

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

July 26, 2024

[REDACTED], ADMINISTRATOR
SOMERSET SENIOR LIVING OPERATING COMPANY LLC
166 SIEMON DRIVE
SOMERSET, PA, 15501

RE: SOMERSET SENIOR LIVING
166 SIEMON DRIVE
SOMERSET, PA, 15501
LICENSE/COC#: 33880

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/02/2024, 07/03/2024 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: *SOMERSET SENIOR LIVING* License #: 33880 License Expiration: 06/22/2025
 Address: 166 SIEMON DRIVE, SOMERSET, PA 15501
 County: *SOMERSET* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *SOMERSET SENIOR LIVING OPERATING COMPANY LLC*
 Address: 166 SIEMON DRIVE, SOMERSET, PA, 15501
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/16/2000* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *34* Waking Staff: *26*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *07/03/2024*

Inspection Dates and Department Representative

07/02/2024 - On-Site: [REDACTED]
 07/03/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *29*

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: *0*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

07/02/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/25/2024*

07/19/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *07/25/2024*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *08/01/2024*

Inspections / Reviews *(continued)*

07/26/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/25/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff member A, employed on [redacted] did not have a Pennsylvania State Police clearance completed as of [redacted]

Plan of Correction

Accept ([redacted] - 07/19/2024)

Criminal Background check for Staff Member A was completed and added to the HR File on 7/2/2024.

An audit of all other employee files was completed by Administrator on 7/15/2024 to ensure all current staff have the appropriate documentation of Criminal Background Checks on file. All current employee files were noted to contain copies of Criminal Background Checks from initial hire paperwork.

HR and Administrator collaborated to create a New Hire Checklist to be used upon each new hire to ensure all elements of the HR files are completed and present in the files prior to new employee start dates. New Hire Checklist to be implemented for all new hires after 7/25/2024.

Licensee's Proposed Overall Completion Date: 07/25/2024

Implemented ([redacted] - 07/26/2024)

54a - Direct Care Staff

2. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

Plan of Correction

Accept ([redacted] - 07/19/2024)

Staff Member B was unable to provide a copy of a High School Diploma, GED, or active registry on the Pennsylvania Nurse Aide Registry. Staff Member B was removed from the schedule on 7/3/2024 by the Administrator, until the appropriate documentation could be obtained. As of 7/16/2024, Staff Member B has been unable to provide the appropriate documentation and their employment has been terminated due to their inability to meet the minimum education requirements for the position.

Audit of all other employee files was completed by Administrator on 7/15/2024 to ensure all current staff have the appropriate documentation on file. All current employee files were noted to contain copies of either a High School Diploma, GED, or active registry on the Pennsylvania Nurse Aide Registry.

HR and Administrator collaborated to create a New Hire Checklist to be used upon each new hire to ensure all elements of the HR files are completed and present in the files prior to new employee start dates.

New Hire Checklist to be implemented for all new hires after 7/25/2024.

Licensee's Proposed Overall Completion Date: 07/25/2024

Implemented ([redacted] - 07/26/2024)

132b - Safety Inspection/Fire Drill

3. 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 home's last fire safety inspection and fire drill completed by a fire safety expert was completed on 6/14/23.

Plan of Correction

Accept () - 07/19/2024

Fire Safety Inspection and Observed Fire Drill were scheduled and confirmed on 7/4/2024 by both the Administrator and Maintenance Director. Inspection and Observed Drill will be completed on 7/23/2024 at 1:30pm by Johnstown Safety Services.

Administrator to schedule the inspection and observed drill for 2025 at the conclusion of the inspection on 7/23/2024 to ensure facility remains in compliance. Administrator to schedule all future inspections.

Licensee's Proposed Overall Completion Date: 07/23/2024

Implemented () - 07/26/2024

132d - Evacuation

4. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the drill conducted on 6/8/24 with a total evacuation time of 5 minutes.

Plan of Correction

Accept () - 07/19/2024

Fire Safety Inspection to establish maximum safe evacuation time was scheduled and confirmed on 7/4/2024 by both the Administrator and Maintenance Director. Inspection will be completed on 7/23/2024 at 1:30pm by Johnstown Safety Services.

Administrator to schedule the inspection and observed drill for 2025 at the conclusion of the inspection on 7/23/2024 to ensure facility remains in compliance. Administrator to schedule all future inspections.

Licensee's Proposed Overall Completion Date: 07/23/2024

Implemented () - 07/26/2024

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.

185a - Implement Storage Procedures (continued)

Description of Violation

The Medication Administration Record (MAR) for resident #1 recorded blood sugar measurements on the following dates and times, however the glucometer assigned to resident #1 lacked a recorded blood sugar measurement:

- 6/21/24 at 4:30 PM: 138*
- 6/22/24 at 7:30 AM: 118*
- 6/24/24 at 4:30 PM: 119*
- 6/27/24 at 4:30 PM: 102*

Plan of Correction

Accept (█ - 07/19/2024)

Investigation to identify which staff member was not recording blood sugar measurements appropriately for Resident #1 was completed by the Administrator on 7/4/2024. The Administrator was able to identify one staff member who was responsible for all the identified readings missing from the glucometer.

Responsible staff member was removed from the schedule by the Administrator on 7/3/2024 until proper reeducation could be completed. Staff member identified did not return to work, as of 07/18/2024, and will not be returning.

All other staff with current Diabetic Training are to be reeducated on the appropriate policy and procedures by the Administrator no later than 7/31/2024. Competency Checklists to be completed on all staff with current Diabetic Training by the Administrator or Director of Wellness by 7/31/2024.

Administrator or Director of Wellness will conduct random audits on one glucometer a week for six weeks to ensure all documentation is correctly entered into the eMAR. Weekly Audits will conclude at the end of August 2024.

Random Audits by Administrator or Director of Wellness to continue monthly to ensure ongoing compliance. Staff Competency checklists to be completed annually by Administrator or Director of Wellness with staff Diabetic Training recertification.

Licensee's Proposed Overall Completion Date: 07/31/2024

Implemented (█ - 07/26/2024)