



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 0 2 2013

Ms. Georgetta Stotka, Co-Owner/Administrator  
Advanced Personal Care Home, Inc.  
Advanced Personal Care Home  
P.O. Box 5, 245 Center Street  
Clarksville, Pennsylvania 15322

Dear Ms. Stotka:

As a result of the Department of Public Welfare's licensing inspection on February 8, 2013, 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.

Your regular license for the period of May 20, 2013 to May 20, 2014 was issued on February 8, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky", with a stylized arrow-like flourish at the end.

Ronald Melusky  
Director

Enclosure  
Violation Report



RECEIVED

Violation Report: 44048 - 02/08/2013 - McConnell, Deb  
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600 6 2013  
 2600.81(b) - Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
 Resident #1 has a bedrail on each side of his/her bed. The bedrails have openings of 4 1/2" that are a potential entrapment hazard for the resident.

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 request was made to the VA to provide proper bed rails for Resident #1. Until such request is granted the bed rails have been removed from the bed of Resident #1.

By 5/1/13. If it is determined that the resident is capable of operating bedrails and meets other requirements pertaining to use of bedrails, the home will explore adding a cover to the rails to prevent entrapment of limbs etc.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Georgetta Stotka - Administrator Date 4-5-13

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

The above plan of correction is approved as of <u>4/9/13</u> (Date)	Plan of correction implementation status as of <u>4/9/13</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 44048 - 02/08/2013 - McConnell, Deb

PCH Name: ADVANCED PERSONAL CARE HOME

6 2013

1. REGULATION 55 Pa.Code §2600

2600.103(g) - Food shall be stored in closed or sealed containers.

Western Field Office

Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

A bag of oatmeal, a box of potato buds, a box of crackers and a bag of potato chips in the food storage room were opened and unsealed.

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.

All staff persons were re-trained on proper food storage. Now and in the future all food will be stored properly and/or in closed or sealed containers.

Copy of training documents and sign in sheet are attached.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page)

Georgetta Slotka

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

Georgetta Slotka - Administrator

Date

4-5-13

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4/9/13 (Date)

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- Partially Implemented - Inadequate Progress
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The above plan of correction was approved by

(Initials)

Violation Report: 44048 - 02/08/2013 - McConnell, Deb  
 PCH Name: ADVANCED PERSONAL CARE HOME

6 2013

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

Western Field Office  
 Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator tells the overnight staff when to hold the sleeping hours fire drill. Therefore, fire drills are announced to staff in advance.

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 A, the home's Administrator will not tell any staff person when to hold any fire drills. Now and in the future all fire drills will be unannounced.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Georgetta Slotka*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Georgetta Slotka - Administrator*      Date *4-5-13*

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Violation Report: 44048 - 02/08/2013 - McConnell, Deb

PCH Name: ADVANCED PERSONAL CARE HOME

6 2013

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10) Western Field Office  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION

The medical evaluation for resident #2, dated 9/11/12, does not indicate if the resident has the ability to self-administer medications, or include a mobility assessment.

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.

Now and in the future all medical evaluations will be carefully reviewed to assure they include all of the required information. A new medical evaluation was requested from Resident # 2's primary care physician. A copy of that medical evaluation will be sent for verification as soon as it is received by the personal care home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Georgetta Slotka*

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

Georgetta Slotka - Administrator

Date

4-5-13

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*[Signature]*  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

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Not Implemented

Violation Report: 44048 - 02/08/2013 - McConnell, Deb

PCH Name: ADVANCED PERSONAL CARE HOME

6 2013

**1. REGULATION 55 Pa.Code §2600**

2600.143(a) - The home shall have a written emergency medical plan that includes the following:

- (1) The hospital or source of health care that will be used in an emergency. This shall be the resident's choice if possible.
- (2) Emergency transportation to be used.
- (3) An emergency-staffing plan.

**2a. DESCRIPTION OF VIOLATION**

The home's emergency medical plan does not indicate that the resident will have a choice of hospitals in an emergency, if possible.

**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 homes emergency plan was rewritten to indicate that the resident will have a choice of hospitals in an emergency if possible.

A copy is attached.

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Georgetta Slotka - Administrator* Date *4-5-13*

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Violation Report: 44048 - 02/08/2013 - McConnell, Deb  
 PCH Name: ADVANCED PERSONAL CARE HOME

6 2013

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.  
Adult Residential Licensing

2a. DESCRIPTION OF VIOLATION  
 On 2/8/13, the box for resident #3's Humalog insulin 100U/ML was opened on 1/5/13. The manufacturer's instructions indicate that opened Humalog insulin vials should be discarded after 28 days.

