMIN/OWNER  
HFA INC  
13771 SOUTH EAGLE VALLEY ROAD  
TYRONE, PA, 16686

RE: OLIVIA VILLAGE  
13771 SOUTH EAGLE VALLEY ROAD  
TYRONE, PA, 16686  
LICENSE/COC#: 31917

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/13/2024 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: OLIVIA VILLAGE License #: 31917 License Expiration: 07/03/2024  
 Address: 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA 16686  
 County: BLAIR Region: CENTRAL

**Administrator**

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

**Legal Entity**

Name: HFA INC  
 Address: 13771 SOUTH EAGLE VALLEY ROAD, TYRONE, PA, 16686  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 06/29/2004 Issued By: DL&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 5 Waking Staff: 4

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal, Complaint Exit Conference Date: 03/13/2024

**Inspection Dates and Department Representative**

03/13/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 33 Residents Served: 5  
 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: 5  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 1  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

03/13/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/05/2024

04/04/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 04/15/2024  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 04/11/2024

Inspections / Reviews *(continued)*

04/15/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/22/2024

04/15/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/15/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

82c - Locking Poisonous Materials

1. Requirements

2600.

82.c. Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

Description of Violation

On 3/13/24, denture cleanser with a manufacture's label indicating "contact the Poison Control Center immediately" in case of accidental ingestion and clipper oil with a manufacture's label indicating "if swallowed, do not induce vomiting, call a physician immediately" were unlocked, unattended, and accessible to all residents in the home. Not all the residents of the home, including Resident #1, Resident #2, and Resident #3, have been assessed as capable of recognizing and using poisons safely.

Plan of Correction

Accept ( ) - 04/15/2024

Short Term Goals:

1. Administrator gave Resident #4 a key to [redacted] room on [redacted]. Administrator advised resident #4 to lock the door when [redacted] leaves [redacted] room and explained the importance of locking the door when leaving to ensure the safety of all residents.
2. Administrator and Staff will monitor on a daily basis Resident #4 compliance to locking his bedroom door. Daily room checks were implemented on 3/14/2024 to ensure his door was locked when he is out of his room.
3. The Administrator educated all staff on understanding if a resident is safe around poisons or not, and the importance of making sure poisons are not accessible to residents which are not safe. The administrator emphasized to current staff the importance of safety to all residents with regards to poisonous materials on 3/14/2024. Reviewed all resident's RASPs with staff.
4. The administrator audited all other resident rooms for poisonous materials on 3/14/2024, none was found.

Long Term Goals:

1. Administrator and Staff will audit every resident's room for poisonous materials weekly during cleaning schedules, every Thursdays. If found any, staff will assess and refer to RASP if resident is capable of recognizing and using poisonous materials safely. Audit of resident rooms were completed on 3/14/2024.
2. Administrator will hand a key to residents assessed to safely use poisonous materials and advise to lock the door, explain the importance for the safety of all residents at the Home.
3. Administrator and Staff will ensure cooperation of the residents by checking their doors if they are not in their room.

A PDF file (Number 1.pdf) is attached, showing corrections for this violation.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ( ) - 04/15/2024

83a - Indoor Temperature

**2. Requirements**

2600.

83.a. The indoor temperature, in areas used by the residents, must be at least 70°F when residents are present in the home.

**Description of Violation**

On 3/13/24 at approximately 10:00am, while residents were present in the home, the temperature in the dining room, lobby, and hallways used by the residents were 66 degrees Fahrenheit.

**Plan of Correction**

Accept ( [redacted] - 04/15/2024)

Short Term and Long-Term Goals:

- 1. The administrator increased the temperature of the home to 70 degrees Fahrenheit on 3/14/2024.
- 2. Administrator will monitor the temperature of the home daily to ensure a temperature of no less than 70 degrees is maintained on areas used by the residents. The temperature checks started on 3/14/2024. All staff are instructed to check the temperature of the home every shift that 70 degrees Fahrenheit is maintained all day long every day.
- 2. Administrator will assess the number of residents. Depending on the census if needed, administrator will move residents to use one wing or two for resident's rooms to maintain the temperature to 70 degrees. The administrator will assess if this is implemented in the future, the wing will be blocked with no entry sign and that the general common areas temperature are not affected. There is one wing of the building which is off sight of the common areas that is a good candidate to block that may not affect the temperature of the common areas. The administrator will not implement If this affects the temperature in the dining room, lobby, and hallways used by the residents.

