

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

July 2, 2024

[REDACTED] ADMINISTRATOR
GUARDIAN ELDER CARE AT TYRONE I, LLC
[REDACTED]
[REDACTED]

RE: EPWORTH MANOR SENIOR LIVING
925 SOUTH LINCOLN AVENUE
TYRONE, PA, 16686
LICENSE/COC#: 32842

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/22/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: EPWORTH MANOR SENIOR LIVING License #: 32842 License Expiration: 08/01/2023
Address: 925 SOUTH LINCOLN AVENUE, TYRONE, PA 16686
County: BLAIR Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: GUARDIAN ELDER CARE AT TYRONE I, LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 08/06/2002 Issued By: Department of Labor & Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 48 Waking Staff: 36

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: [Redacted] Exit Conference Date: 05/22/2024

Inspection Dates and Department Representative

05/22/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 54 Residents Served: 38
Secured Dementia Care Unit
In Home: Yes Area: MS Capacity: 12 Residents Served: 9
Hospice
Current Residents: 6
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 38
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 10 Have Physical Disability: 1

Inspections / Reviews

05/22/2024 - Full

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

Inspections / Reviews (*continued*)

06/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 06/17/2024

06/26/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 07/06/2024

07/02/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/28/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

20b8 - Quarterly Account

1. Requirements

2600.

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

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Residents #1, #2, #3 and #4 have not received a quarterly account of financial transactions since [REDACTED]

Plan of Correction

Accept [REDACTED] - 06/10/2024)

After speaking with all residents and families. They decided to close their Resident Trust Accounts and have monies refunded to them. See attached letters and copies of checks as of 6/7/2024.

Licensee's Proposed Overall Completion Date: 06/07/2024

Implemented [REDACTED] - 07/02/2024)

28e - Death of a Resident

2. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #5 passed away on [REDACTED]. Resident #5's personal belongings were removed from [REDACTED] room on [REDACTED]. However, the refund issued to the resident's family was for [REDACTED] through [REDACTED]. In accordance with the Elder Care Payment Restitution Act (35 P.S. § 10226.101 – 10226.107) following the death of a resident, the home will pay the personal representative or guardian of the resident the amount of the difference between any payment made and the cost of eldercare actually provided to the resident.

Plan of Correction

Accept [REDACTED] - 06/26/2024)

Resident refund requested by Administrator on 6/7/24. Facility will refund daily rate for [REDACTED].

Proposed Overall Completion Date: 06/07/2024

Review of policy and contract on 5/31/2024 by Administrator and designee (RCC). Administrator and/or designee (RCC) will refund monies from date of physical move out. Administrator and designee (RCC) will review that refunds are issued at every billing cycle on or before 25th of each month.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented [REDACTED] - 07/02/2024)

65g - Annual Training Content

3. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

65g - Annual Training Content (continued)

- 1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
- 2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
- 5. Falls and accident prevention.

Description of Violation

Staff person A did not receive training in fire safety, emergency preparedness, and falls/accident prevention during training year 2023.

Plan of Correction

Accept (█) - 06/26/2024)

As of October 2023, all ancillary staff are now under same company. Starting January 2024, all ancillary staff are required to participate in the monthly staff meetings to obtain all annual training requirements. Attached is record of staff training sheets created for ancillary staff members. I've also attached implemented ancillary staff training sheet as of 5/30/2024.

Record of staff trainings are reviewed monthly by Administrator or designee (RCC). Administrator is responsible for ensuring all staff is obtaining annual trainings.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented (█) - 07/02/2024)

82c - Locking Poisonous Materials

4. 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

A spray bottle with a manufacture's label indicating "Peroxide Multi Cleaner & Disinfectant", was unlocked, unattended, and accessible to residents in the memory support unit bathroom cabinet. All the residents in the memory support unit of the home, have been assessed incapable of recognizing and using poisons safely.

Plan of Correction

Accept (█) - 06/26/2024)

Broken lock replaced as of 5/22/2024. All poisonous materials keep in locked cabinet. Check list created and implemented to ensure all shifts are checking to make sure poisonous materials are in cabinet and cabinet is locked.

All staff educated on 5/31/2024 to where to find checklist and what staff is to be checking. Checklist was implemented as a daily shift task. Each shift will check to make sure all poisonous materials are locked up and cabinet is locked. Administrator and/or designee (RCC) will monitor that checklist is being completed daily.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented (█) - 07/02/2024)

231c - Preadmission Screening

5. Requirements

2600.

231c - Preadmission Screening (continued)

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

Description of Violation

Resident #6 was admitted to the Secure Dementia Care Unit (SDCU) on [REDACTED] However, the resident's cognitive preadmission screening from [REDACTED] was incomplete, missing the physician acknowledgement that the resident's needs can in fact be met in the home.

Plan of Correction

Accept ([REDACTED]) - 06/26/2024)

New item added to Admission checklist to ensure all dates, signatures and boxes checked on Pre-Screens, and DME's. Audit completed with existing files as of 6/7/2024.

Administrator and/or designee (RCC) educated on admission checklist and purpose of checklist. Administrator and/or designee (RCC) are responsible for completing admission checklist. Administrator and designee (RCC) completed audit on 6/7/2024.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented ([REDACTED]) - 07/02/2024)

233c - Key-Locking Devices

6. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The directions for operating the home's locking mechanism are not conspicuously posted near the external courtyard gate in the Secure Dementia Care Unit (SDCU).

Plan of Correction

Accept ([REDACTED]) - 06/26/2024)

Key Code posted on inside lid of keypad near the external courtyard gate of the Secure Dementia Care Unit.

Key code posted 5/24/2024. Administrator and designee (RCC) educated on the importance of key code being posted. Checklist implemented 5/26/2024 to be checked weekly that key code is still posted. Administrator and/or designee (RCC) responsible for checklist weekly.

Licensee's Proposed Overall Completion Date: 06/14/2024

Implemented ([REDACTED]) - 07/02/2024)