



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: October 31, 2022

[REDACTED]
Duncansville Ops, LLC
[REDACTED]

RE: The Winds at Mattern Orchard AL
590 Newry Lane
Duncansville, Pennsylvania 16635
Certificate #: 338350

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Office of Long-term Living), licensing inspection on June 28 and 29, 2022 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 pa. Code Ch. 2800 (relating to Assisted Living Residence), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2800.11(b) (relating to procedural requirements for licensure or approval of assisted living residences) a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

Your NEW license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Jamie L. Buchenauer".

Jamie L. Buchenauer
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

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

Facility Information

Name: *THE WINDS AT MATTERN ORCHARD ,AL* License #: *33835* License Expiration:
Address: *590 NEWRY LANE, DUNCANSVILLE, PA 16635*
County: *BLAIR* Region: *CENTRAL*

Administrator

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

Legal Entity

Name: *Duncansville Ops, LLC*
Address: [REDACTED]
Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *Other* Date: *08/31/2001* Issued By: *Labor and Industry*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *60* Waking Staff: *45*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Change of Legal Entity* Exit Conference Date: *06/29/2022*

Inspection Dates and Department Representative

06/28/2022 - On-Site [REDACTED]
06/29/2022 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *70* Residents Served: *50*

Special Care Unit

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

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *50*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *10* Have Physical Disability: *0*

Inspections / Reviews

06/28/2022 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *07/16/2022*

Inspections / Reviews (*continued*)

08/01/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *08/08/2022*

08/10/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *08/17/2022*

08/15/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

81b Resident equip – good repair

1. Requirements

2800.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #3 has an enabler bar installed on the right side of [REDACTED] bed. Upon inspection of the enabler bar on [REDACTED] 22 at approximately [REDACTED] PM, the enabler bar was not securely fastened to the bed. A gap of approximately 3 to 4 inches was observed between the bed and the enabler bar when light pressure was applied to the enabler bar. This enabler bar poses a potential limb or head entrapment risk.

Resident #4 has an enabler bar installed on the left side of [REDACTED] bed. Upon inspection of the enabler bar on [REDACTED] 22 at approximately [REDACTED] PM, the enabler bar was not securely fastened to the bed. A gap of approximately 6 to 8 inches was observed between the bed and the enabler bar when light pressure was applied to the enabler bar. This enabler bar poses a potential limb or head entrapment risk.

Plan of Correction**Accept**

The enablers are installed per manufacturer instructions on the bed frames for Resident #3 and #4. On [REDACTED] 2022 during the inspection, these enablers were immediately tightened by the maintenance personnel. Additionally, on the same day, the maintenance professional inspected all enablers to ensure compliance.

We have implemented processes to check enablers monthly. Concerns identified will be immediately resolved by maintenance personnel. See attachment A.

Completion Date: 07/20/2022

Document Submission**Implemented**

The enablers are installed per manufacturer instructions on the bed frames for Resident #3 and #4. On [REDACTED] 2022 during the inspection, these enablers were immediately tightened by the maintenance personnel. Additionally, on the same day, the maintenance professional inspected all enablers to ensure compliance.

We have implemented processes to check enablers monthly. Concerns identified will be immediately resolved by maintenance personnel. See attachment A.

Plan was implemented.

85a Sanitary conditions

1. Requirements

2800.

85.a. Sanitary conditions shall be maintained.

85a Sanitary conditions (continued)

Description of Violation

On [REDACTED] 22, Resident #1's Reli On glucometer had a dime size area of dried blood on the front screen.

Plan of Correction**Accept**

Upon discovery the glucometer was cleaned immediately using an alcohol wipe. All other glucometers were inspected by RN Nurse Care Manager on [REDACTED] 2022 without issue.

Medication Trained Resident Assistants and LPNs have been trained and instructed by RN Nurse Care Manager and Assistant Community Director to clean the glucometer after each use with an alcohol wipe. See attachment B.

On a weekly basis a Medication Trained Resident Assistant checks the date, time and cleanliness of the machines.

Completion Date: 07/20/2022

Document Submission**Implemented**

Upon discovery the glucometer was cleaned immediately using an alcohol wipe. All other glucometers were inspected by RN Nurse Care Manager on [REDACTED] 2022 without issue.

