

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

December 27, 2024

[REDACTED]
PRESBYTERIAN HOMES INC
[REDACTED]
[REDACTED]

RE: THE VILLAGE HOUSE
1155 INDIAN SPRINGS ROAD
INDIANA, PA, 15701
LICENSE/COC#: 42729

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/01/2024, 11/06/2024 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: THE VILLAGE HOUSE License #: 42729 License Expiration: 02/05/2025
 Address: 1155 INDIAN SPRINGS ROAD, INDIANA, PA 15701
 County: INDIANA Region: WESTERN

Administrator

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

Legal Entity

Name: PRESBYTERIAN HOMES INC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: C-1 Date: 08/24/1999 Issued By: DOH

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 42 Waking Staff: 32

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 11/07/2024

Inspection Dates and Department Representative

11/01/2024 - On-Site: [REDACTED]
 11/06/2024 - Off-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 42 Residents Served: 36
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 36
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 1

Inspections / Reviews

11/01/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/01/2024

Inspections / Reviews *(continued)*

12/06/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/26/2024

12/27/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/10/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

65g - Annual Training Content

1. 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:

Description of Violation

Staff person A did not receive training in fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert during training year [redacted] to [redacted]

Plan of Correction

Accept [redacted] - 12/06/2024)

- Tim New (Director of Environmental Services) completed fire safety train the trainer on [redacted]
- Ancillary staff will be trained by Tim New from here on out annually.
- New hire training will be completed upon hire and then annually.
- An audit will be completed to ensure all current employees and regularly scheduled volunteers are trained in fire safety.

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

Implemented [redacted] - 12/27/2024)

85d - Trash Receptacles

2. 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 11:00 am., there was a partially full, uncovered, unattended trash can in the Woodlands kitchen.

Plan of Correction

Accept [redacted] - 12/06/2024)

- The trash can was removed and replaced with on that has an attached lid on day of inspection.
- Education provided by PC Admin on [redacted] that trash cans in kitchens and bathrooms shall be kept in covered trash receptacles.

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

Implemented [redacted] - 12/27/2024)

103f - Refrigerator/Freezer Temps

3. 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

On [redacted] at approximately 10:05 am., the temperature in the upright freezer in the shared skilled nursing facility was 11 degrees Fahrenheit.

103f Refrigerator/Freezer Temps (continued)

Plan of Correction

Accept [REDACTED] - 12/06/2024)

Freezer was given a full inspection on [REDACTED].

Education on [REDACTED] provided to dietary employees by the Director of Dietary. Education included the proper way to read and log freezer temperatures and a review of proper temps. Also, reviewed that if you get an out of range temperature, how to place a work order to notify maintenance.

Temperatures from [REDACTED] until current are in acceptable range.

Preventative maintenance is scheduled quarterly for operation.

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

Implemented [REDACTED] 12/27/2024)

103i - Outdated Food

4. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There were 2 undated bags of broccoli in the walk in freezer in the shared kitchen in the skilled nursing facility.

There were 4 undated boxes of popsicles in the freezer in the Woodlands kitchen.

Plan of Correction

Accept [REDACTED] 12/06/2024)

Broccoli was immediately thrown away.

Education was provided to staff on the importance of dating items and checking them each shift. Staff informed that labels and markers are provided by the freezer to ensure availability when needed. Staff educated that any item found and not dated will be discarded and responsible party educated and moved through progressive discipline procedures as needed.

Audits will be completed 5 times weekly for 1 month, then continuing 2 times weekly when food delivery comes on both freezers.

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

Implemented [REDACTED] - 12/27/2024)

121b - Locking Device Approval

5. Requirements

2600.

121.b. Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

Description of Violation

The door in the Woodlands area by the elevator, which is used as an egress route from home to the outside was equipped with a magnetic coded locking system, preventing immediately egress from the home. The home does not have written approval or a variance from the Department of Labor and Industry, the Department of Health or the local building authority for use of magnetic locking system.

121b - Locking Device Approval (continued)

Plan of Correction

Accept [REDACTED] - 12/06/2024)

- Maylock alarm was disengaged on [REDACTED] and the door was set to alarm only when opened.
- Director of Environmental services and PC Administrator reviewed regulation.
- Door will be inspected weekly on Fridays for alarm Activation.

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

Implemented [REDACTED] - 12/27/2024)

132f - Alternate Exit Routes

6. Requirements

- 2600.
- 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The dining room and/or laundry room hallway exits were the only exit routes used during the fire drills held from [REDACTED] to [REDACTED]

Plan of Correction

Accept [REDACTED] 12/06/2024)

- Fire expert Danny Sacco has agreed to alternative ground exit location as third emergency exit route out of the Village house PC unit.
- Director of environmental services and PC Administrator reviewed the regulation and will utilize all three of the emergency exits in future fire drills.

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

Implemented [REDACTED] - 12/27/2024)

171b5 - First Aid Kit

7. Requirements

- 2600.
- 171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:
 - 5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

Description of Violation

The first aid kit in the home's Grand Caravan, used to transport residents, did not include av thermometer or breathing shiels.

Plan of Correction

Accept [REDACTED] - 12/06/2024)

- Thermometer and Breathing shield replaced on [REDACTED] and shown to inspectors.
- Inspection of First Aide kit with a checklist will be done daily prior to providing transportation to residents.

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

Implemented [REDACTED] 12/27/2024)

184a - Resident's Meds Labeled

8. 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 [redacted] is prescribed [redacted] at bedtime and [redacted] before meals. However, the pharmacy label indicates, [redacted] at bedtime and [redacted] at meals.

Plan of Correction

Accept [redacted] - 12/06/2024)

-Immediately upon being notified from DHS inspectors of incorrect directions, direction change sticker was placed on the label to notify staff to refer to chart for directions.

-Pharmacy was called and new labels and packaging were ordered and sent STAT.

-Staff were educated during meeting on [redacted] on the importance of identification and notification to PC Administrator of any incorrect medication labels and/or any labels that do not match the MAR.

-Staff will do monthly med cart audits

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

Implemented [redacted] - 12/27/2024)

191 - Resident Right to Refuse

9. 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 [redacted], admitted [redacted] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept [redacted] - 12/06/2024)

-Audit of charts was completed on [redacted] by PC Administrator on all contracts of current residents. It was identified that residents that were admitted prior to 2020, had an old version of the residents rights. Addendum was completed on contracts prior to 2020, education residents on the right to refuse medications.

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

Implemented [redacted] - 12/27/2024)