

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

June 2, 2025

ROBERT JAVENS, VICE PRESIDENT
DUBOIS CONTINUUM OF CARE COMMUNITY INC
282 SOUTH EIGHTH STREET
DUBOIS, PA, 15801

RE: DUBOIS VILLAGE
282 SOUTH EIGHTH STREET
DUBOIS, PA, 15801
LICENSE/COC#: 44867

Dear 

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 03/14/2025 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,


cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *DUBOIS VILLAGE* License #: *44867* License Expiration: *06/04/2025*
 Address: *282 SOUTH EIGHTH STREET, DUBOIS, PA 15801*
 County: *CLEARFIELD* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *DUBOIS CONTINUUM OF CARE COMMUNITY INC*
 Address: *282 SOUTH EIGHTH STREET, DUBOIS, PA, 15801*
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *08/07/1996* Issued By: *L&I*
 Type: *I-1* Date: *07/09/2020* Issued By: *Sandy Twp.*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *83* Waking Staff: *62*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *03/14/2025*

Inspection Dates and Department Representative

03/14/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *118* Residents Served: *71*

Secured Dementia Care Unit
 In Home: *Yes* Area: *SDCU* Capacity: *9* Residents Served: *6*

Hospice
 Current Residents: *1*

Number of Residents Who:
 Receive Supplemental Security Income: *3* Are 60 Years of Age or Older: *71*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *12* Have Physical Disability: *0*

Inspections / Reviews

03/14/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *04/14/2025*

04/29/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *05/19/2025*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2025*

Inspections / Reviews *(continued)*

05/07/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 05/28/2025

06/02/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/19/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

25b - Contract Signatures

1. Requirements

2600.

25.b. The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

Description of Violation

The resident-home contract for resident #1 was not signed by the resident.

Plan of Correction

Accept ([redacted]) - 05/07/2025)

- 1. Resident contract was provided to [redacted] by [redacted] Administrator and signed by resident on 3/14/2025
- 2. Education provided to Business Office staff on regulatory requirements related to Resident Contracts by [redacted] Administrator on 3-17-2025. All staff that will assist residents and responsible persons to complete admission forms will be trained on requirements by [redacted] Administrator or designated person upon hire to include the New Admission Contract Audit, Resident Signature (refusal/inability), Acknowledge/Consent for SCDU (willow).
- 3. Audit of all current resident files that include contract was completed on 3-19-2025 by [redacted] Administrative Assistant.
- 4. All new residents files will be audited by [redacted] Administrator or designated person for all signatures required within one week of admission. Ongoing.
- 5. If resident did not or could not sign the admission paperwork/contract a "Resident Signature (refusal/inability)" form will be placed with the contract that indicates the attempt and any further attempts.
- 6. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented ([redacted]) - 06/02/2025)

41e - Signed Statement

2. Requirements

2600.

41.e. A statement signed by the resident and, if applicable, the resident's designated person acknowledging receipt of a copy of the information specified in subsection (d), or documentation of efforts made to obtain signature, shall be kept in the resident's record.

Description of Violation

There was no statement signed by resident #1 acknowledging receipt of the resident rights and complaint procedures. Resident #1 was admitted to the home on [redacted]

Plan of Correction

Accept ([redacted]) - 05/07/2025)

- 1. Resident contract was provided to [redacted] by [redacted] Administrator and signed by resident on 3/14/2025
- 2. Education provided to Business Office staff on regulatory requirements related to Resident Contracts by [redacted] Administrator on 3-17-2025. All staff that will assist residents and responsible persons to complete admission forms will be trained on requirements by [redacted] Administrator or designated person upon hire to include the New Admission Contract Audit, Resident Signature (refusal/inability), Acknowledge/Consent for SCDU (willow).
- 3. Audit of all current resident files that include contract was completed on 3-19-2025 by [redacted] Administrative Assistant.
- 4. All new residents files will be audited by [redacted] Administrator or designated person for all signatures required within one week of admission.
- 5. If resident did not or could not sign the admission paperwork/contract (which acknowledges the receipt of resident rights and complaint procedures)a "Resident Signature (refusal/inability)" form will be placed with the contract

41e - Signed Statement (continued)

that indicates the attempt and any further attempts.

6. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented () - 06/02/2025)

86b - Bathroom

3. Requirements

2600.

86.b. A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

Description of Violation

The common bathroom in Dogwood Lane did not have an operable outside window or an operable exhaust fan.

Plan of Correction

Accept () - 04/29/2025)

- 1. Education provided to Maintenance employees, and Housekeeping employees to train them on regulatory requirement 2600.86.b. and how to audit the exhaust capability in bathrooms by () on 3-20-2025.
- 2. New policy developed for "Testing Exhaust Fans in Resident Bathrooms and Common Bathrooms"
- 3. A weekly audit by () Administrator or designated person starting 3-17-2025 will be completed for 4 weeks than monthly starting 5-5-2025 ongoing to evaluate exhausts in bathrooms .Auditor will report to responsible employee for resolution if exhaust not operable. This will be noted on audit form
- 4. On 4-2-2025 we received a new motor to replace the inoperable motor that controlled the exhaust fan in Dogwood common bathroom.
- 5. On 4-2-2025 motor was replaced and verified that it was operating by () Lead Maintenance.
- 6. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented () - 06/02/2025)

89b - Hot Water Temperature

4. Requirements

2600.

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

Description of Violation

At 10:30 AM the water temperature at the sink in the bathroom off bedroom #238 was 127.0 degrees Fahrenheit.

Plan of Correction

Accept () - 05/07/2025)

- 1 . Boiler was turned down by () immediately with the inspector observing. Water in 238 bathroom was re-checked at 11:30 am by () and was 114 degrees F, rechecked at 1:30 pm by () and was 115 degrees F. Water in kitchenette in room 238 was checked by () at 1:30 pm and reading 114 degrees F.
- 2. Education by () from 3-17-2025 through 4-4-2025 to all employees relating to regulation 2600.89.b. and acceptable water temperatures.
- 3. Audits of 5 random resident rooms, bathrooms including common bathrooms will be completed starting 3/17/2025 three times per week for one month then on 4-18-2025 weekly ongoing for water temps by () Maintenance or designated person.
- 4. Audits will be reviewed at monthly Quality Assurance Meeting.

89b - Hot Water Temperature (continued)

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented () - 06/02/2025

101j7 - Lighting/Operable Lamp

5. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The beds in bedroom #113 and bedroom #226 did not have a source of light that could be turned on and off from bedside.

Plan of Correction

Accept () - 04/29/2025

3-14-2025 Lamp in room(126) was moved back beside bed on day of survey by Maintenance. Lamp in other resident's room(113) was replaced on day of survey by Director of Wellness.

- 1. Education by from 3-17-2025 through 4-4-2025 to all employees relating to regulation 2600.101.j.
- 2. A weekly audit by Administrator or designated person starting 3-17-2025 will be completed for 4 weeks then on 5-5-2025 monthly ongoing to insure every resident has an operable light that they can turn on at their bedside. If light/bulb is not present or malfunctioning auditor will replace light/bulb on same day of audits or report to responsible employee for resolution. This will be noted on audit form.
- 3. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented () - 06/02/2025

133.2 - Exit Signs Direction

6. Requirements

2600.

133.2. Exit Signs - The following requirements apply for a home serving nine or more residents: If the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

Description of Violation

Lilac Hall at the nurse's station did not have a direct visual line to the nearest exit. There were no signs marking the line of travel to the exits. On 3/14/25 the home served 71 residents.

Plan of Correction

Accept () - 04/29/2025

- 1. Education by from 3-17-2025 through 4-4-2025 to all employees relating to regulation 2600.133.2
- 2. On 3-14-2025 exit sign was replaced to show direction of line of travel for that particular sign by Maintenance.
- 3. Audit performed by Administrator or designated person starting 3-17-2025 weekly for one month to confirm Exit Signs show direction to evacuate then audit will be completed monthly to confirm Exit Signs show direction to evacuate starting 5-5-2025 by Administrator or designated person. Ongoing.
- 4. Audits will be reviewed at monthly Quality Assurance Meeting.

133.2 - Exit Signs Direction (continued)

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented () - 06/02/2025)

181d - Storing Medication

7. 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

A container of Calmoseptine Ointment and a container of Minerin Cream prescribed for resident #3 was left in resident #3's bedroom. The door to the bedroom was unlocked, and the room was vacant.