A PDF file (Number 2.pdf) is attached for this violation. It shows an Accurite gadget placed on top of the piano where the common space for residents is. Also, it shows an Atomic Clock temperature reading (Dining Room). Both are readings as of 8:11AM, 4/11/24. Readings are both 72.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ( [redacted] - 04/15/2024)

**85b - Infestation**

**3. Requirements**

2600.

85.b. There may be no evidence of infestation of insects or rodents in the home.

**Description of Violation**

On 3/13/24 at approximately 10:00am, room #SR4 was observed to have hundreds of bed bug black feces stains around the room: on the mattress cover, around the outlets and phone jack, in the corners of the room as well as where the walls meet the ceiling. Bed bug carcasses were observed around the room.

**Plan of Correction**

Accept ( [redacted] - 04/15/2024)

Short term and long term Goals:

- 1. Room SR #4 (SunRise Wing) has been vacated and locked for cleaning and repainting mid-February 2024, approximately the 17th. Previous resident occupant was moved to another clean room for that purpose. As a practice, all clothes that were moved in the other room were washed and ran in the dryer. All extra clothing and belongings were bagged and explained to the family to bring home to remove some clutters. The room was

85b Infestation (continued)

cleaned and vacuumed day after which is the 18th. Observed only old stains from previous treatments. As of today, re painting of SR#4 will be scheduled/done by Frederick Aguillo sometime mid summer (June/July) of this year, 2024.

2. Administrator will enforce immediate evacuation from the room that needs treatment from bugs for cleaning and repainting, Residents will be moved to another clean room.

3. Administrator will emphasize to residents and families upon admission the importance of the Home Rules and cooperating with the cleaning schedules and practices of the Home.

4. Staff checked all mattress covers and bed linen of any stain. Staff discarded all stained mattress covers and bed linen 3/16/2024.

5. Administrator educated / reviewed with staff on identifying and how to treat bed bugs on 4/5/2024.

6. Administrator and staff checked all rooms in the home for bed bugs on 4/4/2024. None was found.

5. Cleaning Schedules and Maintenance Practices of the Home with regards to bugs:

a. The staff inspect the walls, ceilings, box springs (one side up) and mattresses (one side up) weekly every Thursday which coincides with linen change task and room cleaning schedules. The latest inspection of rooms by staff was made last Thursday, 4/4/2024.,

b. If found any bug, [redacted] will do full bed bug maintenance: Wash clothes and run in the dryer, Vacuum seal all clothes and other belongings, spray all walls, ceilings, box springs (one side up), and mattresses (one side up). [redacted] continues to do room inspection and maintenance every Thursday which coincides with operational linen change tasks. Hallways and common areas are regularly sprayed once a week at 1 2 AM.

c. If active infestation is observed, the administrator will call a company to evaluate and treat. In the past, Ehrlich Pest Control was contracted to do 3 major treatment services and Reitz Pest Control did 1 service for a room. The companies decide how often the treatments are done.

6. Administrator will educate and train staff on identifying and how to treat bed bugs during orientation.

Please see PDF attachment. Number 3.pdf

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented [redacted] - 04/15/2024)

88a - Surfaces

4. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 3/13/24, at approximately 10:10am, room #SR4 was observed with multiple areas of black feces marks from bed bugs around the phone jack and outlets, as well as on the corners where each wall meets and where the walls meet the ceiling.

88a - Surfaces (continued)

Plan of Correction

Accept ( [redacted] ) - 04/15/2024)

Short term and long term Goals:

1. Room SR #4 has been vacated and locked for cleaning and repainting mid-February 2024, approximately the 17th. Previous resident occupant was moved to another clean room for that purpose. All extra clothing and belongings were bagged and explained to the family to bring home to remove some clutters. The room was cleaned and vacuumed day after which is the 18th of February. As of today, re-painting of SR#4 will be scheduled/done by Frederick Aguillo sometime mid-summer (June/July) of this year, 2024.
2. Administrator will enforce immediate evacuation from the room that needs treatment from bugs for cleaning and repainting, Residents will be move to another clean room.
3. Administrator will emphasize to residents and families upon admission the importance of the Home Rules and cooperating with the cleaning schedules and practices of the Home.
4. Administrator and staff checked all rooms in the home on 4/3/2024. Rooms were all cleaned 4/4/2024.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ( [redacted] ) - 04/15/2024)

141b1 - Annual Medical Evaluation

5. Requirements

2600.

