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

June 26, 2025

RENEE STUCKICH

RE: LYNN HAVEN PERSONAL CARE HOME
119 WALNUT STREET, PO BOX 484
BLACK LICK, PA, 15716
LICENSE/COC#: 44516

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/02/2025 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: *LYNN HAVEN PERSONAL CARE HOME* **License #**: *44516* **License Expiration**: *06/18/2025*

Address: *119 WALNUT STREET, PO BOX 484, BLACK LICK, PA 15716*

County: *INDIANA* **Region**: *WESTERN*

Administrator

Name: **Phone**: **Email**:

Legal Entity

Name: *RENEE STUCKICH*
Address:
Phone: **Email**:

Certificate(s) of Occupancy

Type: *I-1* **Date**: *07/26/2006* **Issued By**: *Indiana County*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *32* **Waking Staff**: *24*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal, Complaint, Incident* **Exit Conference Date**: *04/02/2025*

Inspection Dates and Department Representative

04/02/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *36* **Residents Served**: *29*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *4*

Number of Residents Who:

Receive Supplemental Security Income: *11* **Are 60 Years of Age or Older**: *26*
Diagnosed with Mental Illness: *5* **Diagnosed with Intellectual Disability**: *4*
Have Mobility Need: *3* **Have Physical Disability**: *3*

Inspections / Reviews

04/02/2025 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/02/2025*

06/02/2025 - POC Submission

Submitted By: **Date Submitted**: *06/17/2025*

Reviewer: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/05/2025*

Inspections / Reviews *(continued)*

06/16/2025 POC Submission

Submitted By: [redacted] **Date Submitted**: *06/17/2025*

Reviewer: [redacted] **Follow Up Type**: *Document Submission* **Follow Up Date**: *06/30/2025*

06/26/2025 Document Submission

Submitted By: [redacted] **Date Submitted**: *06/17/2025*

Reviewer: [redacted] **Follow Up Type**: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standard Act, enacted [redacted], requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. On [redacted], the carbon monoxide alarm outside of the lower-level furnace room, for the fuel oil burning furnace, did not have batteries.

Plan of Correction ***Accept [redacted] - 05/30/2025)***

The Carbon monoxide detector batteries were replaced the day of inspection 4/2/2025. All other detectors were checked to be operational. Maintenance will check all Carbon Monoxide Detectors monthly to ensure they are in working order and replace or repair as needed. A log will be kept by maintenance

Licensee's Proposed Overall Completion Date: *05/07/2025*

Implemented [redacted] - 06/26/2025)

65a - FS Orientation 1st Day

2. 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

Staff person A, whose first day of work was [redacted], did not receive orientation in any topics as required buy 2600.65a(1-7).

Plan of Correction ***Accept ([redacted] - 06/02/2025)***

[redacted] 1st day orientation was completed on 1-7-2025. however the documentation was not placed in [redacted] employee file. The 1st day orientation training was redone and proper documentation was completed and placed in Savannahs employee file. The Administrator checked all employee files to ensure all employee training documentation is completed and documented. the administrator will check all new hires for training

65a FS Orientation 1st Day (continued)

documentation with in 2 weeks of their hire date

Licensee's Proposed Overall Completion Date: *05/07/2025*

Implemented - 06/26/2025)

65b - Rights/Abuse 40 Hours

3. 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

Staff person A, hired , completed 40th scheduled work hour. However, this staff person did not complete training in any of the training topics required in 2600.65b(1 4).

Plan of Correction ***Accept - 06/02/2025)***

Training was completed for during first 40 hours. This training was completed during direct care staff training and competency test which was finished on 02/08/2025 along with in house training. Documentation was not placed in employee file in a timely manner. Documentation was completed and placed in file along with direct care certificate. All other employee files were checked for compliance. The administrator will check all new hires for training log compliance with in 2 weeks of their hire date

Licensee's Proposed Overall Completion Date: *05/07/2025*

Implemented 06/26/2025)

88a - Surfaces

4. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

There was no transition strip across the floor leading from the upper level sitting room into the dining room, causing a potential trip/fall hazard. There was an approximate 1/8" difference between the two floors.

Plan of Correction ***Accept (06/16/2025)***

A transition strip was placed between the sitting room and the dining room. the rest of the flooring was checked for hazards, Maintenance will check all flooring monthly for hazards and repair as needed the transition strip was installed by maintenance on 05/07/2025

Licensee's Proposed Overall Completion Date: *06/03/2025*

Implemented 06/26/2025)

102d - Grab/Hand/Assist Bar/Slip-Resistant Surface

5. Requirements

2600.
102.d. Toilet and bath areas must have grab bars, hand rails or assist bars. Bathtubs and showers must have slip-resistant surfaces.

Description of Violation

There was no grab bar, hand rail or assist bar in the bathroom in bedroom ██.

Plan of Correction ***Accept (██ - 06/16/2025)***

A grab bar was placed to the right of the toilet on 04/10/2025. All other bathrooms were checked for compliance. Maintenance will check each bathroom monthly for all required safety items and repair or replace as needed the grab bar was installed by maintenance

Licensee's Proposed Overall Completion Date: *06/03/2025*

Implemented ██ - 06/26/2025)

103e - Left Overs

6. Requirements

2600.
103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There were multiple unlabeled, undated bags of pasta on the metal shelf in the kitchen.

Plan of Correction ***Accept ██ - 06/16/2025)***

Nightshift will check the shelf nightly for any opened and undated food items If any are found they will be dated for the current day. If any are found it will be reported to the administrator. The administrator will re-educate the kitchen staff on duty from the previous day and after 2 violations the employee will be written up for not preforming their job duties as required

Licensee's Proposed Overall Completion Date: *06/06/2025*

Implemented ██ - 06/26/2025)

133.2 - Exit Signs Direction

7. 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

There was no direct visual line to the nearest exits throughout the home. There were no signs marking the line of travel to these exits. On ██, the home served 29 residents.

Plan of Correction ***Accept (██ - 06/16/2025)***

Exit signs showing the direction of travel were placed in needed areas by maintenance on 05/07/2025. the facility was checked for visual exit signs by maintenance and all exits are clearly marked and visual from all areas of the

133.2 - Exit Signs Direction (continued)

building. Maintenance will check the exit signs weekly to ensure they are still in place and visible

Licensee's Proposed Overall Completion Date: *06/03/2025*

Implemented - 06/26/2025)

144c2 - Smoking Area Distance

8. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

2. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following: Location of a smoking room or outside smoking area a safe distance from heat sources, hot water heaters, combustible or flammable materials and away from common walkways and exits.

Description of Violation

The home's designated smoking area for the upper level is located directly along the exit path leading to/from the home's main entrance.

Plan of Correction ***Accept 06/16/2025)***

the smoking area was moved away from any entrance to the facility. The 1 resident who smokes was educated on the new smoking area and shown where is allowed to smoke. All staff were educated as to the new smoking area. All staff will monitor the resident to ensure is smoking in the designated area.

Licensee's Proposed Overall Completion Date: *06/06/2025*

Implemented - 06/26/2025)

183e - Storing Medications

9. 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

On resident was opened and not dated to the opened date. According to the manufacturer's instructions, should not be used 8 weeks after opening.

Plan of Correction ***Accept (- 06/16/2025)***

the was dated at time of inspection. All other Medications present were checked for open dates. The medication staff was retrained to include the type injectables as needing open dates. The administrator will check them weekly for 4 weeks and then monthly for compliance A log will be kept that compliance checks are made and the administrator will check the medications weekly and note on the log will be made

Licensee's Proposed Overall Completion Date: *06/06/2025*

Implemented 06/26/2025)