



**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE**

**11 Stanwix Street  
Room 230  
Pittsburgh, Pennsylvania 15222**

**ADULT RESIDENTIAL LICENSING**

**Phone: (412) 565-5616/5614  
Toll Free: 1-888-322-3664  
Fax: (412) 565-5633/565-2840  
www.dpw.state.pa.us**

**Mailing Date: MAR 18 2011**

Ms. Michelle R. Grimm, Owner/Administrator  
Horizon Personal Care Home, Inc.  
9 South Morgantown Street  
Fairchance, Pennsylvania 15436

Dear Ms. Grimm:

As a result of the Department of Public Welfare's licensing inspection on February 3, 2011, of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads "Jill Pezzino".

Jill Pezzino  
Regional Licensing Administrator

Enclosure(s)

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
INSPECTION DATES (Include all dates of the inspection) 02/03/2011		REGIONAL REPRESENTATIVE Tera Newman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Michelle Grimm</i>			
SIGNATURE OF LEGAL ENTITY <i>Michelle Grimm</i>	DATE 2-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Joe L. Pizzino (JLP)</i>	DATE 3-1-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
182c Medication administration includes the following activities, based on the needs of the resident: (1) Identify the correct resident. (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly. (3) Remove the medication from the original container. (4) Crush or split the medication as ordered by the prescriber. (5) Place the medication in a	On 2/2/11, at 5pm and 8pm, the residents received their medications but the medication administration records were not initialled by the staff person administering them.  <b>Western Region</b>  2 3 2011	2-24-11	All staff who gave the medication were showed the proper procedure for medication administration from Administration Michelle Grimm. Administration will do daily checks with staff and check Mar's to see if they are in compliance.	Steps have been taken to correct violation; full compliance is not verifiable 2/24/11 Date Initials (DPW)

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
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SIGNATURE OF LEGAL ENTITY <i>Michelle Grimm</i>	DATE 2-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JSP</i>	DATE 3-1-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
medication cup or other appropriate container, or in the resident's hand (for immediate administration). (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in 182b4. (7) Complete documentation in accordance with 187.				
<h2 style="margin: 0;">Western Region</h2>				

VIOLATION REPORT  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

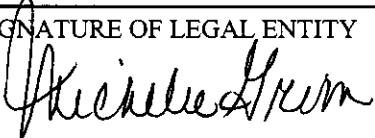

NAME AND ADDRESS OF PERSONAL CARE HOME HORIZON PERSONAL CARE HOME INC, 9 SOUTH MORGANTOWN STREET FAIRCHANCE, PA 15436		CURRENT LICENSE NUMBER 413830	
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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Michelle Grimm</i>			
SIGNATURE OF LEGAL ENTITY <i>Michelle Grimm</i>	DATE 2-23-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JJP</i>	DATE 3-1-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The medication administration record for resident's does not include a "master key" with each staff person's initials, the printed staff name and the signature of each corresponding staff person.  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">Western Region</div> <div style="text-align: center; margin-top: 10px;">2 3 2011</div>	2-24-11	A master key has been made, signed by staff who give the medication and is to be kept in the Man at all times.  Administration will make weekly checks to ensure we are in compliance.	3/14/11 <i>JJP</i>

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) <i>Michelle Gorman</i>			
SIGNATURE OF LEGAL ENTITY <i>Michelle Gorman</i>	DATE <i>2-23-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>[Signature]</i>	DATE <i>3-1-11</i>

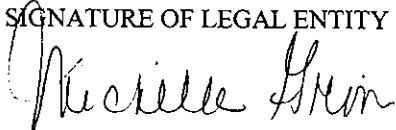
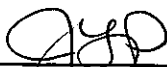
REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.				
<b>Western Region</b>				