141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident #4's most recent medical evaluation was completed on [redacted] The resident's previous medical evaluation was completed on [redacted]

Plan of Correction

Accept ( [redacted] ) - 04/15/2024)

Short term and Long term Goals:

1. Reeducate / remind the administrator to refer the annual due date of DME is based on the date resident is evaluated, not the date form is completed.
2. Administrator reviewed / audited all resident's records / DME's on file on 3/15/2024. All other current DME's reviewed were up to date.
3. DME tracking system has been in place since the beginning of the operation. It is in the home page screen of our computer system. Pls see attached home page screen of our computer system.

141b1 - Annual Medical Evaluation (continued)

4. Administrator will ensure completion of DME annually.

A PDF file, Number 5.pdf) of the Resident Management home page is attached, showing corrections for this violation. Our intranet automatically flags with orange an high-light 60 days before the next MED Evaluation due date. It automatically highlights in red if 30 days before (and beyond) the next evaluation date. However, page 2 of the attached PDF doesn't show any resident that is due in the next 60/30 days (see the high-lighted with yellow).

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ( [redacted] - 04/15/2024)

161d - Dietary Needs

6. Requirements

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

Per Resident #3's most recent medical evaluation on [redacted], the resident is prescribed a lactose free diet. On [redacted] at the noon meal, Resident #3 was observed to have eaten a cheesesteak. Interview with the Administrator and Staff Person A indicated that no residents had any special diets, and they were not aware that Resident #3 was ordered a lactose free diet per the medical evaluation dated [redacted]. During the interview, it was stated that Resident #3 has been served items with lactose, such as cheese, butter, and ice cream.

Plan of Correction

Accept [redacted] 04/15/2024)

Short Term Goals:

1. Administrator updated resident #3 diet. A written order from primary care physician was obtained for Regular diet on 3/20/2024.
2. Administrator reviewed resident #3 RASP on 3/20/2024, the resident's RASP on 3/20/2024 is up to date.
3. Administrator requested a new DME for Resident #3 to reflect the Regular diet on 4/4/2024.
4. The Administrator reviewed all resident's diets, including DME's RASP on 3/15/2024. All resident's diet reviewed were correct.
5. The administrator developed a system of notifying the kitchen and posting diet in the kitchen by using an existing system generated general purpose list form that includes all the names of the current residents. This form is generated / printed every month coincides with the monthly turn overs / printing of MARS etc. All updates are going to be done monthly, then will be posted in the kitchen. This system was implemented on 4/1/2024.
6. The Administrator educated / informed staff about diets, reviewing the RASP, the developed system of notifying the kitchen and the location of the current diet list which is to be posted in the kitchen and to update regularly for changes on 3/20/2024.

Long Term Goals:

1. Administrator will ensure that special dietary needs will be kept in the resident's records.
2. Administrator will inform staff of resident's special dietary needs thru the RASP and will be posted on the

161d - Dietary Needs (continued)

refrigerator in the kitchen.

3. Administrator will clarify dietary needs from the residents.

4. Administrator will update RASP and DME of any changes in resident's dietary needs.

Please see PDF attachments, Number 6A.pdf, Number 6B.pdf, Number 6C.pdf, Number 6D and Number 6E.pdf

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ( [redacted] ) - 04/15/2024)

181c - Self-administration Assessment

7. 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 #4 self-administers [redacted] However, Resident #4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding ability to self-administer and the need for reminders to take medications.

Plan of Correction

Accept ( [redacted] ) - 04/15/2024)

Short Term Goals:

1. Administrator obtained a written order from the doctor certifying Resident #4 is able to self-administer cream and other topical medications on 3/20/2024.
2. Administrator updated RASP of Resident #4 on 3/20/2024.
3. A new DME was received on 4/4/2024 reflecting Resident #4 is able to self-administer his own cream, Diclofenac Sodium 1% gel.
4. Administrator educated / reviewed all staff on identifying residents which are allowed to self-administer medications. Reviewed medication self-administration with staff on 3/20/2024.

Long Term Goals:

1. Administrator will make sure DME and RASP are updated if resident prefers to administer his own medications.

Please see PDF attachments:

Number 7A.pdf

Number 7B.pdf

Number 7C.pdf

Number 7D.pdf

181c - Self-administration Assessment (continued)

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ( ) - 04/15/2024)

181f - Record of Medication

8. Requirements

2600.

181.f. The resident's record shall include a current list of prescription, CAM and OTC medications for each resident who is self-administering his medication.

