

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

March 31, 2025

[REDACTED]
DUNLEVY MANOR LIVING LLC
[REDACTED]

RE: DUNLEVY MANOR LIVING
2218 PA-88
DUNLEVY, PA, 15432
LICENSE/COC#: 45597

[REDACTED],
As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/19/2025 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: *DUNLEVY MANOR LIVING* License #: *45597* License Expiration: *01/31/2025*
 Address: *2218 PA 88, DUNLEVY, PA 15432*
 County: *WASHINGTON* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *DUNLEVY MANOR LIVING LLC*
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C 2 LP* Date: *12/03/2024* Issued By: *Labor and Industry*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #: [REDACTED]
 Reason: *Monitoring* Exit Conference Date: *02/19/2025*

Inspection Dates and Department Representative

02/19/2025 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *24* Residents Served: *9*

Secured Dementia Care Unit
 In Home: *No* Area: [REDACTED] Capacity: [REDACTED] Residents Served: [REDACTED]

Hospice
 Current Residents: *2*

Number of Residents Who:
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *9*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *8* Have Physical Disability: *0*

Inspections / Reviews

02/19/2025 - Partial
 Lead Inspector: [REDACTED] Follow Up Type: *POC Submission* Follow Up Date: *03/08/2025*

Inspections / Reviews *(continued)*

03/11/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/28/2025
Reviewer: [REDACTED] Follow Up Type: POC Submission Follow Up Date: 03/17/2025

03/18/2025 POC Submission

Submitted By: [REDACTED] Date Submitted: 03/28/2025
Reviewer: [REDACTED] Follow Up Type: Document Submission Follow Up Date: 03/28/2025

03/31/2025 Document Submission

Submitted By: [REDACTED] Date Submitted: 03/28/2025
Reviewer: [REDACTED] Follow Up Type: Not Required

65a - FS Orientation 1st Day

1. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

The orientation training record for direct care staff person A, whose first day of work was [REDACTED] is undated, so it is unable to be determined if direct care staff person A received orientation on the topics specified in 2600.65a prior to or during the first work day.

The orientation training record for direct care staff person B, whose first day of work was [REDACTED] is undated, so it is unable to be determined if direct care staff person B received orientation on the topics specified in 2600.65a prior to or during the first work day.

Plan of Correction**Directed [REDACTED] - 03/18/2025)**

The orientation training record for direct care staff person B, whose first day of work was [REDACTED], is undated, so it is unable to be determined if direct care staff person B received orientation on the topics specified in 2600.65a prior to or during the first work day.

The administrator did not understand why the violation stated that the training was not dated, the inspector clarified the violation and educated the administrator on [REDACTED].

Training: On 3/4/25 the administrator educated the supervisor and management on this regulation and provided a copy of the RCG book on this regulation for their reference going forward. All staff will be retrained on 2600.65a during a staff training on 3/21/25 by the administrator. (DIRECTED: By 3/21/25: Staff persons A and B shall also receive training by the administrator on all topics specified in 2600.65a. Documentation of staff training for all staff persons shall be kept in accordance with 2600.65i. [REDACTED] 3/18/25).

DIRECTED: By 3/21/25: The administrator shall develop and implement a new hire staff checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65a prior to or during their first workday. Copies of the completed checklists shall be kept in each staff person's record. Documentation of the education shall be kept in each staff person's record in accordance with 2600.65i. [REDACTED] 3/18/25

Moving forward the administrator has changed the way the training will be documented. Also, the administrator will audit all new hires for the home to ensure all training is completed and documented correctly the first day of their employment. These current records will be audited within 10 days by the administrator and then shall be kept in employee records in our administrative office. (DIRECTED: The administrator audits of all new hire staff records shall begin on 3/21/25. [REDACTED] 3/18/25). Going forward any new hires, the administrator or designee will audit for 5 days

65a - FS Orientation 1st Day (continued)

and insert into employee file. Documentation will be kept.

Proposed Overall Completion Date: 03/17/2025

Directed Completion Date: 03/21/2025

Implemented [redacted] - 03/31/2025)

65b - Rights/Abuse 40 Hours

2. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

1. Resident rights.
2. Emergency medical plan.
3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
4. Reporting of reportable incidents and conditions.

Description of Violation

The orientation training record for direct care staff person A, whose first day of work was [redacted], is undated, so it is unable to be determined if direct care staff person A received orientation on the topics specified in 2600.65b within 40 scheduled working hours.

The orientation training record for direct care staff person B, whose first day of work was [redacted], is undated, so it is unable to be determined if direct care staff person B received orientation on the topics specified in 2600.65b within 40 scheduled working hours.

Plan of Correction

Directed [redacted] 03/18/2025)

The orientation training record for direct care staff person B, whose first day of work was [redacted], is undated, so it is unable to be determined if direct care staff person B received orientation on the topics specified in 2600.65b prior to or during the first work day.

The administrator did not understand why the violation stated that the training was not dated, the inspector clarified the violation and educated the administrator on [redacted]. The staff education will be kept in accordance with 2600.65i.

Training: On 3/4/25 the administrator educated the supervisor and management on this regulation and provided a copy of the RCG book on this regulation for their reference going forward. Staff the staff education will be retrained on 2600.65b during a staff training on 3/21/25 by the administrator. Staff persons A and B will also be trained, the staff education will be kept in accordance with 2600.65i.