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 humalog insulin vial for Resident # 3 was discarded immediately. All staff have been scheduled to be trained in Diabetic Education which will be provided by a Certified Diabetic Educator from Amedysis Hospice. The first training is scheduled on 4-5-13 and the second training is scheduled on 4-7-13. Now and in the future all insulin vials dates will be checked by all medication administration staff on a daily basis and discarded accordingly with the manufacturers instructions.  
 By 5/1/13 The administrator will monitor medications, including insulin, at least monthly, to ensure proper storage procedures are followed.

4/9/13

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotka* Date 4-5-13

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Plan of correction implementation status as of 4/9/13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Signature]*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44048 - 02/08/2013 - McConnell, Deb  
PCH Name: ADVANCED PERSONAL CARE HOME 6 2013

1. REGULATION 55 Pa.Code §2600  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Adult Personal Care Licensing

2a. DESCRIPTION OF VIOLATION  
Resident #3 is ordered Oxfast, 2mg/ml, every hour as need for pain. The medication is not available in 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.*

Now and in the future all MARS will be checked along with the medication chart weekly to assure all medication documented on the MARS are in the Personal Care Home and available at all times. A request was immediately made to the pharmacy to deliver Resident #3 PRN of Oxfast and it was delivered that evening and is now available and will remain available in the home as long as it is on the residents MAR.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Georgetta Slotka*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Georgetta Slotka-Administrator*      Date *4-5-13*

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(Date)

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(Initials)

Plan of correction implementation status as of *4/9/13*  
(Date)

Fully Implemented *[initials]*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 44048 - 02/08/2013 - McConnell, Deb

6 2013

PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

Adult by Board Licensing

- (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.

2a. DESCRIPTION OF VIOLATION

The medication administration record for resident #2 does not include diagnosis or purpose for the medication Amantadine.

Resident #2 is prescribed Humalog inj 100U/ML on a sliding scale as follows:

Blood sugar level - Insulin dosage

- 150-199 = 4 units
- 200-249 = 5 units
- 250-299 = 6 units
- 300-349 = 7 units
- 350 and over = 8 units

The medication administration record (MAR) for resident #2, for 2/3/13 at 8:00 AM, indicates the resident's blood sugar reading was 155; however the MAR does not indicate if any insulin was administered.

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 purpose for Amantadine for Resident #2 was immediately added to the MAR. Now and in the future all medication purposes will be included in the MAR. See Page 9A

Repeat Violation: Yes

Date(s) of Previous Violation(s):

05/15/2012

Signature of Legal Entity Representative (Required on EVERY Page)

Georgetta Slotka

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

Georgetta Slotka, Administrator

Date

4-5-13

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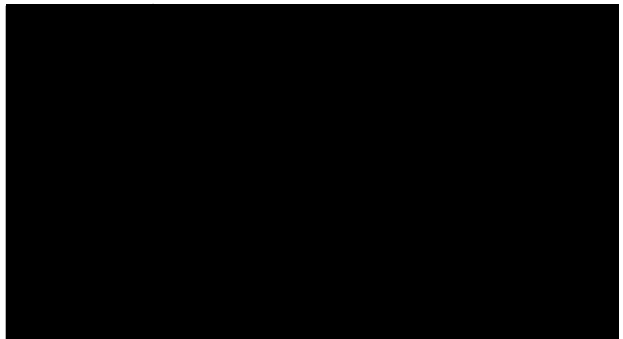
Attachment for Violation of Regulation 2600.187(a)  
Now and in the future the MAR for resident #2  
includes the amount of insulin administered  
along with Blood sugar reading and site  
insulin was administered.

Now and in the future all MARS will be  
checked at minimum 3 times weekly  
by Administrator or supervisor [redacted]  
[redacted] or supervisor [redacted] to  
assure all staff persons are documenting  
all required information in all MARS.

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6 2013

Western Field Office  
Adult Residential Licensing



- Administrator

4-5-13

By 5/1/13 - All staff persons who administer insulin  
will be reeducated on proper documentation and  
administration.

  
4/9/13

  
4/9/13

PAGE 9A of 10

Violation Report: 44048 - 02/08/2013 - McConnell, Deb  
 PCH Name: ADVANCED PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.225(c) - The resident shall have additional assessments as follows:  
 (1) Annually.  
 (2) If the condition of the resident significantly changes prior to the annual assessment.  
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION  
 Resident #1 was admitted into the home on 5/19/11. There is no 2012 assessment completed.  
 The assessment for resident #3, dated 5/14/12, does not address the diagnoses of falls and Asthma as indicated on the medical evaluation, dated 6/11/12.

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 2012 assessment for Resident #1 has been located and placed in his chart. Now and in the future all assessments will be kept in each residents chart and readily available at all times.

The assessment for Resident #3 was revised to address diagnosis of falls and asthma. Now and in the future all assessments will be revised to include all pertinent information as needed.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Georgeetta Slotka*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Georgeetta Slotka - Administrator*      Date *4-5-13*

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 (Date)

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

Plan of correction implementation status as of *4/9/13*  
 (Date)

Fully Implemented *[Signature]*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented