

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

January 15, 2025

[REDACTED]  
9 JUSTINE DRIVE OPERATING COMPANY LLC  
[REDACTED]  
[REDACTED]

RE: VINTAGE KNOLLS  
9 JUSTIN DRIVE  
DANVILLE, PA, 17821  
LICENSE/COC#: 23094

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/07/2024 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: VINTAGE KNOLLS License #: 23094 License Expiration: 11/21/2024
Address: 9 JUSTIN DRIVE, DANVILLE, PA 17821
County: MONTOUR Region: NORTHEAST

Administrator

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

Legal Entity

Name: 9 JUSTINE DRIVE OPERATING COMPANY LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C-2 LP Date: 04/15/2019 Issued By: DLI

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 62 Waking Staff: 47

Inspection Information

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

Inspection Dates and Department Representative

11/07/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 66 Residents Served: 58

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 58
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 4 Have Physical Disability: 0

Inspections / Reviews

11/07/2024 Full

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 12/13/2024

12/26/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 01/09/2025
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 01/03/2025

Inspections / Reviews *(continued)*

01/07/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 01/09/2025

01/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/09/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

63a First Aid/CPR Training

1. Requirements

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On [REDACTED] there are no staff certified in first aid and CPR on the 11p-7a shift. The facility has 58 residents and requires at least 2 staff members certified in first aid and CPR at all times.

Plan of Correction

Accept [REDACTED] - 12/26/2024)

2600. 63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times. On 11-2-24 there are no staff certified in first aid and CPR on the 11p-7a shift. The facility has 58 residents and requires at least 2 staff members certified in first aid and CPR at all times.

As of 11-19-2024 all staff that work in the building are now certified in CPR. Going forward all new hires, on the day of orientation will immediately be put on the CPR training list. The Director of Wellness will have all new hires signed up for CPR within 1 month of their hire date.

Licensee's Proposed Overall Completion Date: 12/03/2024

Implemented [REDACTED] - 01/13/2025)

65i Training Record

2. Requirements

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Description of Violation

Direct care Staff member A hired [REDACTED] and Direct Care staff member B hired [REDACTED] training record does not indicate the length of time each training course took to complete.

Plan of Correction

Accept [REDACTED] - 12/26/2024)

2600.

65.i. A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

Direct care Staff member A hired [REDACTED] and Direct Care staff member B hired [REDACTED] 2023 training record does not indicate the length of time each training course took to complete.

As of [REDACTED], this community has stopped using RELIAS, which is the training that is being referred to in this particular plan of correction.

The training will be held by the Executive Director, [REDACTED] every month. [REDACTED] has a calendar for training made up for the year 2025 and state certified training papers to follow staff person trained, date, source, content, length of each course.

Licensee's Proposed Overall Completion Date: 12/03/2024

Implemented [REDACTED] - 01/13/2025)

91 - Telephone Numbers

3. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The required emergency telephone numbers were not posted on or near the landline phone in room [REDACTED].

Plan of Correction

Accept [REDACTED] - 01/07/2025)

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

The required emergency telephone numbers were not posted on or near the landline phone in room [REDACTED] [REDACTED] maintenance director, immediately posted the emergency number in room [REDACTED] on [REDACTED] [REDACTED], on [REDACTED] housekeeping/maintenance director, started checking 5 rooms weekly, for the next 3 months, ending on [REDACTED], ensuring that the phone numbers are posted in their room. Once the plan of correction is fulfilled [REDACTED] [REDACTED], Maintenance Director, will be responsible for checking 5 rooms a month while doing [REDACTED] room inspections, to ensure that the phone numbers are posted in all rooms.

Licensee's Proposed Overall Completion Date: 03/09/2025

Implemented [REDACTED] - 01/13/2025)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency preparedness procedures had not been reviewed in the last year, nor submitted to the local emergency management agency.

Plan of Correction

Accept [REDACTED] - 12/26/2024)

2600.

107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

The home's written emergency preparedness procedures had not been reviewed in the last year, nor submitted to the local emergency management agency.

The Executive Director, [REDACTED], reviewed and emailed "[REDACTED]" a copy of our emergency preparedness on 12-11-2024. A read receipt was also sent with the email for proof that they have received it. [REDACTED] has emailed a reminder to [REDACTED] email calendar for December 2024 to review the emergency preparedness procedures and to submit it yearly to emergency management agency.

