



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to DUNLEVY MANOR LIVING LLC
LEGAL ENTITY

To operate DUNLEVY MANOR LIVING
NAME OF FACILITY OR AGENCY

Located at 2218 PA-88, DUNLEVY, PA 15432
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 24
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 31, 2024 until January 31, 2025,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **455971**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
ACTING DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Certified Mailing Date: July 26, 2024

[REDACTED]
Dunlevy Manor Living LLC
2218 PA-88
Dunlevy, Pennsylvania 15432

RE: Dunlevy Manor Living
License #: 45597

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspection on June 28th, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your PROVISIONAL license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *Dunlevy Manor Living* License #: *455970* License Expiration: *07/24/2025*
Address: *2218 PA-8, Dunlevy, PA 15432*
County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *Dunlevy Manor Living*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/20/1996* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *11* Waking Staff: *8*

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *Change Legal Entity* Exit Conference Date: *06/28/2024*

Inspection Dates and Department Representative

06/28/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *7*

Secured Dementia Care Unit

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

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *7*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

06/28/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/21/2024*

07/19/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/18/2024

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

16c - Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [redacted]/24, resident #1 [redacted] in the home. The home did not report this incident to the Department until 6/28/24.

Plan of Correction

Directed [redacted] - 07/19/2024)

On July 16th, 2024 the operations manager spoke to the supervisor on the proper way to report any reportable incident to the department. July 16th supervisor will consult with the administrator on any incidents to determine if they are reportable or not. Once it is determined that a reportable should be filed with the department, the administrator will observe and review the documentation immediately before submitting to the department. Administrator will review with the supervisor before each reportable is reported to the department for the next 12 reportable’s. Documentation of the monitoring will be kept in a binder on-site. Supervisor will ensure the filing of reportable’s is being reported properly. See attach ‘extra’

DIRECTED:

Within 1 calendar day of receipt of the plan of correction: The administrator shall audit all reportable incidents and conditions daily to ensure all incidents and conditions are reported in accordance with Regulation 2600.16(c). Documentation of audits shall be kept. - [redacted] 7/19/24

Within 5 calendar days of receipt of the plan of correction: The administrator shall educate all staff persons on the requirements of Regulation 2600.16(c). Documentation of education shall be kept in accordance with regulation 2600.65(i). - [redacted] 7/19/24

Within 30 calendar days of receipt of the plan of correction and at least quarterly thereafter - The administrator will review all reportable incidents and conditions as part of a quality management review to ensure all reportable incidents and conditions under Chapter 2600.16c are reported to the Department within the required time frame and by the required reporting method. - [redacted] 7/19/24

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The home has a gas furnace and a gas hot water heater in the main hallway. At approximately 10:05 a.m., the First Alert carbon monoxide detector in the main hallway did not indicate the date the batteries were installed.

Section 3(b)(3) of the Pennsylvania Care Facility Carbon Monoxide Alarms Standards Act indicates: The battery shall

18 - Compliance With Laws (continued)

be labeled with the date of installation and replaced at least once annually or at such time as the unit signals a drained or failing battery, whichever is sooner.

Plan of Correction

Directed [REDACTED] 07/19/2024)

On the day of the inspection, the supervisor immediately put dates on the 2 backup batteries on each monoxide detectors to indicate the date of purchase and installation. June 28th the operations manager and the inspector educated the importance of this procedure with the supervisor. Supervisor suggested to change the backup batteries at every daylight savings time and document the replacement of new batteries, placing the date and time directly to the batteries. Documentation of this process will be placed in a binder within the office and kept on-site. See attach 'extra'

DIRECTED: Within 24 hours of receipt of the plan of correction - The administrator will carbon monoxide detector are labeled with the date of installation and replaced at least once annually or such time as the unit signals a drained or failing battery, whichever is sooner. Documentation will be kept. - [REDACTED] 7/19/24

DIRECTED: Within 24 hours of receipt of the plan of correction - The carbon monoxide detectors and alarm systems shall be tested and cleaned as indicated in the manufacturer's guidelines. - [REDACTED] 7/19/24

86b - Bathroom

3. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The bathroom located between bedrooms 1 and 2, does not have an operable window or ventilation fan.

Plan of Correction

Accept [REDACTED] - 07/19/2024)

Immediately the supervisor called the maintenance consultant to purchase a bathroom vent to be installed in the shared bathrooms between room #1 and room #2.

On June 29th the vent was purchased and installed. Operations manager educated the maintenance consultant and the supervisor on the replacement of appliances throughout the facility. On July 1, supervisor educated staff on reporting any issues to the supervisor immediately for quick repair or replacement. Effective July 1st the supervisor will walk through facility on a weekly basis over the next 12 weeks to observe all appliances are working properly. Documentation of this regulation will be kept on-site in a binder. See attach #3 and 'extra'

121a - Unobstructed Egress

4. Requirements

2600.

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

121a - Unobstructed Egress (continued)

Description of Violation

At approximately 10:25 a.m., the hallway C emergency exit door was extremely difficult to open.

Plan of Correction

Directed [redacted] - 07/19/2024)

Immediately the supervisor called the maintenance consultant to troubleshoot the reason(s) why the exit door in hallway C was not operating properly. On June 29th a plan to complete the smooth operation of the door was evaluated. On June 30th the maintenance consultant returned with supplies to address the issues on the exit door. On this day [redacted] was able to consistently have the exit door operate smoothly over and over again after repair. On July 16th the operations manager reviewed the regulation with the maintenance consultant and the supervisor. July 16th operations manager instructed the supervisor to check each exit door daily over the next 4 weeks reporting any egress concerns to the maintenance consultant and the owner immediately for any repairs or replacement that may be needed. See attach #1 and 'extra'

DIRECTED: Within 1 day of receipt of the plan of correction and monthly thereafter - The administrator or designee will monitor the home, including all exit doors to ensure there are no obstructions to immediate egress from the home. [redacted]/19/24

126a - Furnace Inspection

5. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

Description of Violation

The gas furnace located in the main hallway has not been inspected in the last year.

Plan of Correction

Accept [redacted] - 07/19/2024)

It was discovered the day of inspection that the previous owner did not arrange a yearly furnace inspection. July 10th the supervisor confirmed and arranged the furnace inspection on July 19th of 2024. July 19th the supervisor will set up appointment for the following year's annual inspection allowing a grace period for any cancellations to stay within this regulation. Documentation will be kept in a binder on-site. See attach 'extra'

132b - Safety Inspection/Fire Drill

6. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The most recent fire safety inspection and fire drill conducted by a fire safety expert was completed on 11/28/22.

Plan of Correction

Accept [redacted] - 07/19/2024)

On July 10th, 2024 the operations manager verbally reached out to schedule a fire safety expert. Fire expert is to be in facility on July 19th at 1:30p to perform training. Staff was notified that this is a mandatory meeting.

July 10th the operations manager educated the supervisor to leave a grace period when scheduling next year's

132b - Safety Inspection/Fire Drill (continued)

annual fire expert training in case of unforeseen cancelation on either party. This would allow facility to reschedule and stay in compliance of this regulation. This shall be added to the quarterly management meeting. Documentation will be kept on-site in a binder. See attach 'extra'