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PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)			
SIGNATURE OF LEGAL ENTITY 	DATE 3-9-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-1-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187d The home shall follow the directions of the prescriber.	<p>Resident #1 is prescribed Triamcinolon Cre 0.1% - Apply topically to affected area daily. This cream has not been administered for the month of February.</p> <p>Resident #2 is prescribed Fentanyl Dis 25 mcg/HR - 1 patch top change every 72 hrs rotate site. This patch was placed on 1/16/11 at 8am and not changed until 1/20/11 at 8am.</p> <p>Resident #3 is prescribed Penicolace and Ativan 1mg. It wasn't administered on 1/31/11 at 8pm.</p> <p>Resident #4 is prescribed a sliding scale insulin of 151-200=2 units, 201-250=4 units. No accucheck's were done on the following dates and times: 1/7/11 @ 12pm &amp; 1/11/11 @8am. The resident had the following reads with inaccurate units administered: 1/19/11 @ 12pm 185 no units given 1/22/11 @ 12pm 200 no units given 1/24/11 @ 12pm 208 no units given</p> <p>Resident #5 is prescribed Clotrim/Beta Cre Diprop - apply to affected area twice daily. The home didn't administer for the month of January.</p>	2/24/11	<p><i>All staff who give medications were showed the proper procedure for medication administration from administrator</i></p> <p><i>Administrator will do daily checks with staff and check marks to insure we are in compliance.</i></p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">3-14-11 Date</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Initials (DPW)</p>

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SIGNATURE OF LEGAL ENTITY 	DATE 3-8-11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION 	DATE 3-1-11

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187d The home shall follow the directions of the prescriber.	<p>Resident #1 is prescribed Triamcinolon Cre 0.1% - Apply topically to affected area daily. This cream has not been administered for the month of February.</p> <p>Resident #2 is prescribed Fentanyl Dis 25 mcg/HR - 1 patch top change every 72 hrs rotate site. This patch was placed on 1/16/11 at 8am and not changed until 1/20/11 at 8am.</p> <p>Resident #3 is prescribed Penicolace and Ativan 1mg. It wasn't administered on 1/31/11 at 8pm.</p> <p>Resident #4 is prescribed a sliding scale insulin of 151-200=2 units, 201-250=4 units. No accucheck's were done on the following dates and times: 1/7/11 @ 12pm &amp; 1/11/11 @8am. The resident had the following reads with inaccurate units administered: 1/19/11 @ 12pm 185 no units given 1/22/11 @ 12pm 200 no units given 1/24/11 @ 12pm 208 no units given</p> <p>Resident #5 is prescribed Clotrim/Beta Cre Diprop - apply to affected area twice daily. The home didn't administer for the month of January.</p>	<p>4-1-11</p> <p>4-1-11</p> <p>4-1-11</p>	<p>All staff persons administering medication will be reeducated on administering medication including following the orders of the prescriber. Documentation will be kept.</p> <p>A designated staff person will monitor the MAR and the administration of resident medication daily to ensure the orders of the prescriber is being followed. Documentation will be kept.</p> <p>The administrator will monitor the MAR and the administration of resident medication weekly to ensure the orders of the prescriber is being followed. Documentation will be kept.</p>	

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SIGNATURE OF LEGAL ENTITY <i>Mickelle Grimm</i>	DATE <i>2-23-11</i>	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>JGP</i>	DATE <i>3-1-11</i>

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221a The administrator shall develop a program of activities designed to promote each resident's active involvement with other residents, the resident's family and the community.	The home does not have a program of activities designed to promote the active involvement of residents with families and the community.	<i>2/24/11</i>	<i>A activity schedule with daily activities is posted in the kitchen. Administration will insure that activities are being done on a daily basis. Bible study, church service, pet therapy, movie night, sing along, cards, bean bag toss, coloring, birthday parties, Valentine parties, etc have been added among others.</i>	<i>3-14-11 JGP</i>

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221b The program shall provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.	The home's activities program does not include any physical, intellectual or recreational activities.	<i>2/24/11</i>	<i>A activity schedule with daily activities is posted in the kitchen. Administration will insure that the activities are being done. Bible study, church service, pet therapy, movie night, sing along, cards, Bean bag toss, puzzles, coloring, Birthday parties, etc. have been added to activities.</i>	<i>3-14-11 JJP</i>

Western Region

Adult Residential Licensing