



EMAILING DATE: MAY 27, 2025

[REDACTED]
St. Jude's Haven Inc.
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904

RE: St. Jude's Personal Care Home
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904
License #: 307870

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on August 13, 2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

A handwritten signature in cursive script that reads "Juliet Marsala".

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

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

February 20, 2025

[REDACTED]
ST JUDES HAVEN INC
1072 MT. AIRY DRIVE
JOHNSTOWN, PA, 15904

RE: ST. JUDE'S HAVEN PERSONAL CARE
HOME
1072 MT. AIRY DRIVE
JOHNSTOWN, PA, 15904
LICENSE/COC#: 30787

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2024 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: *ST. JUDE'S HAVEN PERSONAL CARE HOME* License #: *30787* License Expiration: *11/07/2024*
 Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA 15904*
 County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: [REDACTED]

Legal Entity

Name: *ST JUDES HAVEN INC*
 Address: *1072 MT. AIRY DRIVE, JOHNSTOWN, PA, 15904*
 Phone: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *06/23/2000* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *17* Waking Staff: *13*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *08/13/2024*

Inspection Dates and Department Representative

08/13/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *17* Residents Served: *13*

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: *13*
 Diagnosed with Mental Illness: *1* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *4* Have Physical Disability: *0*

Inspections / Reviews

08/13/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/07/2024*

09/17/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: *12/20/2024*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *09/24/2024*

Inspections / Reviews *(continued)*

12/10/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 12/20/2024

02/20/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

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 was observed having a [redacted] issued driver's license dated [redacted] 23 and has not lived in Pennsylvania for the last 2 consecutive years. Staff member A was employed at the home as a Medication Technician on 5/31/24 and did not have a completed Federal Bureau of Investigation (FBI) background check on file.

Repeated Violation - 9/27/24, et al.

Plan of Correction

Directed [redacted] - 12/06/2024)

Administrator will ensure FBI check is done on any future staff if they have not lived in PA for a consecutive 2 years. Staff member is no longer employed here and has not been since right after inspection due her own personal reasons. FBI check will be added to admission checklist for future hires.

Admission checklist will be implemented starting 8/14/24. This will be implemented by admin and used for every admission by the admin.

Proposed Overall Completion Date: 11/25/2024

(Directed)

-Beginning 8/14/24, the Administrator will be responsible for utilizing the new admission checklist for all newly hired staff members to ensure that the FBI criminal background check is completed prior to the new hire's first day of employment

Directed Completion Date: 12/16/2024

Implemented [redacted] - 01/08/2025)

81b - Resident Personal Equipment

2. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

On 8/13/24 bed rails were observed attached to the beds of resident's #1 and #2, each with uncovered vertical openings of 11 inches. A bed rail was also observed attached to the bed of resident #3 with an uncovered vertical opening of 16 inches. All three of these bedrails pose a entrapment risk due to the size of the uncovered openings.

Plan of Correction

Accept [redacted] - 12/10/2024)

Bed rails have covers over them now as of 8/17/24. Admin put a new policy in place for any bedrails to have appropriate covering so resident is safe while using the assistive device. Admin is also looking into the Halo, as an

81b - Resident Personal Equipment (continued)

ever safer option for any resident who may qualify for it now or in the future. Any future bed rails will have a cover on them at all times while attached to bed.

Admin will do random walk through to ensure all rails are always covered. Any noncompliance will be immediately addressed as well as reeducation provided. Bed rail requirements will be added into training for new hires as well as reviewed at quarterly quality management meetings by the admin.

A staff meeting will be held 12/10/24 with a bed rail training included.

Licensee's Proposed Overall Completion Date: 11/25/2024

Implemented [redacted] - 02/20/2025)

103e - Left Overs

3. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

The stand-up refrigerator located in the kitchen was observed having lunchmeat-bologna, cheese, pepperoni, and diced onions which were not dated or labeled.

Plan of Correction

Directed [redacted] - 12/10/2024)

DCS has been reeducated on the regulation 2600.103.e by the admin, the importance of the regulation, and which shift is to be double checking items as well as kitchen staff being responsible for the label going on the food. This took place on 8/30. Admin will be doing random checks on different shifts ensuring all foods and or drinks are labeled and dated appropriately. Documentation of the random checks will be kept. DCS is responsible for labeling any open

Proposed Overall Completion Date: 11/26/2024

(Directed)

-The items identified in the violation were discarded on the date of the inspection by the Administrator

-The Administrator will conduct random checks on the refrigerators beginning on 12/16/24, any unlabeled or undated food will be discarded immediately.

