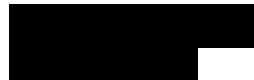




pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: SEPTEMBER 27, 2024



Wolf Run Village LLC
3750 ROUTE 220 HIGHWAY
Hughesville, Pennsylvania 17847

RE: Wolf Run Village
License: 221491


Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on August 19, 2024, August 12, 2024, August 9, 2024, and August 8, 2024, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 221490) dated March 21, 2024, to March 21, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being based on the violations attached to this notice and mistreatment or abuse of residents being cared for in the facility. The license dated March 21, 2024 to March 21, 2025 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1);(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from September 27, 2024 to March 27, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:


Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

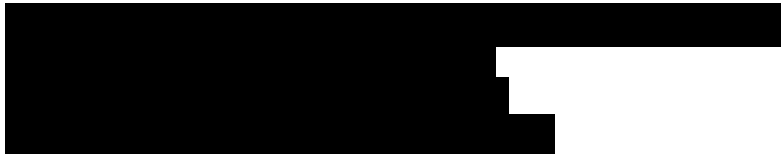
Sincerely,



Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:



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

Facility Information

Name: *WOLF RUN VILLAGE* License #: *22149* License Expiration: *03/21/2025*
Address: *3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA 17737*
County: *LYCOMING* Region: *NORTHEAST*

Administrator

[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Legal Entity

Name: *WOLF RUN VILLAGE LLC*
Address: *3750 ROUTE 220 HIGHWAY, HUGHESVILLE, PA, 17737*
Phone: [REDACTED] [REDACTED] [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *11/12/2009* Issued By: *Code Inspections Inc.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *57* Waking Staff: *43*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Complaint, Incident* Exit Conference Date: *08/19/2024*

Inspection Dates and Department Representative

08/08/2024 - On-Site: [REDACTED]
08/09/2024 - Off-Site: [REDACTED]
08/12/2024 - Off-Site: [REDACTED]
08/19/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *75* Residents Served: *56*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *56*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

08/08/2024 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *09/02/2024*

09/12/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *08/29/2024*

Reviewer: [REDACTED]

Follow-Up Type: *Enforcement*

15a - Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 4/28/24 at approximately 11:00 PM, Resident #1 reported to Staff Person "A" that the skin tears on [REDACTED] wrists were caused by Staff Person "B". Staff Person "B" did not deny causing the injuries, nor could they explain what happened. Staff Person "C" was made aware of the incident immediately but failed to report the alleged abuse to the Lycoming County (STEP) Office of Aging as required.

Plan of Correction

Directed [REDACTED] 09/11/2024)

Staff Person B contacted Staff Person C about an incident with Resident #1 at approximately 11PM. Staff Person B stated that Resident #1 had grabbed them and startled them. When Staff Person B pulled their hands back, resident #1 fell back into the overstuffed chair they had been sitting in. They went on to say the resident had just come down and had skin tears on their wrists that staff had not noticed during the incident. Staff Person C told Staff person B to allow Staff Person A to care for the resident. Staff Person C arrived at the facility within 1 hour of the phone call. and remained at the facility for the remainder of the shift. A full investigation of the incident was completed, and abuse was not suspected by the Facility, PCP or Family.

All future incidents involving a resident and staff member will be immediately reported to DHS and AAA. An update to the policy on reporting incidents was made on 8/2/2024. The updates were reviewed with all staff individually and signed copies were placed in their personnel files.

All future incidents will be investigated by a team at the facility including a minimum of one administrator and 2 other administrative staff. A report will be filed within 24hours by the team collectively. All team members will review and sign the final investigation report. Documentation of all internal investigations will be kept in the Administrator's Office.

Administrative meetings will be held monthly to review all incidents with all administrative personnel to ensure no incidents are repeated and maintain ongoing compliance.

Proposed Overall Completion Date: 08/29/2024

DIRECTED PLAN:

All staff, including the administrator, will receive training in abuse reporting and prevention from an outside source. The home will train all staff on the home's internal reporting policy and who is responsible for reporting resident abuse incidents 24/7 including weekends. Training shall be completed by 10-11-2024. In the future, the administrator will ensure that all suspected abuse is reported in accordance with the Older Adults Protective Services Act.

Directed Completion Date: 10/11/2024

15b - Supervisor Plan

2. Requirements

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

15b - Supervisor Plan (continued)

Description of Violation

On 4/28/24 at approximately 11:00 PM, Resident #1 reported to Staff Person "A" that the skin tears on [REDACTED] wrists were caused by Staff Person "B". Staff Person "B" did not deny causing the injuries, nor could they explain what happened. Staff Person "C" was made aware of the incident but failed to immediately develop and implement a plan of supervision or suspend Staff Person "B".

Plan of Correction

Directed [REDACTED] - 09/11/2024)

Staff Person B contacted Staff Person C about an incident with Resident #1 at approximately 11PM. Staff Person B stated that Resident #1 had grabbed them and startled them. When Staff Person B pulled their hands back, resident #1 fell back into the overstuffed chair they had been sitting in. They went on to say the resident had just come down and had skin tears on their wrists that staff had not noticed during the incident. Staff Person C told Staff person B to allow Staff Person A to care for the resident. Staff Person C arrived at the facility within 1 hour of the phone call. and remained at the facility for the remainder of the shift. A full investigation of the incident was completed, and abuse was not suspected by the Facility, PCP or Family.

All future incidents involving a resident and staff member will be immediately reported to DHS and AAA. An update to the policy on reporting incidents was made on 8/2/2024. The updates were reviewed with all staff individually and signed copies were placed in their personnel files.

All future incidents will be investigated by a team at the facility including a minimum of one administrator and 2 other administrative staff. A report will be filed within 24hours by the team collectively. All team members will review and sign the final investigation report. Documentation of all internal investigations will be kept in the Administrator's Office.