Licensee's Proposed Overall Completion Date: 12/11/2024

Implemented [REDACTED] - 01/15/2025)

144c2 - Smoking Area Distance

5. 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 east side of the building smoking area had a cushion on the bench posing a fire hazard.

Plan of Correction

Accept ( [redacted] - 01/07/2025)

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.

The east side of the building smoking area had a cushion on the bench posing a fire hazard.

On [redacted] the cushion was immediately disposed of by [redacted], the Maintenance Director in the dumpster.

On [redacted], [redacted], Maintenance Director has been made responsible for making sure that no one has bought a cushion for that bench. [redacted], maintenance director, will check the bench monthly, for the next 3 months, when inspecting [redacted] fire extinguishers, ensuring that there has been no cushion placed on this bench.

From [redacted], maintenance Director, will be responsible for ensuring that there is no cushion placed on this bench, [redacted] will do it monthly while doing [redacted] fire extinguisher inspections. The extinguisher is placed right next to the bench so [redacted] will be able to check for a cushion every month going forward.

Licensee's Proposed Overall Completion Date: 03/09/2025

Implemented ( [redacted] - 01/13/2025)

171b5 - First Aid Kit

6. 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 facility first aid kit in the van is missing a breathing shield, thermometer, and eye protection.

Plan of Correction

Accept ( [redacted] - 01/07/2025)

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).

171b5 - First Aid Kit (continued)

Description of Violation

The facility first aid kit in the van is missing a breathing shield, thermometer, and eye protection. A breathing shield, thermometer, and eye protection were bought on [REDACTED] and then placed in the kit. [REDACTED], activities Director, will be responsible for checking the kit weekly, to make sure that a breathing shield, thermometer, and eye protection [REDACTED] are in the kit. [REDACTED] began documenting on a sign in sheet in the van weekly for the next 3 months to ensure that a breathing shield, thermometer, and eye protection are in the first aid kit. On [REDACTED], when the 3 months sign-up sheet has been completed, [REDACTED], activities Director will be responsible for continuing to monitor the first aid kit has all of the items in it weekly when [REDACTED] gets in the van to take the residents on an outing.

Licensee's Proposed Overall Completion Date: 03/10/2025

Implemented [REDACTED] - 01/13/2025)

227d - Support Plan Medical/Dental

7. 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

Resident [REDACTED] and [REDACTED] utilize a bedside enabler bar for transfers. However, the Resident Assessment and Support plan (RASP) dated [REDACTED] for Resident [REDACTED] and [REDACTED] for Resident [REDACTED] does not identify the need for this equipment. Additionally, the resident's RASP does not reflect the specific need for the device, the intended use and any associated risks, the residents' ability to use the device safely for the purpose it was intended, and the specific device being used and whether a cover is required to meet FDA guidelines.

Repeat Violation [REDACTED]

Plan of Correction

Accept [REDACTED] - 01/07/2025)

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.

Residents [REDACTED] and [REDACTED] utilize a bedside enabler bar for transfers. However, the Resident Assessment and Support plan (RASP) dated [REDACTED] for Resident [REDACTED] and [REDACTED] for Resident [REDACTED] does not identify the need for this equipment. Additionally, the resident's RASP does not reflect the specific need for the device, the intended use and any associated risks, the residents' ability to use the device safely for the purpose it was intended, and the specific device being

**227d - Support Plan Medical/Dental (continued)**

*used and whether a cover is required to meet FDA guidelines.*

*The DOW, [REDACTED], fixed the RASP for resident [REDACTED] and [REDACTED] on [REDACTED]. [REDACTED], Director of Wellness, will be responsible to audit resident's RASP monthly for the next 3 months(ending on 3-10-2025), whom have enabler bars, to reflect the specific need for the device, the intended use and any associated risks, the residents' ability to use the device safely for the purpose it was intended, and the specific device being used and whether a cover is required to meet FDA guideline.*

*Once the plan of correction is fulfilled, [REDACTED] Director of Wellness, will be responsible for monitoring all RASPS monthly that have an enabler bar ensuring that the RASP reflects the specific need for their devices.*

**Licensee's Proposed Overall Completion Date: 03/10/2025**

**Implemented [REDACTED] - 01/13/2025)**