Description of Violation

On ( ), Resident #4's medication record did not include resident's ( )

Plan of Correction

Accept ( ) - 04/15/2024)

Short Term and Long Term Goals:

1. Administrator entered ( ) in Resident #4 MAR on 3/14/2024.
2. Administrator audited all resident's records if any other residents can self medicate on 3/14/2024, No other resident can self medicate.
3. Administrator educated / reviewed all staff on keeping list of medications for all residents that self medicate on 3/15/2024.
4. Administrator will enter all current prescription, CAM and OTC medications in the MAR for each resident who is self-administering medications.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ( ) - 04/15/2024)

183b - Meds and Syringes Locked

9. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On ( ), Resident #4's ( ) was unlocked, unattended, and accessible on the nightstand in the resident's room.

Repeated Violation - 12/21/22

Plan of Correction

Accept ( ) - 04/15/2024)

Short Term Goals:

1. Administrator removed the ( ) on the nightstand in the resident's room and put back to the medication cart on 3/13/2024.
2. The administrator educated Resident #4 on medication self-administration and emphasized the importance of keeping all medications locked on 3/13/2024.

183b Meds and Syringes Locked (continued)

- 3. Administrator provided a locked container to Resident #4 to keep [REDACTED] cream on 3/20/2024. Staff started checking Resident #4 lock box on 3/20/2024 each shift for compliance of locking the medication lock box provided.
- 4. The administrator checked all the resident rooms of any medications including OTC on 3/14/2024. No other medication was found. Staff will continue on auditing the rooms weekly on cleaning days, Thursdays.
- 5. The administrator educated all staff in regard to residents that self administer medications. Reviewed with staff medication self administration on 3/20/2024.

Long Term Goals:

- 1. Administrator and staff will monitor each resident's room on daily rounds for any medication in the room. If any medication found, remove immediately.
- 2. Staff will check each shift of resident's compliance of locking the medication box provided. Staff will explain resident the importance of locking the box to ensure cooperation of the resident.
- 3. The next Quality Management meeting will be June 4, 2024. All training needs will be reviewed at that meeting.

Please see PDF attachments. Number 9A.pdf and Number 9B.pdf

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented ([REDACTED]) - 04/15/2024)

227d - Support Plan Medical/Dental

10. 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

The support plan for Resident #3, dated [REDACTED] does not indicate the resident's need for a lactose free diet or how this need will be met.

Plan of Correction

Accept ([REDACTED]) - 04/15/2024)

Short Term Goals:

- 1. Administrator reviewed Resident #3's RASP on 3/20/2024, RASP is up to date.
- 2. The administrator educated / reviewed the RASP with the staff on 3/20/2024, trained / educated the staff to write/update RASPs on what is required in the RASP.
- 3. The administrator and staff audited all resident RASPs on 3/20/2024 to ensure diets are correct in the RASP. All other resident's diets are correct in the RASPs.

227d Support Plan Medical/Dental (continued)

Long Term Goals:

- 1. Administrator will make sure the resident's special diet is reflected in the RASP and the needs are being met.
- 2. Administrator will update RASP of any changes in dietary needs.

Please see PDF attachments, Number 10A.pdf and Number 10B.pdf

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented [REDACTED] - 04/15/2024)

252 - Record Content

11. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #5's record does not include the resident's death certificate.

Plan of Correction

Accepted [REDACTED] - 04/15/2024)

Short Term Goals:

- 1. Administrator obtained death certificate for Resident #5 and kept in [REDACTED] file on 4/2/2024.
- 2. The administrator reviewed the Content of Resident Records regulation on 4/5/2024
- 3. A computer system is in place to make sure all required documents are in the record before it is filed, a copy of the official death certificate is added to the closed record system if the resident dies in the home.

Long Term Goals:

- 1. Administrator will keep the Resident's file on top of her desk until a copy of death certificate is obtained if the resident dies in the home. The file will remain on top of her desk as a reminder not to close the file until the copy of death certificate is obtained.

Two(2) PDF files, Number 11A.pdf and Number 11B ) are attached, showing corrections for this violation. Our intranet home page now automatically displays monitoring of Death in the facility where a major requirement is the receipt of the death certificate (See highlighted in page 2 of Number 11A.pdf). If the death certificate has not been received yet, the system automatically highlights the resident's name with a RED background. Fortunately, Resident #5's Death Certificate has been received and it's showing a receipt date of 4/2/2024.

Page 3 of Number 11A.pdf, the highlighted ones are the software changes to implement this monitoring of deaths in the Facility.

252 - Record Content (continued)

PDF file, Number 11B.pdf is a copy of Resident #5's death certificate from [REDACTED] Funeral Home.

Licensee's Proposed Overall Completion Date: 04/11/2024

Implemented [REDACTED] - 04/15/2024)