Directed Completion Date: 12/16/2024

Implemented [redacted] - 02/20/2025)

183d - Prescription Current

4. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

183d - Prescription Current (continued)

Description of Violation

On 8/13/24, Triamcinolon CRE 0.1% prescribed for resident #4, was found in the home's medication cart; however, the medication was discontinued on 8/8/24.

Repeated Violation - 3/5/24, et al.

Plan of Correction

Directed [redacted] - 12/10/2024)

Med staff were reeducated on time limited medications, being observant, and remembering to remove medication from cart once the last dose is administered. Education was provided by med trainer on 8/20. Admin will continue cart audits monthly which has made a big difference. Documentation of the cart audits and findings will be kept.

Proposed Overall Completion Date: 11/26/2024

(Directed)

- The medication identified in the violation was removed by the Administrator and discarded per the home's policy on the date of the inspection
- The Administrator will continue to audit medication carts on a monthly basis to ensure that all discontinued medications are discarded appropriately, this process began on 11/26/24.

Directed Completion Date: 11/26/2024

Implemented [redacted] - 02/20/2025)

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.

Description of Violation

The following medications prescribed as PRN for resident #4 were not available at the home; Loperamide CAP 2 MG, Polyeth GLC Pow 3350 NF.

The following medication prescribed PRN for resident #5 was not available at the home; Triamcinolon CRE 0.1%.

-The following medication prescribed PRN for resident #6 was not available at the home; Silver Sulfa Cream 1%.

-Resident #4 is prescribed ACCU-Check 3 times a day with meals. The following dates and times were missing blood sugar measurements written on the Medication Administration Record (MAR).

8/2/24 at 8:00 AM and 12:00 PM

8/4/24 at 8:00 AM

8/6/24 at 8:00 AM and 12:00 PM

8/7/24 at 8:00 AM

8/9/24 at 8:00 AM, 12:00 PM and 5:00 PM

8/10/24 at 8:00 AM

185a - Implement Storage Procedures (continued)

8/12/24 at 12:00 PM

8/13/24 at 8:00 AM

Repeated Violation - 3/5/24, et al.

Plan of Correction

Directed [redacted] - 12/10/2024)

All prn medications will be kept in the cart at all times. This is different than what admin was told from a previous inspector, but will ensure they are all accounted for and readily available for use. PRN Medications have been reordered by med trainer and are in the med cart. The providing pharmacy has corrected the issue for not having a space available for med staff to appropriately document bs readings and the amount of insulin per sliding scale orders. During monthly cart audits, admin will be checking to ensure the MAR is showing the correct bs readings as well as the insulin administered.

Proposed Overall Completion Date: 11/26/2024

(Directed)

-Beginning 12/16/24, the Administrator will audit the medication carts on a monthly basis, any medications that are currently prescribed and not found in the cart will be ordered within 24 hours of discovery.

-All staff will be trained by 12/16/24 on the proper way to document blood sugar readings on the MAR, this will be reviewed on a monthly basis by the Administrator during medication cart audits.

Directed Completion Date: 12/16/2024

Implemented [redacted] - 02/20/2025)

187a - Medication Record

6. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

6. Dose.

Description of Violation

Resident #4 is prescribed insulin as per sliding scale 3 times daily with meals.

180-250 = 4 units

251-300 = 6 units

301-350 = 8 units

351-400 = 10 units

351-400 = 15 units

The home did not document the units of insulin administered to resident #4's on the following dates and times.

On 8/1/24 at 8:00 AM, 12:00 PM, 5:00 PM

On 8/2/24 at 5:00 PM

On 8/3/24 at 8:00 AM, 12:00 PM, 5:00 PM

On 8/4/24 at 8:00 AM, 12:00 PM, 5:00 PM

On 8/5/24 at 8:00 AM, 12:00 PM, 5:00 PM

187a - Medication Record (continued)

- On 8/6/24 at 5:00 PM
- On 8/7/24 at 8:00 AM, 12:00 PM, 5:00 PM
- On 8/8/24 at 8:00 AM, 12:00 PM, 5:00 PM
- On 8/9/24 at 8:00 AM, 12:00 PM, 5:00 PM
- On 8/10/24 at 8:00 AM, 12:00 PM, 5:00 PM
- On 8/11/24 at 8:00 AM, 12:00 PM, 5:00 PM
- On 8/12/24 at 8:00 AM, 12:00 PM, 5:00 PM

Repeated Violation - 3/5/24, et al.