Administrative meetings will be held monthly to review all incidents with all administrative personnel to ensure no incidents are repeated and maintain ongoing compliance.

Proposed Overall Completion Date: 08/29/2024

DIRECTED PLAN:

The home will train all staff on the home's internal reporting policy and who is responsible for reporting resident abuse incidents 24/7 including weekends. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

All staff will be trained on all the criteria listed below.

If any future allegations of abuse occur, the home will immediately take the following steps:

1. Suspend the staff person or persons involved
2. Report the alleged abuse to the Department
3. Report the alleged abuse to the local Area Agency on Aging
4. Report the alleged abuse to the resident's designated person, if any.

All training shall be completed by 10-11-2024.

Directed Completion Date: 10/11/2024

16c - Written Incident Report

3. 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 4/28/24 at approximately 11:00 PM, Resident #1 reported to Staff Person “A” that the skin tears on [redacted] r wrists were caused by Staff Person “B”. Staff Person “B” did not deny causing the injuries, nor could they explain what happened. Staff Person “C” was made aware of the incident immediately but failed to report the alleged abuse to the DHS Northeast Regional office as required.

Plan of Correction

Directed [redacted] 09/12/2024)

Staff Person B contacted Staff Person C about an incident with Resident #1 at approximately 11PM. Staff Person B stated that Resident #1 had grabbed them and startled them. When Staff Person B pulled their hands back, resident #1 fell back into the overstuffed chair they had been sitting in. They went on to say the resident had just come down and had skin tears on their wrists that staff had not noticed during the incident. Staff Person C told Staff person B to allow Staff Person A to care for the resident. Staff Person C arrived at the facility within 1 hour of the phone call. and remained at the facility for the remainder of the shift. A full investigation of the incident was completed, and abuse was not suspected by the Facility, PCP or Family.

All future incidents involving a resident and staff member will be immediately reported to DHS and AAA. An update to the policy on reporting incidents was made on 8/2/2024. The updates were reviewed with all staff individually and signed copies were placed in their personnel files.

All future incidents will be investigated by a team at the facility including a minimum of one administrator and 2 other administrative staff. A report will be filed within 24hours by the team collectively. All team members will review and sign the final investigation report. Documentation of all internal investigations will be kept in the Administrator's Office.

Administrative meetings will be held monthly to review all incidents with all administrative personnel to ensure no incidents are repeated and maintain ongoing compliance.

Proposed Overall Completion Date: 08/29/2024

DIRECTED PLAN:

The administrator will train on the reporting of reportable incidents and conditions required by 2600.16c with all current and new staff. Any staff to resident abuse shall be reported according to the guidelines in § 2600.15 (relating to abuse reporting covered by law). The administrator will train all staff on the home's internal reporting policy and who is responsible for reporting all required incidents 24/7 including weekends to the Department.

All training shall be completed by 10-11-2024.

Directed Completion Date: 10/11/2024

42b - Abuse

4. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

42b - Abuse (continued)

Description of Violation

On 4/28/24 at approximately 11:00 PM, Staff Person "A" was exiting another resident's room when ██████ observed Resident #1 walking down the hall toward them and holding bloody tissues in ██████ hands. Staff Person "A" checked the resident's arms and noted skin tears and bleeding on both wrists. Staff Person "B" immediately approached Staff Person "A" and Resident #1. When Staff Person "A" asked Resident #1 what happened, the resident responded, "█████ did it", while looking directly at Staff Person "B". Staff Person "A" then asked Staff Person "B" what happened. Staff Person "B" did not respond or deny causing the skin tears on Resident # 1's wrists. Staff Person "B" later told Staff Person "C" that they were startled by Resident #1 when they were assisting with pulling the resident's pants up and may have grabbed Resident #1's wrists when the resident fell back into a chair. When nursing staff examined Resident #1's wrists the following morning, bruising was also noted. Staff Person "C" was made aware of the incident but failed to immediately report the suspected abuse to the Aging Office and the DHS as required. Staff Person "C" also did not develop and implement a plan of supervision or suspend Staff Person "B" despite previous complaints from staff, other residents, and their families that Staff Person "B" was "rough" when providing care.

Plan of Correction**Directed ██████ - 09/12/2024)**

Staff Person B contacted Staff Person C about an incident with Resident #1 at approximately 11PM. Staff Person B stated that Resident #1 had grabbed them and startled them. When Staff Person B pulled their hands back, resident #1 fell back into the overstuffed chair they had been sitting in. They went on to say the resident had just come down and had skin tears on their wrists that staff had not noticed during the incident. Staff Person C told Staff person B to allow Staff Person A to care for the resident. Staff Person C arrived at the facility within 1 hour of the phone call. and remained at the facility for the remainder of the shift. A full investigation of the incident was completed, and abuse was not suspected by the Facility, PCP or Family.

All future incidents involving a resident and staff member will be immediately reported to DHS and AAA. An update to the policy on reporting incidents was made on 8/2/2024. The updates were reviewed with all staff individually and signed copies were placed in their personnel files.

All future incidents will be investigated by a team at the facility including a minimum of one administrator and 2 other administrative staff. A report will be filed within 24hours by the team collectively. All team members will review and sign the final investigation report. Documentation of all internal investigations will be kept in the Administrator's Office.

Administrative meetings will be held monthly to review all incidents with all administrative personnel to ensure no incidents are repeated and maintain ongoing compliance.

Proposed Overall Completion Date: 08/29/2024

DIRECTED PLAN:

The administrator and all staff will receive training on resident's rights and abuse from an outside source. Training shall be completed by 10-11-2024.

Directed Completion Date: 10/11/2024