Medication Trained Resident Assistants and LPNs have been trained and instructed by RN Nurse Care Manager and Assistant Community Director to clean the glucometer after each use with an alcohol wipe. See attachment B.

On a weekly basis a Medication Trained Resident Assistant checks the date, time and cleanliness of the machines.

Plan was implemented.

132h Designated meeting place

1. Requirements

2800.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill conducted on 3/31/22, there were 47 residents in the residence; however, the residence only evacuated 46 residents.

Plan of Correction**Accept**

We respectfully disagree with this violation and request that it be withdrawn.

The Community followed the regulation, the RCG and guidance provided by our Fire Safety Expert on how to manage a Resident refusal. If a Resident refuses any given day it is a violation in the eyes of the Department no exceptions. This was an isolated incident with this Resident. We have no way to write a plan of correction to ensure that a Resident will never ever refuse to participate.

Please refer to excerpt below from page 219 of the Regulatory Compliance Guide for 2800 issue date March 1, 2015.

132h Designated meeting place (continued)

"When a Resident Refuses to Evacuate - Residents occasionally refuse to evacuate during fire drills. This may be due to personal choice, mental illness, a behavioral disorder, or some other reason. Residences are often frustrated by residents who refuse to evacuate. There are several steps a residence can take to ensure resident cooperation and remain in regulatory compliance: 1. Explain the importance of fire drills during the admission process. Remind both residents and their designated persons that drills are not meant to be a nuisance – they are meant to save lives. 2. Make participation in fire drills part of the residence's rules. 3. Determine why the resident isn't evacuating. In some cases, a treatable condition such as a previously unidentified hearing ailment or Arsonphobia (fear of fire) may be the cause of the refusal. Consider discharge for chronic refusal. Posing a danger to oneself and repeated, documented violation of the residence's rules are grounds for discharge pursuant to § 2800.25(c)(1) and § 2800.25(c)(7). Refusal to evacuate during a fire poses a threat to oneself, and documentation of refusal to evacuate during more than one drill is sufficient documentation of rule violation. While no one wants to discharge an otherwise-cooperative resident, continued noncompliance with this regulation may lead to licensing enforcement action."

The Community executed all the recommendations from the Department and our Fire Safety Expert. Again, this was an isolated incident with this Resident. There is nothing else we could have done to prevent this situation

It is the policy of the Community that all Residents participate in drills as a condition of Residency. All residents and family are educated during the move in process.

The caregivers effectively communicated the resident's reluctance to participate in this drill. Three different caregivers approached the resident in an attempt to assist with evacuation to the fire safe area, each attempt was met with an increase in agitation. The caregivers notified the individual(s) conducting the drill. The Assistant Community Director and Maintenance Personnel also attempted to assist with evacuation, the Resident became increasingly agitated with every attempt to the point of simulating the evacuation to the fire safe area. The team did complete a simulated evacuation of the Resident.

Community Director and Assistant Community Director met with the resident on [REDACTED] 2022 for education and importance of participating in the monthly fire drill. The Community Director left family a voice mail after failed attempts to speak on the phone.

This resident has not had any prior refusals to evacuate or any refusals since this isolated incident. We will continue our current practices regarding Resident participation, but if a Resident ever refuses a drill – you will cite regardless.

The Community will continue to perform the following tasks as it relates to Resident participation in fire drills:

- 1. The Move in Coordinator will review the importance of fire drills during the move in process. We will remind both resident and their designated person that drills are not meant to be a nuisance – they are meant to save lives.*
- 2. The Move in Coordinator will review that participation in drills is a condition of Residency during the move in process. The resident and designated person are educated during the move in process. The Community will consider discharge and provide a thirty day notice of termination of residency for continued noncompliance with this regulation.*
- 3. Fire drills will be conducted earlier in the month as able based on COVID-19 guidelines for sheltering.*

132h Designated meeting place (continued)

Completion Date: 07/20/2022

Document Submission

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- 3. Fire drills will be conducted earlier in the month as able based on COVID-19 guidelines for sheltering. Plan was implemented.*

*This citation was withdrawn by Alex Shambach on 7/15/22
Plan was implemented.*