



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Emailing Date: May 7, 2024

[REDACTED]
Indiana AL, LLC
[REDACTED]

RE: The Addison of Moorehead Place
116 Madison Circle
Indiana, PA 15701
License #: 44509

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on April 16, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), 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 § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes) 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.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed, based on substantial but not complete compliance with 55 Pa.Code Ch. 2600.

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala".

Juliet Marsala
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 ADDISON OF MOOREHEAD PLACE* License #: *45509* License Expiration:
Address: *116 MADISON CIRCLE, INDIANA, PA 15701*
County: *INDIANA* Region: *WESTERN*

Administrator

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

Legal Entity

Name: *INDIANA AL, LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *10/16/1997* Issued By: *L&I*

Staffing Hours

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

Inspection Information

Type: *Partial* Notice: *Announced* BHA Docket #:
Reason: *New, Change Legal Entity* Exit Conference Date: *04/16/2024*

Inspection Dates and Department Representative

04/16/2024 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: *27*

Secured Dementia 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: *26*
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *5* Have Physical Disability: *0*

Inspections / Reviews

04/16/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *05/05/2024*

Inspections / Reviews (*continued*)

05/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document
Submission*

05/02/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

96a - First Aid Kit

1. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the kitchen does not include a thermometer and adhesive tape.

Plan of Correction

Accept [REDACTED] 05/02/2024)

- Missing thermometer and adhesive tape were immediately replaced at the time of inspection on 4/16/24.
- Director of Dining Services received training from the Administrator on the contents required in first aid kits on 4/17/24.
- Administrator added a "table of contents" inside the lid of all first aid kits, as a visual reminder of required contents, on 4/17/24.
- All house first aid kits were audited by Administrator on 4/17/24. Monthly for three months, Administrator or Designee will audit all house first aid kits to ensure all items remain in the kits.

Planned initial completion date: 4/30/24

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 05/02/2024)

107c - Food/Water 3 Day Supply

2. Requirements

2600.

107.c. The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

Description of Violation

The home serves 27 residents, requiring 81 gallons of emergency drinking water. However, the home has only 27 gallons. The home does not have a contract with a local bottled water supplier that includes a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

Plan of Correction

Accept [REDACTED] - 05/02/2024)

- Administrator contacted Culligan Water on 4/16/24 and ordered 18 five-gallon bottles of emergency water (90 gallons), which was delivered on 4/17/24 and will remain in storage for emergency use only.
- Administrator or designee will audit the community's emergency water supply, to ensure it covers the requirement, monthly for three months.
- Administrator will maintain an annual emergency water contract with a local vendor, in addition to keeping the required three-day supply on hand.

Planned initial completion date: 4/30/24

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] - 05/02/2024)

126a - Furnace Inspection

3. Requirements

2600.

126.a. A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

126a - Furnace Inspection (continued)

Description of Violation

The home's furnaces have not been inspected by a professional furnace cleaning company or trained maintenance staff person annually. The last inspection of the furnaces was conducted on 10/10/22.

Plan of Correction

Accepted [REDACTED] **05/02/2024)**

- Administrator contacted the community's HVAC provider and learned that the community had been removed from their automatic schedule by mistake. Administrator spoke with the office manager at the HVAC company on 4/26/24 and entered into a new service plan contract. This vendor is now using a computerized system to ensure all customers remain on their annual schedule.*
- All furnaces and A/C units were serviced and inspected by a professional furnace cleaning company on 4/25/24 and 4/26/24.*
- The community will implement a monitoring tool for annual facility inspection requirements, to include furnace inspections, which will be used as an ongoing tracking method and provide assurance that future furnace inspections are not missed.*

Planned initial completion date: 4/30/24

Licensee's Proposed Overall Completion Date: 04/30/2024

Implemented [REDACTED] **- 05/02/2024)**