

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

December 3, 2024

[REDACTED], REGIONAL DIRECTOR OF OPERATIONS  
LAKEVIEW HEALTHCARE OPERATING LLC

RE: LAKEVIEW SENIOR CARE  
15 WEST WILLOW STREET  
SMETHPORT, PA, 16749  
LICENSE/COC#: 45411

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/23/2024 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: LAKEVIEW SENIOR CARE License #: 45411 License Expiration: 06/22/2025  
 Address: 15 WEST WILLOW STREET, SMETHPORT, PA 16749  
 County: MCKEAN Region: WESTERN

**Administrator**

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

**Legal Entity**

Name: LAKEVIEW HEALTHCARE OPERATING LLC  
 Address: [REDACTED]

**Certificate(s) of Occupancy**

Type: C-1 Date: 09/08/1967 Issued By: L&I

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 13 Waking Staff: 10

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #:  
 Reason: Renewal Exit Conference Date: 10/23/2024

**Inspection Dates and Department Representative**

10/23/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 28 Residents Served: 13  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 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: 0 Have Physical Disability: 0

**Inspections / Reviews**

10/23/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/14/2024

11/13/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/26/2024  
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 12/01/2024

Inspections / Reviews *(continued)*

12/03/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/26/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At approximately 5:39 p.m., resident room #126 private bathroom's sink had a water temperature of 122.6 Fahrenheit.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

On 10/24/2024 Environmental Service manager was made aware of increased water temperature in resident room 26 at which time he adjusted the hot water tank and completed an audit of all resident rooms. All were 120 degrees or lower. Environmental services will do weekly audits of hot water temperatures in all areas accessible to residents for 6 weeks beginning 11/11/2024 and ending 12/31/2024. The continuation of monthly monitoring will be beginning in January 2025. Environmental services will maintain documentation and PCHA will do Quarterly reviews beginning in April 2025.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 12/03/2024)

184a - Resident's Meds Labeled

2. Requirements

2600.

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

Description of Violation

Resident #1 was prescribed [REDACTED]. However, the medication's label indicates [REDACTED] by mouth daily mixed in eight ounce of water, milk, or juice, [REDACTED] a day until [REDACTED] begins stooling for [REDACTED] then return to daily as needed as directed.

Resident #1 was prescribed [REDACTED] by mouth every 6 hours as needed for [REDACTED]. However, the medication's label indicates take one caplet every 8 to 12 hours while symptoms last.

Resident #2 was prescribed [REDACTED] miscellaneous inject one device subcutaneously in the morning related to [REDACTED]. However, the medication / device label indicates use as directed two times daily.

Resident #3 was prescribed glucose oral solution give [REDACTED] by mouth as needed for [REDACTED] blood sugar in [REDACTED] minutes. However, the medications label indicates glucose [REDACTED] take one tube by mouth as needed.

Resident #3 was prescribed [REDACTED] oral tablet [REDACTED] by mouth one time a day. However, the medication's label indicates [REDACTED] take one tablet by mouth every day.

Resident #4 was prescribed artificial tears [REDACTED]. However, the medication's label indicates [REDACTED]

184a - Resident's Meds Labeled (continued)

Plan of Correction

Accept [REDACTED] - 11/13/2024)

On [REDACTED] during inspection resident #1 [REDACTED] were marked with change of direction stickers after paper chart was reviewed. Resident #2 paper chart was reviewed for clarification of [REDACTED] order and [REDACTED] were marked with change of direction stickers. Resident #3 [REDACTED] was marked with change of direction stickers. Resident #3 PCP was contacted, and a new order was received for [REDACTED], pharmacy provided the correct label for [REDACTED] tablet take one tablet by mouth daily. Pharmacy provided the most recent order for resident #4's artificial tear and the EMAR was updated with the correct information. Weekly cart audits for 4 weeks will be conducted by overnight staff beginning 11/13/2024 ending 12/4/2024. Beginning January 2025, overnight staff will return to monthly cart audits. PCHA will continue to maintain cart audits and ensure changes are made as appropriate. Staff will be educated that the labels and EMAR must match exactly and the appropriate use of change of direction stickers as well as that they need to be secured with clear tape. Education will be completed by 12/1/2024 and maintained by PCHA.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] - 12/03/2024)

185a - Implement Storage Procedures

3. 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 #2 was prescribed blood glucose testing in the morning related to [REDACTED]. The resident's medication administration record indicates a blood glucose measurement of [REDACTED]. However, the resident's glucometer has a blood glucose reading of [REDACTED] for that corresponding date.

Resident #3 was prescribed blood glucose testing before breakfast and at HS. However, the resident's [REDACTED], medication administration record did not indicate multiple blood glucose readings to include those for the dates / times of [REDACTED]. The fields were blank.

Plan of Correction

Accept [REDACTED] - 11/13/2024)

Resident #3 had supplemental documentation add to PCC on [REDACTED]. Resident #2 EMAR was corrected to the accurate blood glucose number of [REDACTED] on [REDACTED] by PCHA. Resident #3's blood glucose monitor and EMAR were reviewed by PCHA and missing data was inputted to Emar by PCHA on [REDACTED]. PCHA will provide house wide education on obtaining blood sugars and importance of accurate documentation as well as signs and symptoms of hyper/hypoglycemia to be signed off by staff before 12/1/2024. PCHA will maintain record of education.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [REDACTED] - 12/03/2024)

187d - Follow Prescriber's Orders

4. Requirements

2600.

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

187d - Follow Prescriber's Orders (continued)

**Description of Violation**

Resident #1 was prescribed [redacted] oral tablet give one tablet by mouth at bedtime related to essential primary [redacted] if systolic blood pressure is below [redacted] and / or diastolic is below [redacted] hold doses, after [redacted] minutes confirm. The resident's diastolic blood pressure was less than [redacted] multiple dates to include [redacted], through [redacted]. However, the resident was administered the medication.

**Plan of Correction**

Accept ( [redacted] - 11/13/2024)

Verbal education was provided to staff member about use of parameters for Resident #1 [redacted]. Staff member verbalized understanding on 10/24/2024. On 11/10/2024, a memo was posted in medication room to be watchful for medications with parameters with instruction on to find parameters using the more button on PCC. House wide education will be provided relating to PCC use and following physician orders as prescribed as well as the importance of accurate documentation by 12/1/2024. PCHA will maintain record of education.

Licensee's Proposed Overall Completion Date: 12/01/2024

Implemented [redacted] - 12/03/2024)