REPEAT VIOLATION: 2/6/2024

Plan of Correction

Accept () - 05/07/2025)

1. After room was checked by inspector on 3/14/25 resident locked door. It was only unlocked while was waiting for to come to room, went to have a cigarette and arrived before signed a paper confirming this.
2. Education by from 3-17-2025 through 4-4-2025 to all employees relating to regulation 2600.181.d.
3. Education provided to resident in question by on 3-17-2025 relating to regulation 2600.181.d.
4. Audit performed by Administrator or designated person starting 3-17-2025 weekly for one month to confirm there is no unsecured storage of medications in the resident's living area, then audit will be completed by Administrator or designated person monthly starting 5-5-2025 to confirm there is no unsecured storage of medications in the resident's living area. Ongoing.
5. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented () - 06/02/2025)

183e - Storing Medications

8. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

Resident #2 was prescribed Lantus Solostar 100U/ml – Inject 22 units subcutaneously at bedtime. This medication was opened but undated.

Plan of Correction

Accept () - 05/07/2025)

1. Medication pen was opened the previous evening by MT, and placed in the original labeled baggie. After discovered by inspector, labeled medication pen with date opened of 3/13/25 after

183e - Storing Medications (continued)

clarifying (█████ was present at the time) with ██████ MT when it was opened. Inspector observed this action.

2. Education by ██████ from 3-17-2025 through 4-4-2025 to all medication techs relating to regulation 2600.183.e.

2. Comprehensive med cart review was completed on 3-17-2025 by ██████ DOW and ██████ RCM on all 4 med carts to review that all prescription medications, OTC medications and CAM are labeled with opened date.

3. Audit of med carts performed weekly starting 3-24-2025 by ██████ DOW or designated person for one month to assure all prescription medications, OTC medications and CAM are labeled with opened date.

3. Audit will be conducted by ██████ DOW or designated person monthly starting 5-12-2025 ongoing for opened date on all prescription medications, OTC medications and CAM.

4. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 05/01/2025

Implemented (█████ - 06/02/2025)

185a - Implement Storage Procedures

9. 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 Ondansetron 4 mg – 1 tablet every 8 hours as needed and Thera-tears 0.25% - Instill 2 drops into each eye every 4 hours as needed. These medications were not available in the home.

Plan of Correction

Accept (█████ - 04/29/2025)

Order received to discontinue Ondanestron for non-use, Thera-tears was filled 3-17-25

1. Education by ██████ from 3-17-2025 through 4-4-2025 to all medication techs relating to regulation 2600.185.a.

2. Comprehensive med cart review was completed on 3-17-2025 by ██████ DOW and ██████ RCM on all 4 med carts to review that all medications that were ordered for all residents were in place in the home.

3. Audit of 5 random resident's medication records and medication in med storage performed weekly starting 3-24-2025 by ██████ DOW or designated person for one month to assure all ordered medications are available in home.

4. Audit will be conducted by ██████ DOW or designated person monthly ongoing starting 5-12-2025 on 5 random resident's medication records and medication in med storage to assure all ordered medications are available in home.

5. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented (█████ - 06/02/2025)

187a - Medication Record

10. Requirements

2600.

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

187a - Medication Record (continued)

6. Dose.

Description of Violation

Resident #4 was prescribed Insulin Aspart, in accordance with a sliding scale. However, the resident's March 2025 medication administration record (MAR) does not include the dose of insulin administered from 3/1/25 through 3/13/25.

Plan of Correction

Accept () - 04/29/2025

- 1. Education by [redacted] from 3-17-2025 through 4-4-2025 to all medication techs relating to regulation 2600.187.a.
- 2. US Complete Care Pharmacy changed their policy to add the glucometer reading along with the dose of insulin required based on that reading for sliding scale insulin administration on the EMAR on 3-17-2025.
- 3. Audit of current sliding scale insulin order(s) completed on 3-17-2025 by [redacted] Administrator.
- 4. New policy written by [redacted] Administrator 3-18-2025 titled "Insulin Administration with Sliding Scale Coverage Documentation"
- 5. Audit of any new sliding scale insulin orders will be completed weekly x3 from date of new order to be certain order is profiled according to US Complete Care and Dubois Village policy. To be completed by [redacted] DOW or designated person.
- 6. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented () - 06/02/2025