DIRECTED: By 3/21/25: The administrator shall develop and implement a new hire staff checklist to ensure all newly-hired staff persons receive training on all topics specified in 2600.65b within 40 scheduled working hours. Copies of the completed checklists shall be kept in each staff person's record. Documentation of the education

65b - Rights/Abuse 40 Hours (continued)

shall be kept in each staff person's record in accordance with 2600.65i. [REDACTED] 3/18/25

Moving forward the administrator has changed the way the training will be documented. Also, the administrator will audit all new hires for the home to ensure all training is completed and documented correctly the first day of their employment. These current records will be audited within 10 days by the administrator and then shall be kept in employee records in our administrative office. (DIRECTED: The administrator audits of all new hire staff records shall begin on 3/21/25. [REDACTED] 3/18/25). Going forward any new hires, the administrator or designee will audit using a check list the the administrator put in place for 5 days and insert into employee file. Documentation will be kept.

Proposed Overall Completion Date: 03/17/2025

Directed Completion Date: 03/21/2025

Implemented [REDACTED] - 03/31/2025)

95 - Furniture and Equipment

3. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The toilet in the common bathroom next to bedroom [REDACTED] is inoperable. There is a sign on the bathroom door indicating the bathroom is "out of order". According to staff persons, the toilet has been inoperable for at least a month.

Plan of Correction

Directed [REDACTED] - 03/18/2025)

The toilet in the common bathroom next to bedroom [REDACTED] is inoperable. There is a sign on the bathroom door indicating the bathroom is "out of order". According to staff persons, the toilet has been inoperable for at least a month.

The plumbing company was notified of the issue on [REDACTED] and fixed [REDACTED] by the plumber. The administrator implemented an new building check list that will go into effect starting [REDACTED].

The administrator spoke to all staff to educate them on the importance of newly added building checklist on 02/26/25. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. [REDACTED] 3/18/25). The administrator provided additional training to the designee who will be responsible for ensuring ongoing compliance during the bi-weekly building inspection process these checks will start on 03/19/25 by the administrator or designated person. (DIRECTED: The bi-weekly checks shall include a walkthrough of the entire home during each check to ensure all furniture and equipment is clean, in good repair and free of hazards. [REDACTED] 3/18/25). The administrator will be responsible to review the building inspection sheets monthly for 3 months to ensure the staff bathroom toilet is continuously operational and in good repair.

Proposed Overall Completion Date: 03/17/2025

95 - Furniture and Equipment (continued)

Directed Completion Date: 03/19/2025

Implemented () - 03/31/2025

185a - Implement Storage Procedures

4. 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 () is prescribed () tablet-Take 1 tablet by mouth every 6 hours as needed; however, this medication was not present in the home and available for administration.

Plan of Correction

Directed () - 03/18/2025

Resident () is prescribed () tablet-Take 1 tablet by mouth every 6 hours as needed; however, this medication was not present in the home and available for administration.

DIRECTED: By 3/20/25: The administrator shall ensure resident () is present in the home and available for administration in accordance with prescribers' orders. () 3/18/25

All med techs were trained on this regulation during a staff meeting held by the administrator and manager on 2/26/25. (DIRECTED: Documentation of the staff education shall be kept in accordance with 2600.65i. () 3/18/25

DIRECTED: By 3/28/25: The administrator/designee shall review all current resident medications to ensure all prescribed medications are present in the home and available for administration. () 3/18/25

Moving forward monthly audits will be done by the supervisor/designee and shall continue indefinitely and shall include a review of at least 5 different resident's medications during each monthly audit to ensure all current prescribed medications are present in the home and to ensure accurate and complete documentation is present on each resident's MAR. These audits will start on 3/12/25 by the supervisor/designee.

Audits will be reviewed by the administrator at quarterly meetings and will include all items specified in 2600.185a.

Proposed Overall Completion Date: 03/17/2025

Directed Completion Date: 03/28/2025

Implemented () - 03/31/2025

187a - Medication Record

5. Requirements

2600.

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

Description of Violation

Resident () is prescribed () mg tablet-Take 1 tablet by mouth sublingually every 4 hours as needed;

187a - Medication Record (continued)

however, this medication is not present on resident [REDACTED] February 2025 mediation administration record (MAR).

Plan of Correction

Directed [REDACTED] - 03/18/2025)

Resident [REDACTED] is prescribed [REDACTED] tablet-Take 1 tablet by mouth sublingually every 4 hours as needed; however, this medication is not present on resident [REDACTED] February 2025 mediation administration record (MAR).

DIRECTED: By 3/20/25: The administrator shall ensure resident [REDACTED] tablet is present on resident [REDACTED] current MAR in accordance with the current prescriber's order. [REDACTED] 3/18/25

DIRECTED: By 3/28/25: The administrator/designee shall review all current resident MAR's to ensure accuracy and completeness in accordance with current prescribers' orders. [REDACTED] 3/18/25

All med techs were trained on this regulation during a staff meeting held by the administrator and manager on 2/26/25. Documentation of the staff education will be kept in accordance with 2600.65i.

Moving forward monthly audits will be done by the supervisor/designee and shall continue indefinitely and shall include a review of at least 5 different resident's medications during each monthly audit to ensure all current prescribed medications are present in the home and to ensure accurate and complete documentation is present on each resident's MAR. These audits will start on 3/12/25 by the supervisor/designee.

Going forward audits will be reviewed by the administrator at quarterly meetings and will include all items specified in 2600.187a. The next quarterly meeting will be 04/23/25 held by the administrator.

Proposed Overall Completion Date: 03/17/2025

Directed Completion Date: 03/28/2025

Implemented [REDACTED] - 03/31/2025)