

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

May 2, 2024

[REDACTED], ADMINISTRATOR  
GARVEY MANOR NURSING HOME  
1037 SOUTH LOGAN BOULEVARD  
HOLLIDAYSBURG, PA, 16648

RE: OUR LADY OF THE ALLEGHENIES  
RESIDENCE  
1037 SOUTH LOGAN BOULEVARD  
HOLLIDAYSBURG, PA, 16648  
LICENSE/COC#: 31641

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/27/2024, 03/28/2024 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:** OUR LADY OF THE ALLEGHENIES RESIDENCE      **License #:** 31641      **License Expiration:** 08/29/2024  
**Address:** 1037 SOUTH LOGAN BOULEVARD, HOLLIDAYSBURG, PA 16648  
**County:** BLAIR      **Region:** CENTRAL

**Administrator**

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

**Legal Entity**

**Name:** GARVEY MANOR NURSING HOME  
**Address:** [REDACTED]

**Certificate(s) of Occupancy**

**Type:** C 2 LP      **Date:** 06/09/2003      **Issued By:** L&I

**Staffing Hours**

**Resident Support Staff:** 0      **Total Daily Staff:** 22      **Waking Staff:** 17

**Inspection Information**

**Type:** Full      **Notice:** Unannounced      **BHA Docket #:**  
**Reason:** Renewal      **Exit Conference Date:** 03/28/2024

**Inspection Dates and Department Representative**

03/27/2024 On Site: [REDACTED]  
03/28/2024 On Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information			
<b>License Capacity:</b> 40		<b>Residents Served:</b> 22	
Secured Dementia Care Unit			
<b>In Home:</b> No	<b>Area:</b>	<b>Capacity:</b>	<b>Residents Served:</b>
Hospice			
<b>Current Residents:</b> 0			
Number of Residents Who:			
<b>Receive Supplemental Security Income:</b> 0		<b>Are 60 Years of Age or Older:</b> 22	
<b>Diagnosed with Mental Illness:</b> 0		<b>Diagnosed with Intellectual Disability:</b> 0	
<b>Have Mobility Need:</b> 0		<b>Have Physical Disability:</b> 0	

**Inspections / Reviews**

03/27/2024 - Full  
**Lead Inspector:** [REDACTED]      **Follow Up Type:** POC Submission      **Follow Up Date:** 04/13/2024

Inspections / Reviews *(continued)*

04/15/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/12/2024

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/22/2024

04/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/16/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/24/2024

05/02/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/29/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

81b - Resident Personal Equipment

1. 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

The beds of the residents in rooms A004 and A104 have enabler bars attached to the bed with an uncovered opening measuring 12 inches wide and 9 inches high. The bed of the resident in room # A113 has an enabler bar attached to the bed with an uncovered opening measuring 17 1/2 inches wide and 9 inches high. These enabler bars pose an entrapment risk.

Plan of Correction

Accept (█) - 04/17/2024

Immediate Plan of Correction:

April 5, 2024 Residence Director requested therapy evaluate residents in A004, A104 and A113 for ongoing need for enabler bars.

April 9, 2024 Physical therapist worked with resident in A104 and indicated that enabler bar remains appropriate for independence with bed mobility and transfers.

April 11, 2024 Physical therapy worked with residents in A004 and A113 and indicated that enabler bars remain appropriate for these residents.

April 11, 2024 Facility Director placed secure coverings to cover openings on all three enabler bars. Residents were agreeable to the placement of the coverings.

Ongoing Monitoring : On April 12, 2024 Facility Director educated staff on the tasks in place in PointClickCare (See attached example) regarding safety checks of enabler bars and that staff will check coverings daily on first and second shift to ensure covering is secure. Staff will change coverings weekly with linen changes and as needed.

Licensee's Proposed Overall Completion Date: 04/16/2024

Implemented (█) - 05/02/2024

132c - Fire Drill Records

2. 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 fire drill records do not list the exit route(s) used. The records indicate that for drills held on 11/29/23, 12/28/23, 1/17/24, 2/21/24 and 3/15/24 "residents evacuated to place of refuge" and "residents moved past fire doors or area of refuge". For drills held on 2/21/23, 3/16/23, 4/7/23, 5/30/23, 6/29/23, 7/17/23, 8/22/23, 9/6/23 and 10/20/23 the records indicate "Residents relocated to area of refuge", "Residents relocated to fire safe areas" and "Residents relocated to areas past fire doors".

