

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

September 6, 2024

[REDACTED], ADMINISTRATOR
VALLEY VIEW HAVEN
4702 EAST MAIN STREET
BELLEVILLE, PA, 17004

RE: VALLEY VIEW HAVEN
4702 EAST MAIN ST.-THE TERRACE
BELLEVILLE, PA, 17004
LICENSE/COC#: 33552

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/13/2024, 08/14/2024 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: VALLEY VIEW HAVEN License #: 33552 License Expiration: 03/21/2025
 Address: 4702 EAST MAIN ST.-THE TERRACE, BELLEVILLE, PA 17004
 County: MIFFLIN Region: CENTRAL

Administrator

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

Legal Entity

Name: VALLEY VIEW HAVEN
 Address: 4702 EAST MAIN STREET, BELLEVILLE, PA, 17004
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/08/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 82 Waking Staff: 62

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal, Complaint, Incident Exit Conference Date: 08/14/2024

Inspection Dates and Department Representative

08/13/2024 - On-Site: [REDACTED]
 08/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 95 Residents Served: 82
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 1
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 82
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 2
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

08/13/2024 - Full
 Lead Inspector: [REDACTED]ger Follow-Up Type: POC Submission Follow-Up Date: 09/01/2024

09/03/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 09/05/2024
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/10/2024

Inspections / Reviews *(continued)*

09/05/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 09/15/2024

09/06/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/05/2024

Reviewer: [REDACTED]

Follow-Up Type: Not Required

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 5/24/24 it was discovered that on or around 5/1/24, Staff Person A had taken \$50.00 cash from Resident #4 to purchase a vape for the resident. The staff person did not purchase anything for the resident nor did the staff person return the \$50.00 cash to the resident. This allegation of abuse was not reported to the Department of Aging 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) until 8/14/24.

Plan of Correction

Accept ([redacted]) - 09/05/2024)

Because resident was residing in rehab at the time of the report, there was a miscommunication between nursing home administrator and personal care home administrator as to who was reporting. In the future, we will both report the incident if this were to occur. As soon as this was discovered, the incident was reported immediately on 8/14/24 (report and fax confirmation attached).

Education completed with personal care home administrator on 9/3/24 (see attached).

Weekly monitoring will be completed by the administrator or designee through team meetings for the next year (through 8/31/24) (see attached). Monitoring started week of 9/2/24.

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented ([redacted]) - 09/06/2024)

42b - Abuse

2. 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.

Description of Violation

On or around 5/1/24, Staff Person A accepted \$50.00 cash from Resident #4 to purchase a vape for the resident. The staff person did not purchase anything for the resident and did not return the \$50.00 cash to the resident.

Plan of Correction

Accept ([redacted]) - 09/05/2024)

Education regarding financial exploitation was provided in the August monthly newsletter (copy attached) to all personal care residents and provided at the August Resident Council meeting on 8/26/24 (minutes attached) residents in attendance.

Staff Person A was terminated on [redacted]

Education on financial exploitation was completed by the administrator with the personal care team members at our all staff meeting on 8/28/24 (see attached agenda and sign in sheet).

42b - Abuse (continued)

The Administrator or designee will interview a sample of resident(s) monthly for the next year to ensure residents feel safe and secure and no further concerns are noted by residents related to financial exploitation (see attached).

Proposed Overall Completion Date: 09/04/2024

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented (█) - 09/06/2024)

162c - Menus Posted**3. 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

On 8/13/24 the home's menu for the current week of 8/11/24 through 8/17/24 was posted. However, the next week's menu for 8/18/24 thru 8/24/24 was not posted.

Plan of Correction

Accept (█) - 09/05/2024)

Menus for the current and the following week were posted immediately by the administrator. Display boards for four weeks of menus are being ordered to ensure compliance moving forward. These are to arrive in approximately 6-8 weeks.

Education completed by 9/4/24 by the Administrator with the Administrator, Director of Nutrition Services, Assistant Director or Nutrition Services and Activities Director who all assist with the posting and oversight of menus (see attached).

The administrator or designee will monitor weekly to ensure that the menu is posted at least one week in advance in a public location (see attached).

Licensee's Proposed Overall Completion Date: 09/04/2024

Implemented (█) - 09/06/2024)

181d - Storing Medication**4. Requirements**

2600.

181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self-administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Residents #1 and 2, who share a room, self-administer their medications and store medications in their room. On 8/14/24 at 12:30 PM, the door to their room was unlocked. Two pill planners containing multiple prescribed medications were on the microwave and medications Align, Simethicone and MetaMucil were on the countertop. All of which were in plain view and accessible.

181d -Storing Medication (continued)

Resident #3 self-administers medications and stores them in [REDACTED] room. On 8/14/24 at 12:40 PM, the door to [REDACTED] room was unlocked. Prescribed Novolog, Toujeo and Nitrostat were unsecured and accessible.

Plan of Correction**Accept ([REDACTED] - 09/05/2024)**

Residents #1, #2 and #3 were educated on the regulatory requirement to keep their medications in a safe and secure location. (see attached signed education) All residents were educated on this regulation via the August monthly newsletter (copy attached) distributed to all personal care residents and at the August Resident Council meeting on 8/26/24 (minutes attached) to residents in attendance.

Resident #1, #2 and #3 are now locking their apartment doors when they are not home to ensure their medications are secured. Medications that were found are prescribed to each of these residents respectively and residents are permitted to self-administer these medications.

The Administrator or designee will monitor a random sample of resident apartments who self-administer medications to ensure the medications are secured. This will be completed on a monthly basis for the next year (through 8/31/24) (see attached).

Licensee's Proposed Overall Completion Date: 09/06/2024

Implemented ([REDACTED] - 09/06/2024)