Plan of Correction

Accept [REDACTED] - 12/10/2024)

The providing pharmacy has corrected the issue for not having a space available for med staff to appropriately document bs readings and the amount of insulin per sliding scale orders. During monthly cart audits, admin will be checking to ensure the MAR is showing the correct bs readings as well as the insulin administered. Med staff has been reeducated on 9/1 and 9/2 to appropriately document bs and insulin. They have also been educated to report any change on the mar that limits appropriate documentation.

Licensee's Proposed Overall Completion Date: 11/26/2024

Implemented [REDACTED] - 02/20/2025)

187d - Follow Prescriber's Orders

7. Requirements

- 2600.
- 187.d. The home shall follow the directions of the prescriber.

Description of Violation

The following medication prescribed daily at 8:00 AM and 8:00 PM for resident #4 was not available at the home. Hydrocort CRE1%.

The following medication prescribed daily at 8:00 AM for resident #5 was not available at the home; Polyeth GLC Pow 3350 NF,

Resident #5 is prescribed blood sugar checks Mondays, Wednesdays and Fridays at 8:00 AM. However, resident #5 was not administered blood sugar checks on 8/7/24 and 8/9/24 at 8:00 AM.

Repeated Violation - 3/5/24, et al.

Plan of Correction

Directed [REDACTED] - 12/10/2024)

DCS had reported to admin that [REDACTED] glucometer was not working properly. Admin did get it working again. Admin will be looking into the possibility of Resident #5 having a back up glucometer available in the event [REDACTED] does not work a bs reading will not be missed. This will be policy for current and future diabetics.

DCS was reeducated on 9/1 and 9/2 on violations and proper documentation. During reeducation, med staff was corrected on being observant of what is in the med cart, getting d/c orders if needed and resident does not use

187d - Follow Prescriber's Orders (continued)

medication, and ensuring medications are actually delivered once reordered. Med trainer is also conducting monthly cart audits to ensure all is correct in the drawer and on the MAR.

Proposed Overall Completion Date: 11/26/2024

(Directed)

- The Administrator will order a back-up glucometer for Resident #5 by 12/16/24.
- The Administrator or Med Trainer will continue to conduct monthly medication cart audits, any medications that are currently prescribed but not present in the cart will be reordered from the pharmacy within 24 hours of discovery.

Directed Completion Date: 12/16/2024

Implemented [REDACTED] - 02/20/2025)

191 - Resident Right to Refuse**8. Requirements**

2600.

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident's #1, #3, #6, #7, admitted [REDACTED] were not educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Repeated Violation - 9/27/23 et al.

Plan of Correction

Accept [REDACTED] - 12/10/2024)

Paper contracts had the old rights removed and updated with the current set of resident rights by the admin on 8/13. All residents requiring the new resident rights have signed them with the right to refuse medication if they feel there is an error and were also educated on what exactly that means. No copies of the old rights exist in this building and all resident contracts were checked.

Licensee's Proposed Overall Completion Date: 11/26/2024

Implemented [REDACTED] - 02/20/2025)

227c - Support Plan Revision**9. Requirements**

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident #1's assessment was completed on [REDACTED] 24; however, the resident's support plan did not address the need for a bedside mobility device or bed rail which was observed installed on the resident's bed.

Plan of Correction

Directed [REDACTED] - 12/10/2024)

The RASP has been updated on 8/13/24 for that resident to reflect the use of the bed rail which is also covered. When reviewing the rasps monthly, admin will double check all rasps do include all assistive devices for all residents. This will be done on a monthly review by admin as well as the initial assessment.

227c - Support Plan Revision (continued)

Proposed Overall Completion Date: 11/26/2024

(Directed)

-Beginning 12/16/24 the Administrator will audit RASPS on a monthly basis to ensure that all the information is accurate and updated, any issues noted will be corrected within 24 hours.

Directed Completion Date: 12/16/2024

Implemented [REDACTED] - 02/20/2025)