

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

# CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to REBECCA S PERSONAL CARE HOME INC  
LEGAL ENTITY

To operate REBECCA'S AT EVERETT  
NAME OF FACILITY OR AGENCY

Located at 118 MASTERS AVENUE, EVERETT, PA 15537  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Personal Care Homes  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 37  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.  
(MAXIMUM CAPACITY)

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P. L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from June 28, 2013 until June 28, 2014,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 324070

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable  
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



JUL 01 2013

Mr. Dustin C. Miller, President/Administrator  
Rebecca's Personal Care Home, Inc.  
Rebecca's at Everett  
118 Master Avenue  
Everett, Pennsylvania 15537

Dear Mr. Miller:

As a result of the Department of Public Welfare's (Department) licensing inspection on November 5, 2012 and November 6, 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 Human Services Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosures  
License  
Violation Report



Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
 PCH Name: REBECCA S AT EVERETT

**1. REGULATION 65 Pa.Code §2600**

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is profoundly intellectually disabled. The staff and the residents of the home stated that the administrator of the home was informed that Resident #2 had been touching Resident #1 in sexually inappropriate ways. The home's communication log entry dated 7/14/2012, documents that the staff of the home confronted Resident #2 for the way Resident #2 was touching Resident #1. The home did not report the suspected abuse to the Area Agency On Aging.

**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.

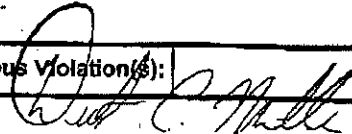
At the time of the incident, the former Resident Care Director did not report the incident to the Administrator. The new administrative assistant, who has also taken over Resident Care Director duties, has been instructed to report any and all suspected abuse to the Area Agency on Aging, and the department of public welfare as per OAPSA act 13.

In December 2012, the Administrative assistant was retrained on OAPSA. Also OAPSA postings were posted in three common areas of the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Dustin C Miller

Date

2/1/13

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

The above plan of correction is approved as of 4-26-13  
 (Date)

Plan of correction implementation status as of 4-26-13  
 (Date)

The above plan of correction was approved by DM  
 (Initials)

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

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
 PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

Resident #1 is profoundly intellectually disabled. The staff and the residents of the home stated that the administrator of the home was informed that Resident #2 had been touching Resident #1 in sexually inappropriate ways. The home's communication log entry dated 7/14/2012, documents that the staff of the home confronted Resident #2 for the way Resident #2 was touching Resident #1. The home did not report the suspected abuse to the Department.

On 10/30/12, a representative from protective service's came to the home to investigate allegations of verbal abuse of the residents by Staff Persons C and D, but the home did not report the allegations of verbal abuse to the Department.

**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.*

At the time of the incident, the former Resident Care Director did not report the incident to the Administrator. The new administrative assistant, who has also taken over Resident Care Director duties, has been instructed to report any and all suspected abuse to the Area Agency on Aging, and the department of public welfare as per OAPSA act 13.

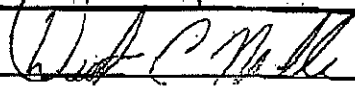
In December 2012, the Administrative assistant was retrained on OAPSA. Also OAPSA postings were posted in three common areas of the home.

Staff members C&D have also been terminated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Dustin C. Miller

Date

2/1/13

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Plan of correction implementation status as of 4-26-13  
 (Date)

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

The above plan of correction was approved by BE  
 (Initials)

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION  
On the following dates: between 12:00AM to 5:00AM, there were 21 residents in the home, but there were no staff persons in the home trained in first aid:  
  
\*10/30/2012  
\*10/31/2012  
\*11/03/2012  
\*11/04/2012

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.

Schedule has been adjusted to have first aide trained staff on duty.

Rebecca's will now only use Bedford Ambulance service for all trainings in CPR and first aide. They have monthly trainings and they have set up a web site that allows us to easily see available trainings and to schedule online.

The administrator will ensure that sufficient numbers of staff with the required training and certification are present in the home at all times. Documentation of staffing, training, and certification will be available to agents of the Department at any time. - *EE*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dustin C Miller*      Date

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(Date)

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(Date)

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

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
Staff person A, the home's administrator, completed only 4 hours of annual training in training year 2011.

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.

The Administrator will have 52 hours (of which 30 may be completed on-line) of training by the end of the 2013 training year, to make up the deficit training hours from 2011-2012. The training sources will be approved by the Department. In the future, the Administrator will have at least 24 hours of training from a source approved by the Department in each training year. - *SE*

~~Training for 2011 for the administrator Dustin Miller will follow at a later date.~~

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

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

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The above plan of correction is approved as of 5-20-13 (Date)  
The above plan of correction was approved by *SE* (Initials)

Plan of correction implementation status as of 5-20-13 (Date)

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

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
 PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B, date of hire 3/19/2012, began providing unsupervised ADL services on 3/21/2012, but the staff person has not completed the required Department approved online direct care training course.

**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 B was to print out certificate and give it to the Administrator. This was an oversight on the Administrator. Employee was told as soon as we received the VR to complete the test and to print certificate or she would be terminated.

