

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

January 22, 2025

[REDACTED], CEO
EPWORTH REHABILITATION AND HEALTHCARE LLC
[REDACTED]
[REDACTED]

RE: THE PRESERVE AT CEDARWOOD
925 S. LINCOLN AVE
TYRONE, PA, 16686
LICENSE/COC#: 33972

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/10/2024, 12/11/2024 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 PRESERVE AT CEDARWOOD License #: 33972 License Expiration: 09/18/2025
Address: 925 S. LINCOLN AVE, TYRONE, PA 16686
County: BLAIR Region: CENTRAL

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: EPWORTH REHABILITATION AND HEALTHCARE LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/08/2001 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 12/11/2024

Inspection Dates and Department Representative

12/10/2024 - On-Site: [Redacted]
12/11/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 54 Residents Served: 37
Secured Dementia Care Unit
In Home: Yes Area: 1st floor Capacity: 12 Residents Served: 11
Hospice
Current Residents: 9
Number of Residents Who:
Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 37
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 1
Have Mobility Need: 14 Have Physical Disability: 1

Inspections / Reviews

12/10/2024 - Full
Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/31/2024
01/03/2025 - POC Submission
Submitted By: [Redacted] Date Submitted: 01/16/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/10/2025

Inspections / Reviews *(continued)*

01/08/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 01/17/2025

01/22/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/16/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

54a - Direct Care Staff

1. Requirements

2600.

54.a. Direct care staff persons shall have the following qualifications:

- 2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

Description of Violation

Staff Member A does not have a high school diploma from the United States, a GED, or active registry status on the Pennsylvania nurse aide registry. A diploma was observed on file from [REDACTED].

Plan of Correction

Accept ([REDACTED] - 01/03/2025)

A waiver was sent for approval to waive the Regulation for a tenured employee. [REDACTED] has been employed at this facility for 10 years and this has never been an issue in the past. The employee does have a high school diploma from [REDACTED]. [REDACTED] attends all trainings provided by facility and communicates well with Residents and staff.

Licensee's Proposed Overall Completion Date: 12/30/2024

Implemented ([REDACTED] - 01/22/2025)

92 - Windows

2. Requirements

2600.

- 92. Windows and Screens - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

Description of Violation

The outside windowpane of resident room #110 was observed having a hole and spidering glass around the hole.

Plan of Correction

Accept ([REDACTED] - 01/08/2025)

Quotes are being obtained to replace window in APT 110 in Memory Support. Facility will have broken window replaced by 01/31/2025.

Education provided to staff on 12/14/2024 to let maintenance and Administrator know if there is an issue or if something is in disrepair and if something needs addressed immediately. Maintenance and Administrator were unaware of broken window. There are several areas throughout the facility for staff to submit maintenance request. Starting 01/02/2025 Maintenance will conduct weekly walk throughs of interior and exterior of facility to ensure of anything in need of repair can be addressed in a timely manner.

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([REDACTED] - 01/22/2025)

224a - Preadmission Screen Form

3. Requirements

2600.

- 224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #1's preadmission screening form, dated [REDACTED]

224a - Preadmission Screen Form (continued)

, does not include a determination that the needs of the resident can be met by the services provided by the home.

Plan of Correction**Accept ([REDACTED] - 01/08/2025)**

An audit of all files was completed on 12/23/24. An admission checklist was modified to have the Resident Care Coordinator - RCC and MSN Resident Care Coordinator - RCC review files when Residents move in, and yearly as needed. Signatures will be required from Administrator, RCC and MSN RCC to verify that all documentation is present, boxes are checked, and signatures have been obtained.

The Preadmission screen was fixed immediately on 12/10/2024 and shown to inspector at that time that item was corrected.

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([REDACTED] - 01/22/2025)**227d - Support Plan Medical/Dental****4. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

The resident assessment support plan (RASP) for resident #2, dated [REDACTED] does not indicate the resident has a need for an enabler bar. However, an enabler bar was observed in resident #2's room attached to the bed.

Plan of Correction**Accept ([REDACTED] - 01/08/2025)**

A spread sheet was created to assist with keeping track of when DME's and RASP are due for Personal care and Memory Support. Administrator, RCC and MSN RCC will meet 2nd Wednesday of each month to review Residents that have a DME and RASP due to ensure all items in DME and RASP are captured and reviewed.

The RASP was immediately fixed on 12/10/2024 and shown to inspector at that time that RASP was corrected.

Licensee's Proposed Overall Completion Date: 01/03/2025

Implemented ([REDACTED] - 01/22/2025)