

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

July 26, 2024

[REDACTED], ADMINISTRATOR
I SAW THE LIGHT LLC
[REDACTED]

RE: SOUTH FORK WELCOME HOME
316 MAIN STREET
SOUTH FORK, PA, 15956
LICENSE/COC#: 33771

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/21/2024 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: *SOUTH FORK WELCOME HOME* License #: 33771 License Expiration: 10/04/2024
 Address: 316 MAIN STREET, SOUTH FORK, PA 15956
 County: CAMBRIA Region: CENTRAL

Administrator

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

Legal Entity

Name: *I SAW THE LIGHT LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/20/1999* Issued By: *Department of Labor & Industry*

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 18 Waking Staff: 14

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *05/21/2024*

Inspection Dates and Department Representative

05/21/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 18 Residents Served: 18

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 17 Are 60 Years of Age or Older: 16
 Diagnosed with Mental Illness: 18 Diagnosed with Intellectual Disability: 1
 Have Mobility Need: 0 Have Physical Disability: 0

Inspections / Reviews

05/21/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *06/08/2024*

06/26/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/18/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/03/2024*

Inspections / Reviews *(continued)*

07/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 07/18/2024

07/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

20b3 - Written Receipts

1. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

On 2/23/24, 2/24/24, 2/28/24, 3/2/24, and 3/7/24 cash disbursements of \$3.00, \$3.00, \$3.00, \$3.00 and \$10.00 were made to resident #2. However, the home did not obtain the resident signature for the receipt of the disbursement.

On 2/23/24, 3/3/24, 3/6/24, and 3/7/24 cash disbursements of \$2.00, \$20.00, \$10.00 and \$7.00 were made to Resident #3. However, the home did not obtain the resident signature for the receipt of the disbursement.

Plan of Correction

Accept (█ - 07/02/2024)

This regulation is important to ensure that both the resident and the facility staff are protected against any financial abuse and/ or fraud. The manager of the facility was signing the monies out upon giving them to the resident and █ did not have them sign it out as required by the form, our policy, their support plans and the state regulation. The employee in question and myself are the only people permitted to handle the finances and the only people in the facility that have access to the money, The employee in question has be retrained on █ role in regards to financial support plans, the forms that go along with them and how to complete each form on 5/24/2024. An audit will be completed on Sundays by the facility administrator to ensure that all documentation is signed and completed by the staff and the resident. All monies will be counted and accounted for during the audit.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (█ - 07/26/2024)

25b - Contract Signatures

2. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract, dated █, for resident #2 was not signed by the Administrator.

Plan of Correction

Accept (█ - 07/02/2024)

This regulation is important because it serves as a legally binding lease between the resident and the facility. Without both signatures on the lease, it is not legally biding making it not enforceable leaving room for error. The facility administrator did not realize that the form was not signed as it is normally done while going over the initial introduction to the facility right after the resident signs. The administrator has corrected the error by signing the resident #2 contract on 5/21/2024, after it was brought to attention and in the future, full audits of each book 10 days after a new resident moves in to ensure all forms are accounted for, filled out property and all required signatures have been obtained.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented (█ - 07/26/2024)

60a - Staff/Support Plan

3. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home had no certified medication technicians available during overnight shifts from 8:00 PM to 8:00 AM on 5/7/24, 5/13/24 and from 12:00pm to 8:00am on 5/17/24. As a result, the home was unable to provide medication administration services during this time for residents who have medications scheduled pro re nata (PRN).

Plan of Correction

Accept () - 07/08/2024)

This regulation is important because all residents needs shall be met both day and night. While our nightshift staff are not medication techs, the manager is on-call for all PRN medications that need to be given during the night staffed hours. We have had several difficulties in obtaining medication training for new employees. I as the administrator have submitted and paid for the "Medication Train the Trainer" course last year and have yet to gain access to the class to be trained. Additionally, I have paid a trainer to train the said employees and they have finished the first portion of the online training but have not finished the course. Until that time, both myself and the manager will be on-call for any PRN medications during nightshift. All employees will complete full Medication Training by July 31, 2024. The administrator will work with [redacted] and Temple University to obtain [redacted] medication administration train the trainer certificate to avoid this in the future. The course has been paid in full and documentation will be submitted to Temple by July 31, 2024 to began this training.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/26/2024)

85e - Trash Outside Home

4. Requirements

2600.

85.e. Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

Description of Violation

A dumpster located behind the home was overfilled with an excessive amount of trash bags. The lid of the dumpster was broken, therefore the dumpster was unable to be closed. Numerous flies were observed around the open dumpster.

Plan of Correction

Accept () - 07/02/2024)

The dumpster lid is broken. We have cancelled service with that trash provider due to the dumpster not properly working and them not allowing us to place a lock on it due to illegal dumping from people in the neighborhood. Although service has been cancelled for 4 months, they have yet to retrieve the dumpster from our lot which has been requested on numerous occasions. Additionally, a new service provider was hired and has a dumpster with a lock on our property which we have been using for the last 4 months. The garbage in the said dumpster is not ours and is not permitted to be on the property. The administrator will call on Mondays and Wednesdays each week to request full removal of the dumpster from ProDisposal. A letter will also be sent notifying them that their property needs to be removed from the facility by July 31, 2024. If they fail to remove the dumpster during that time, legal action will be taken including filing charges with the local magistrate.

Licensee's Proposed Overall Completion Date: 06/30/2024

Implemented () - 07/26/2024)

85e - Trash Outside Home (continued)

121a - Unobstructed Egress

6. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 5/21/24 at 9:30 AM, a shower chair and stack of ceramic tiles was observed obstructing the first door leading to the home's northside emergency exit. On 5/21/24 at 9:40 AM, 3 large 5 gallon water bottles were observed obstructing the first door leading to the home's front foyer emergency exit.

Plan of Correction

Accept (█) - 06/26/2024)

This regulation is important to ensure that in the event of an emergency, all residents and staff will be able to safely evacuate. The shower chair was placed there due to a resident being in the shower upon arrival of the inspectors that morning. It was put back where it should go in the shower by staff upon seeing it placed where it was. The tile was sitting there and was left by the contractor as a new bathroom floor was just installed. The tile was removed on 5/21/2024 and placed in the basement. The bottles of water should not be placed in the upstairs but had been dropped by the water delivery service and staff had not moved them yet. Staff are scheduled to be trained on this during the monthly training scheduled for the end of June 25, 2024. Please see the attached training.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented (█) - 07/26/2024)

127a - Portable Space Heaters

7. Requirements

2600.

127.a. Portable space heaters are prohibited.

Description of Violation

On 5/21/24 at 9:35 AM, an electric fireplace/portable space heater was observed in the TV room.

Plan of Correction

Accept (█) - 06/26/2024)

The electric fireplace was placed in the living room for decor purposes, Upon being told that this was against regulation and that it is considered a "space heater" it was removed from the facility on 5/21/2024.

Licensee's Proposed Overall Completion Date: 06/12/2024

Implemented (█) - 07/26/2024)