

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

November 21, 2024

[REDACTED], SECRETARY/TREASURER
JOHNSTOWN AL, LLC
[REDACTED]
[REDACTED]

RE: THE ADDISON OF MCCULLOUGH
PLACE
500 CHENEY OAK DRIVE
JOHNSTOWN, PA, 15905
LICENSE/COC#: 33933

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/10/2024 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]
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE ADDISON OF MCCULLOUGH PLACE License #: 33933 License Expiration: 05/06/2025
 Address: 500 CHENEY OAK DRIVE, JOHNSTOWN, PA 15905
 County: CAMBRIA Region: CENTRAL

Administrator

Name: [REDACTED]

Legal Entity

Name: JOHNSTOWN AL, LLC
 Address: [REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP Date: 03/26/1998 Issued By: Labor and Industry

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 51 Waking Staff: 38

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 09/10/2024

Inspection Dates and Department Representative

09/10/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 55 Residents Served: 39
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 11
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 39
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 12 Have Physical Disability: 0

Inspections / Reviews

09/10/2024 Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/27/2024

09/20/2024 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/21/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/30/2024

Inspections / Reviews *(continued)*

11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/21/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

17 Record Confidentiality

1. Requirements

2600.

17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

On [REDACTED] a license inspection summary containing the privacy coding document which included resident names was unlocked, unattended, and accessible in a conspicuous area of the home.

Plan of Correction

Accept [REDACTED] - 09/20/2024)

On 09/10/2024 the privacy coding was removed and placed in the Executive Directors office where it could be kept confidential.

On 09/11/2024 Executive Director and Designee Health and Wellness Director were educated on the requirement within regulation 2600.17 by Regional Director of Operations. See exhibit 1.

By the week of 09/23/2024 Executive Director will audit public postings weekly to assure that the requirement is met. Results of the audit will be discussed during monthly Quality Improvement meetings starting 10/11/2024.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of Compliance.

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

Implemented [REDACTED] - 11/21/2024)

132d Evacuation

2. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home's maximum safe evacuation time specified in writing within the past year by a fire safety expert is 7 minutes and 30 seconds. The home exceeded this evacuation time during the following drills: On 4/26/24 at 2:32 PM and on 6/27/24 at 1:27 PM.

Plan of Correction

Accept [REDACTED] - 09/20/2024)

On 9/11/2024 Executive Director and Designee, Health and Wellness Director were educated on the requirement within the regulation 2600.132d. See exhibit 1.

On 9/11/2024 Plant Operations director was education on the requirement within regulation 2600.132d, by Executive Director. See Exhibit 2

By 9/30/2024 Executive Director will audit drills monthly to assure we are within our maximum safe evacuation time as designated by our Fire Safety Expert. If needed drills will be repeated and documented until we are within our maximum safe evacuation time.

Results of the audit will be discussed during monthly Quality Improvement meetings starting 10/11/2024.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of Compliance.

132d Evacuation (continued)

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

Implemented (████) - 11/21/2024)

183b - Meds and Syringes Locked

3. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On █████ at █████ was unlocked, unattended, and accessible in the bathroom cabinet of resident #1.

Plan of Correction

Accept (████) - 09/20/2024)

On █████ cream was removed from resident room and placed in locked med cart.

On █████ Executive Director and Designee, Health and Wellness Director were educated on the requirement within the regulation 2600.183.b by Regional Director of Operations. See exhibit 1.

On 9/11/2024 Med Techs and all staff were educated on the requirement within the regulation 2600.183.b by Executive Director and Health and Wellness Director. See exhibit 3.

On 9/11/2024 Executive Director conducted a full room audit to assure compliance with regulation 2600.183.b. See exhibit 4.

On 9/11/2024 Health and Wellness Director requested an order from the physician to keep at bedside and self administer. See Exhibit 5.

On 9/18/2024 Order was received by Health and Wellness Director. Medication was returned to resident #1 and resident # 1 was educated on the requirements within regulation 2600.183b. See exhibit 6.

By 9/23/2024 Executive Director or Designee will conduct biweekly room audits to assure compliance with regulation 2600.183b.

Results of the audit will be discussed during monthly Quality Improvement meetings starting 10/11/2024.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of Compliance.

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

Implemented (████) - 11/21/2024)

183f - Discontinued Medications

4. Requirements

2600.

183.f. Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

183f - Discontinued Medications (continued)

Description of Violation

During a review of the home's medication cart on [REDACTED], the following medications were found to be expired. [REDACTED] paste prescribed for resident #1 was observed having an expiration date of [REDACTED] prescribed to resident #2 was observed having an expiration date of [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/20/2024)

On 9/10/2024 creams were removed from the cart and destroyed in accordance with Environmental Protection and Federal and State regulations

On 9/11/2024 Health and Wellness director requested refill of cream prescription for resident # 1. On 09/11/2024 Health and Wellness Director requested discontinuation of cream for resident # 2 as it was not being used. See exhibit 7

On 9/11/2024 Executive Director and Designee, Health and Wellness Director were educated on the requirement within the regulation 2600.183.f by Regional Director of Operations. See exhibit 1.

On 9/11/2024 Med Techs and all staff were educated on the requirement within the regulation 2600.183.f by Executive Director and Health and Wellness Director. See exhibit 3.

On 9/11/2024 Health and Wellness Director conducted a cart audit to assure compliance with regulation 2600.183.f. See exhibit 8.

Beginning 09/25/2024 a biweekly med cart audit will be conducted by the Health and Wellness Director to ensure we are following regulation 2600.183f.

Results of the audit will be discussed during monthly Quality Improvement meetings starting 10/11/2024.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of Compliance.

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

Implemented ([REDACTED] - 11/21/2024)

252 - Record Content

5. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

23. If the resident dies in the home, a copy of the official death certificate.

Description of Violation

Resident #3's record does not include a death certificate. Resident #3 died in the home on [REDACTED].

Plan of Correction

Accept ([REDACTED] - 09/20/2024)

On 9/11/2024 a death certificate was obtained for resident #3. See Exhibit # 9.

On 9/11/2024 Executive Director and Designee, Health and Wellness Director were educated on the requirement within the regulation 2600.252.23 by Regional Director of Operations. See exhibit 1.

Beginning 10/1/1024 Executive Director will conduct monthly audits to assure compliance with regulatory requirements of 2600.252.

Results of the audit will be discussed during monthly Quality Improvement meetings starting 10/11/2024.

The Quality Improvement Committee will determine if continuing auditing is necessary based on three consecutive months of Compliance.

252 - Record Content (continued)

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

Implemented (█ - 11/21/2024)