

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

January 2, 2025

[REDACTED]  
PINE VIEW PERSONAL CARE FACILITY, INC.  
[REDACTED]

RE: PINE VIEW PERSONAL CARE  
FACILITY  
1113 PINE VIEW LANE  
VANDERGRIFT, PA, 15690  
LICENSE/COC#: 42669

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2024 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: PINE VIEW PERSONAL CARE FACILITY License #: 42669 License Expiration: 10/30/2024  
 Address: 1113 PINE VIEW LANE, VANDERGRIFT, PA 15690  
 County: ARMSTRONG Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: PINE VIEW PERSONAL CARE FACILITY, INC.  
 Address: [Redacted]  
 Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: C-2 LP Date: 04/14/1999 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 23 Waking Staff: 17

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 08/06/2024

**Inspection Dates and Department Representative**

08/06/2024 - On-Site [Redacted]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 28 Residents Served: 19  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 6  
 Number of Residents Who:  
 Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 16  
 Diagnosed with Mental Illness: 14 Diagnosed with Intellectual Disability: 2  
 Have Mobility Need: 4 Have Physical Disability: 0

**Inspections / Reviews**

08/06/2024 Full  
 Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/05/2024

09/20/2024 - POC Submission  
 Submitted By: [Redacted] Date Submitted: 12/22/2024  
 Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 09/25/2024

Inspections / Reviews *(continued)*

10/18/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/08/2024

01/02/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/22/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. 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

On [redacted] at approximately 9:00 am., the influenza poster was not posted in a public and conspicuous place in the home in accordance with the Influenza Awareness Act, enacted in July 2016.

Plan of Correction

Accept [redacted] - 10/17/2024)

Immediately the Influenza Poster was moved to the bulletin board right inside the front door off to the right. Picture attached.

Administrator will do weekly walk through to ensure compliance. Documentation will be kept on PCA audit. The administrator rehung the poster in the entry way. The admin will continue to educate staff on this regulation

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept. by administrator

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 12/13/2024)

65d - Initial Direct Care Training

2. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person A, hired on [redacted], provides unsupervised ADL services. However, the staff person did not complete and pass the Department-approved direct care training course and pass the competency test.

Plan of Correction

Accept [redacted] - 10/18/2024)

By [redacted] DCS Person A will complete and pass the course. Documentation will be provided.

Administrator has first day orientation where all new DCS staff complete the Department Approved Training and pass the test before being put on the schedule for new hire training.

Monthly the Administrator will audit all staff records to ensure certificates are in their file. Documentation will be kept on PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept. in addition the staff member in question has taken the course and is up to date regarding regulations

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] 01/02/2025)

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:

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.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101 10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person A did not receive training in Fire safety during training year 1/1/23-12/31/24.

Plan of Correction

Accept ( [redacted] - 10/18/2024)

By [redacted] Staff Person A will receive Fire Safety Training. Documentation will be kept.

Monthly the Administrator will audit all staff training to ensure compliance. Documentation will be kept on PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept by the administrator

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 01/02/2025)

85a Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] at approximately 10:29 am., a shower cap was hanging on a towel rack, and a used shower puff was hanging on the shower handle in the tub room.

A used washcloth was sitting on the sink in the first-floor common bathroom by the medication room.

Plan of Correction

Accept [redacted] - 10/18/2024)

Immediately the items were removed.

DCS was asked by the admin to daily rounds of all bathrooms to ensure resident items and dirty linens are not left in them. In addition the maintenance staff will make daily rounds Monday thru Friday to check to make sure areas are clean a well. Admin also reminded cleaning staff of this regulation and its importance. Admin will also monitor this and document areas are being kept clear in the event it is not admin will immediately reeducate staff

Administrator on weekly walk through will ensure compliance. Documentation will be kept on PCA audit.

85a - Sanitary Conditions (continued)

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 01/02/2025)

85d - Trash Receptacles

5. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

On [redacted] at approximately 10:47 am., there was a half full, uncovered, and unattended trash can in the basement kitchen.

On [redacted] at approximately 10:30 am., uncovered and unattended trash can in the tub room.

Plan of Correction

Accept [redacted] - 10/18/2024)

Immediately the kitchen garbage was covered and the garbage can in the tub room was replaced with a covered garbage can. Picture attached. Done by admin

Dietary Staff will ensure the trash can lid is put back on after preparation is completed. Documentation will be kept.

Administrator on weekly walk through will ensure all rooms have covered garbage cans. Documentation will be kept on PCA audit.

All staff will be education on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 01/02/2025)

103f - Refrigerator/Freezer Temps

7. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

There was no thermometer in the large or the small freezer chests in the basement.

Plan of Correction

Accept [redacted] - 10/18/2024)

Immediately two thermometers were purchased and put in the freezer chests. Pictures attached. This was done by maintenance staff

Dietary staff will audit monthly to ensure the thermometers are there and in the correct temperature range. Documentation will be kept.