Plan of Correction

Accept (█) - 04/17/2024

Director of Maintenance will begin using the Our Lady of the Alleghenies Residence Personal Care Home Fire Drill

132c - Fire Drill Records (continued)

Record 2600.132(c) beginning April 2024. Key to Exit Route(s) documentation is attached. April fire drill will be conducted the week of April 15 - 19, 2024, exact date was not given due to unannounced drills.

Ongoing monitoring: Facility Director will begin to review the form monthly beginning April 30, 2024 for proper documentation.

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [redacted] 05/02/2024)

141a 1-10 Medical Evaluation Information

3. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

The medical evaluation completed for resident #1 on 10/31/23 was missing the following: date the form was completed, height, weight, pulse, blood pressure and temperature.

Plan of Correction

Accept [redacted] - 04/17/2024)

March 27, 2024 Resident Services Coordinator placed call to PCP for resident #1 to obtain missing documentation. Needed information has not been received at this time. Resident Services Coordinator prepared new DME on 4/15/2024 and form was faxed 4/16/24 to PCP for completion with target date of completion by April 17, 2024 when PCP rounds within the skilled facility.

Ongoing monitoring: Resident Services Coordinator will check medical evaluations at time of receipt to ensure all areas are completed before filing on resident chart. PCP office will be contacted immediately when forms are not fully completed and corrected prior to placement on resident chart.

DME and RASP tracker was initiated in 2020 and will continue to be used as part of Quality Improvement Study

Licensee's Proposed Overall Completion Date: 04/17/2024

Implemented [redacted] - 05/02/2024)

183e - Storing Medications

4. Requirements

2600.

183e - Storing Medications (continued)

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

Prescribed [redacted] for resident #2 were not dated when they were opened.  
Proscribed [redacted] for resident #3 was not dated when opened.

Plan of Correction

Accept [redacted] - 04/15/2024

March 28, 2024 Un-dated items were immediately disposed using proper disposal methods. Resident Services Coordinator contacted pharmacy for new supply at facility cost to replace these items. Resident Director and Resident Services Coordinator reviewed with staff the facility procedure for Insulin Preparation and Administration (attached)  
April 4, 2024 Diabetic Education completed by M. Johnston, Certified Diabetic Educator including dating items and checking for dates of insulin during Five Rights of Administration. (Attached sign-in sheet; certificate with listed items covered)  
Ongoing Monitoring: On a weekly basis third shift staff will audit medication carts to check that proper date stickers are in place for all insulin vials and/or pens currently in use. (Audit form attached)

Licensee's Proposed Overall Completion Date: 04/28/2024

Implemented [redacted] - 05/02/2024

185a - Implement Storage Procedures

5. Requirements

2600.  
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Blood glucose readings for resident #3 were incorrectly recorded in the resident's medication administration record (MAR) as follows:

Date	MAR	Glucometer
[redacted]	[redacted]	[redacted]

Plan of Correction

Accept [redacted] - 04/15/2024

March 28, 2024 Resident Director and Resident Services Coordinator reviewed with staff the Rights of Medication Administration including documentation of supplemental information for administration including glucometer readings.  
April 4, 2024 Diabetic Education completed by M. Johnston, Certified Diabetic Educator including Five Rights of Administration. (Attached sign-in sheet; certificate with listed items covered)  
Ongoing monitoring: The Resident Services Coordinator will do monthly audit of glucometer readings. (Attached audit)

185a Implement Storage Procedures (continued)

Licensee's Proposed Overall Completion Date: 08/01/2024

Implemented (█) - 05/02/2024)

187b - Date/Time of Medication Admin.

6. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The MAR for resident #1 was not marked to indicate that prescribed █ was administered at █ on █ and that prescribed █ were administered on █

Plan of Correction

Accept (█) - 04/15/2024)

March 28, 2024 using medication cards Facility Director and Resident Services Coordinator were able to confirm with DHS staff that medications were administered.

March 29, 2024 Facility Director and Resident Services Coordinator review with staff the Medication Administration Cycle utilizing PA DHS Medication Administration Training Course Lesson 8 on Documentation.

On April 5, 2024 documentation was entered by Facility Director completing these medications administration with supporting progress note. (Attached documentation).

April 12,2024 Staff are provided with instructions on how to utilize the PointClickCare Clinical Dashboard as a means to monitor the "Not Administered" Med Passes in Last 24 hours. prior to end of their shift to check for completed administration.

Ongoing Monitoring: Facility Director and Resident Services Coordinator will continue to do weekly audits of MAR for completed documentation.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented (█) - 05/02/2024)