The administrator and assistant now require this test to be completed during the orientation period of new hire.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
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Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Dustin C Miller Date 2/1/13

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The above plan of correction is approved as of <u>4-26-13</u> (Date)	Plan of correction implementation status as of <u>4-26-13</u> (Date)
The above plan of correction was approved by <u>DC</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 11/05/2012, at approximately 4:00PM, there was a wet spot approximately 2 1/2 feet wide and 3 feet long on the ceiling above the bed in resident room 15. There were 13 spots of dark mold in the wet spot above the bed.

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.

Ceiling in room 15 was repaired the next day.

Due to the hire of an administrative assistant the administrator is now better able to handle all maintenance issues.

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

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(Initials)

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION  
 The home did not conduct a fire drill in October 2012.

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.

The fire drill scheduled for 10/31/12 was postponed due to the emergency weather caused by the hurricane.

We conducted an extra fire drill in the month of November 2012.

Future drills have been scheduled by the home for the remaining months of 2013. The Administrator will utilize the schedule to ensure monthly drills are conducted. The schedule is kept locked in the Administrator's office. - *BE*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Dustin C. Miller</i>	2/1/13

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The above plan of correction was approved by <u><i>BE</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
 PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa. Code §2600**  
 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**  
 The medical evaluation for Resident #3, admitted 1/03/2012, has an evaluation date of 6/09/2012, and a form completion date of 9/28/2012.  
 The medical evaluation for Resident #4, admitted 5/03/2012, does not have the date of the evaluation or the date the form was completed.

**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.

The PCP for residents #3 & #4 filled out and dated the paperwork according to the previous office visit not the current one. These paperwork mistakes are common with this doctor.

Both residents have now switched to a new PCP. The new doctor has been excellent in returning paperwork completed and in a timely manner. We are going to request new evaluations to be completed at each resident's next appointment.

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

Signature of Legal Entity Representative  
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Dustin C Miller      2-1-13

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Violation Report: 32407 - 11/05/2012 - Rouse, McKinley

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #2's Humulin 100 per ml had a manufacturer's label that read "Refrigerate. Do not freeze." On 11/05/2012, the medication was stored in the back hall unrefrigerated, in medication cart #2.

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.

We reread the storage instructions that came with both of resident #2's insulins. We also talked with the pharmacist. We found that we were storing the insulin correctly and a copy of the storage instructions is provided.

Violation withdrawn. - SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

*[Handwritten Signature]*

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

Dustin C. Miller

Date

2-1-13

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(Date)

Plan of correction implementation status as of

(Date)

The above plan of correction was approved by

(Initials)

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

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION  
The medication administration record for Resident #2 documents that the resident had a blood sugar level of 278 on 11/02/2012, at 8:30PM, and that the resident was given 6 units of Humalog insulin. According to the sliding scale in the medication administration record, 8 units of insulin were to be administered for a blood sugar level of 278.

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.*

The MAR was reviewed and it appears that the way the sliding scale was listed on the MAR was confusing to the staff person.

A review of the sliding scale was done with each Med Tech. The administrative assistant also is highlighting the sliding scale in different colors to make it more clear to the staff what dosage goes with each sugar reading.

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

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Dustin C Miller      2-1-13

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(Date)

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

Plan of correction implementation status as of 4-26-13  
(Date)

Fully Implemented  
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 Not Implemented

Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa. Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The preadmission screening form for Resident #3, admitted 1/03/2012, did not have the date the preadmission screening was completed.

**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.*

A review of the preadmission screening for resident # 3 was done. It was found that the date of the paperwork was complete however the residents birthdate, mobility needs, and level of supervision were not complete.

Preadmission screening was completed correctly. In the future the Administrator and assistant will double check each others paperwork to ensure that there are no oversights.

Repeat Violation: No

Date(s) of Previous Violation(s):

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

Dustin C. Miller

Date

2-1-13

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(Date)

Plan of correction implementation status as of

4-26-13  
(Date)

The above plan of correction was approved by

DC  
(Initials)

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Violation Report: 32407 - 11/05/2012 - Rouse, McKinley  
 PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

**2a. DESCRIPTION OF VIOLATION**

The support plan for Resident #3, admitted 1/03/2012, is not signed by the assessor or anyone who participated in the development of the plan.  
 The support plan for Resident #5, admitted 2/27/2012, is not signed by the assessor or anyone who participated in the development of the plan.  
 The support plan for Resident #6, admitted 8/13/2012, is not signed by the assessor or anyone who participated in the development of the plan.  
 The support plan for Resident #4, admitted 5/03/2012, is not signed by the assessor or anyone who participated in the development of the plan.

**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.*

Due to the transferring of the new RASP to a computer system, the forms are not able to be signed.

We would still like to utilize the computer system to complete the RASP. We are now going to print one copy of the RASP per resident so that that copy can be signed and placed in there file. Using the computer system as a back up will still ensure that we can access the paperwork at different locations in our building thus giving our staff access to information they need regarding ADL's and IADL's of our residents.

*We are to have this completed by 3/1/13*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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The above plan of correction is approved as of 4-29-13  
 (Date)

The above plan of correction was approved by GC  
 (Initials)

Plan of correction implementation status as of 4-29-13  
 (Date)

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