



Mailing Date: **AUG 13 2012**

Ms. Deneane Armel, Owner/Administrator  
Deneane Armel  
Deneane's Personal Care Home  
142 Fairview Avenue  
Confluence, Pennsylvania 15424

Dear Ms. Armel:

As a result of the Department of Public Welfare's licensing inspection on July 25, 2012, 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 black ink that reads "Janine Wenzig". The signature is written in a cursive style with a large initial "J".

Janine Wenzig  
Regional Licensing Administrator

Enclosure(s)



Violation Report: 32152 - 07/25/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

2800.187(a) - 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 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.

2. DESCRIPTION OF VIOLATION

The medication administration record (MAR) indicated on 7/17/12, at 8pm., staff person D administered medications to the residents. The staff schedule reflected that staff person D was not present in the home on 7/17/12, at 8pm. Administrator A confirmed staff person D was not present in the home and staff person C administered the 8pm medications and signed staff person D's initials in the MAR.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff Person C who was not trained in medication administration passed meds on 7/17/12 because staff person D, who was scheduled to pass meds had an emergency & could not come in to work. Staff Person C did not inform the administrator that staff person D did not come in to work. Administrator had a meeting/training with all staff to ensure that the administrator is notified immediately when staff call off & under no circumstances will staff members not trained in medication pass meds.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*Deneane R. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)

Deneane R. Armet

Date 8/9/12

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of

8/13/12 (Date)

Verification of Legal Entity Representative Signature

8/13/12 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*(Initials)*

Violation Report: 32152 - 07/25/2012 - McConnell, Deb

1. REGULATION 55 Pa.Code §2600

State Field Office  
Adult Residential Licensing

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2. DESCRIPTION OF VIOLATION

According to Administrator A and Assistant Administrator B, on 7/17/12 at 8pm, staff person C, who has not successfully completed the Department-approved medications administration course, administered medications to residents of the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Staff person C has observed medication administration many times & was scheduled on 7/26/12 to have her medication administration course & test. When staff person D could not come in, Staff person C felt confident & passed medv. Administrator had a meeting/training session with staff person C & explained the importance of following all home rules & the state regulations. Administrator also held a meeting/training with all staff members. Staff person C has now completed & passed the medication administration course.

Immediately - The administrator will ensure that all staff who administer medications have successfully completed the Department-approved medication administration course and have documented annual practicum observations.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane R. Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane R. Armet* Date *8/9/12*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of *8/13/12* (Date)

Verification of Legal Entity Representative Signature *8/13/12* (Date)

The above plan of correction was approved by *[Initials]* (Initials)

- Fully Implemented
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