103f Refrigerator/Freezer Temps (continued)

Administrator will ensure compliance on the PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented (████) - 01/02/2025)

130a - Smoke Detector 15 ft Bedroom

8. Requirements

2600.

130.a. There shall be an operable automatic smoke detector located within 15 feet of each bedroom door.

Description of Violation

The nearest operable smoke detector to bedroom of resident █████ is sixteen feet from the bedroom door.

Plan of Correction

Accept (████) - 10/18/2024)

By █████ a battery operated smoke detector will be installed above the bedroom door of Resident #2. This was done by the maintenance staff

Maintenance will check batteries and the detector is in working order every three months. Documentation will be kept.

Administrator will ensure smoke detector is in place monthly on PCA audit.

All staff will be educated on the on importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented (████) - 01/02/2025)

132e - Fire Drill Sleeping Hours

9. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

The last fire drill conducted during sleeping hours was on █████, at 4:13 am.

Plan of Correction

Accept (████) 10/18/2024)

On █████ a night time fire drill was completed. Documentation attached.

Administrator tentatively scheduled next unannounced night time fire drill in █████ phone for 2/12/2025. Screenshot attached.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 02/12/2025

Implemented (████) - 01/02/2025)

132g Fire Drills Days/Times

10. Requirements

2600.

132.g. Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

Description of Violation

The home routinely schedules one staff person on the 11:00 pm.-7:00 am. shift. The home's last sleeping time drill, on [redacted] was done with 2 staff persons.

Plan of Correction

Accept [redacted] - 10/18/2024)

On [redacted] a night time fire drill was completed with on staff member. Documentation attached.

Monthly the Administrator will ensure all fire drills are done in compliance with this regulation. Documentation will be kept on PCA audit and Fire Dill Log.

All staff will be education on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 01/02/2025)

133.2 Exit Signs Direction

11. Requirements

2600.

133.2. Exit Signs The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

The exit leading down the right-side stairwell from the second floor does not have a direct visual line to the nearest exit when the door is shut. There are no signs marking the line of travel to the exits.

The exit sign leading down the left-side stairwell from the second floor was covered by a large floor plant.

On [redacted] the home served [redacted] residents.

Plan of Correction

Accept [redacted] - 10/18/2024)

By [redacted] exit signs will be placed to mark the line of travel to the exits.

Immediately the plant was moved. The maintenance staff replaced signs

Administrator will do weekly walk through to ensure compliance. Documentation will be kept on PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 01/02/2025)

162c - Menus Posted

12. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have the current and upcoming week's menus posted.

Plan of Correction

Accept (████) - 10/18/2024)

Immediately the menus were posted. by administrator. Owner has also reprinted and posted all new menus for the residents to view in the kitchen A monthly menu rotation was posted by the owner

DCS night shift staff will ensure that the new week and following week menus are posted by Monday morning. Documentation will be kept.

Administrator will monitor monthly for compliance on PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented (████) - 01/02/2025)

184a - Resident's Meds Labeled

13. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

4. The prescribed dosage and instructions for administration.

Description of Violation

Resident (████) is prescribed (████), 1 tab under the tongue every 5 minutes as needed for three doses, call MD if no relief. However, the pharmacy label only includes give 1 tab sublingually as needed.

Resident (████) is prescribed (████), every 12 hours as needed. The pharmacy label indicates, twice a day.

Plan of Correction

Accept (████) 10/18/2024)

Immediately new labels were ordered for both meds from the pharmacy. Pictures attached.

Administrator will audit the med cart monthly on PCA audit to ensure all labels match the MAR. Documentation will be kept on PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

184a Resident's Meds Labeled (continued)

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [REDACTED] - 01/02/2025)

185a - Implement Storage Procedures

14. 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

Resident [REDACTED] is prescribed the controlled medication, [REDACTED], give 1 syringe by mouth every two hours as needed. On [REDACTED], resident [REDACTED] had [REDACTED] of [REDACTED] on hand, however, the narcotic control sheet indicates [REDACTED] syringes on hand. The count of [REDACTED] on hand has remained the same since [REDACTED]

Plan of Correction

Accept [REDACTED] 10/18/2024)

Immediately the count sheet was corrected. Documentation attached. Staff were retrained on how to count hospice medication syringes.

Weekly the Administrator will do Narcotic count with all shifts to ensure all controlled substances are being counted correctly. Documentation will be kept on PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [REDACTED] - 01/02/2025)

227a - Support Plan 30 Days

15. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED] Resident [REDACTED]'s support plan, dated [REDACTED] 24, does not include the contact information for the hospice services the resident receives.

Plan of Correction

Accept [REDACTED] - 10/18/2024)

Immediately all hospice resident's RASPs were updated with correct contact information. Documentation attached. This was done by the admin

Administrator will audit all RASPs monthly for completeness. Documentation will be kept on RASP audit and PCA audit.

All staff will be educated on the importance of this regulation by 10/1/2024. Documentation will be kept.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [REDACTED] - 01/02/2025)