191 - Resident Right to Refuse

11. 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

The resident record for resident #1 did not include documentation that the resident was educated on the right to question or refuse a medication if they believe there may be a medication error. Resident #1 was admitted on [redacted]

Plan of Correction

Accept () - 04/29/2025

- 1. Education provided to Business Office staff on regulatory requirements related to Resident Contracts by [redacted] Administrator on 3-17-2025. All staff that will assist residents and responsible persons to complete admission forms will be trained on requirements by [redacted] Administrator or designated person upon hire to include the New Admission Contract Audit, Resident Signature (refusal/inability), Acknowledge/Consent for SCDU (willow).
- 2. Audit of all current resident files that included contracts was completed on 3-19-2025 by [redacted] Administrative Assistant.
- 3. All new residents files will be audited by [redacted] Administrator or designated person for all signatures required within one week of admission.
- 4. If resident did not or could not sign the admission paperwork/contract (which acknowledges the receipt of resident rights and complaint procedures and right to refuse medications)a "Resident Signature (refusal/inability)" form will be placed with the contract that indicates the attempt and any further attempts.
- 5. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 04/14/2025

191 - Resident Right to Refuse (continued)

Implemented () - 06/02/2025

231e - No Objection Statement

12. Requirements

2600.

231.e. Each resident record must have documentation that the resident and the resident's designated person have not objected to the resident's admission or transfer to the secured dementia care unit.

Description of Violation

The resident record for resident #1 did not include a statement indicating the resident did not object to an admission to a secure dementia care unit (SDCU). Resident #1 was admitted to the SDCU on ()

Plan of Correction

Accept () - 04/29/2025

1. Education provided to Business Office staff on regulatory requirements related to Resident Contracts/Admission Paperwork Requirements by () Administrator on 3-17-2025. Additional or revised notifications education relating to 2600.231.e. provided on 4-7-2025 by () All staff that will assist residents and responsible persons to complete admission forms will be trained on requirements by () Administrator or designated person upon hire to include the New Admission Contract Audit, Resident Signature (refusal/inability), Acknowledge/Consent for SCDU (willow).

2. Line added to "Dubois Village Willow Lane Acknowledgement and Consent" by () Administrator that states "By signing this notification you acknowledge that as the resident or as the responsible person for the resident, consent is given by all parties for admission into a secured unit"

3. Notification form placed into admission packet for our SCDU on 4-7-2025 by ()

4. On 4-7-2025 revised form provided to all current SCDU residents/responsible persons for signature by () or designated person to be returned by 4-14-2025.

5. If resident did not or could not sign the admission paperwork/contract, (which acknowledges the receipt of resident rights and complaint procedures)a "Resident Signature (refusal/inability)" form will be placed with the contract that indicates the attempt and any further attempts.

5. Audit of resident files for residents admitted into our SCDU will be completed by () Administrator or designated person within 1 week of admission to assure all areas are in compliance with 2600.231.e

5. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented () - 06/02/2025

233c - Key-Locking Devices

13. Requirements

2600.

233.c. If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

Description of Violation

The gate in the courtyard and the door from the courtyard to the SDCU have locks which prevent immediate egress; however, there are no directions for their operation posted.

Plan of Correction

Accept () - 04/29/2025

1. Education by () from 3-17-2025 through 4-4-2025 to all employees relating to regulation 2600.233.c.

2. On 3-14-2025 laminated signs were conspicuously posted at the gate in the courtyard and the door from the

233c - Key-Locking Devices (continued)

courtyard to the SDCU that have locks with directions for their operation by [REDACTED] Maintenance.

3. Audit performed by [REDACTED] Administrator or designated person starting 3-17-2025 weekly for one month to confirm directions to exit the gate in the courtyard and the door to the courtyard from the SDCU are conspicuously posted and then audit will be completed monthly starting 5-5-2025 to confirm directions to exit the gate in the courtyard and the door to the courtyard from the SDCU are conspicuously posted , by [REDACTED] Administrator or designated person. Ongoing.

4. Audits will be reviewed at monthly Quality Assurance Meeting.

Licensee's Proposed Overall Completion Date: 04/14/2025

Implemented ([REDACTED] - 06/02/2025)