



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**JUN 21 2013**

Ms. Carol A. Berster, President/CEO  
Peter Becker Community  
Attn: Director of Personal Care  
800 Maple Avenue, 1<sup>st</sup> Floor  
Harleysville, Pennsylvania 19438

Dear Ms. Berster:

As a result of the Department of Public Welfare's licensing inspection on April 12, 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 June 9, 2013 to June 9, 2014 was issued on March 7, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Melusky'.

Ronald Melusky  
Director

Enclosure  
Violation Report



Violation Report: 12773 - 04/12/2013 - Foulkes, Kimberl  
PCH Name: PETER BECKER COMMUNITY

1. REGULATION 55 Pa.Code §2600  
2600.29(b) - The quality management plan shall address the periodic review and evaluation of the following:  
(1) The reportable incident and condition reporting procedures.  
(2) Complaint procedures.  
(3) Staff person training.  
(4) Licensing violations and plans of correction, if applicable.  
(5) Resident or family councils, or both, if applicable.

2a. DESCRIPTION OF VIOLATION  
The home's annual quality management review for 2012 did not address licensing violations, plans of correction, and resident councils.

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 Director of Personal Care will review the licensing violations and plans of correction at the P.C. staff meeting on 5/30/13. After each Resident Council meeting, the Director of PC and the Director of social Services will review and address any issues voiced at Resident Council meetings.  
  
Please see attachment A - Quality Management Plan 2012 Annual Review.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Kathleen Pivtka, LPN, Director of PC*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Kathleen Pivtka, LPN, Director of PC*      Date *5/15/13*

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

The above plan of correction is approved as of 5/17/13  
(Date)

Plan of correction implementation status as of 5/17/13  
(Date)

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

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

Violation Report: 12773 - 04/12/2013 - Foulkes, Kimberli PCH Name: PETER BECKER COMMUNITY	
<b>1. REGULATION 65 Pa.Code §2600</b> 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas: (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. (2) Emergency preparedness procedures and recognition and response to crises and emergency situations. (3) Resident rights. (4) The Older Adult Protective Services Act (36 P. S. §§ 10225.101-10225.5102). (5) Falls and accident prevention. (6) New population groups that are being served at the home that were not previously served, if applicable.	
<b>2a. DESCRIPTION OF VIOLATION</b> Ancillary staff persons A and B did not receive training in Older Adult Protection Services Act during training year 2012.	
<b>3. PLAN OF CORRECTION (POC)</b> (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.  <i>The Staff Development Coordinator on 4/12/13 implemented training on the Older Adult Protection Services Act for all ancillary staff in the Silverchair Training System. All ancillary staff will be trained on the Older Adult Protective Services Act by 5/31/13. This training will be included in our annual training plan.</i>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Pinzka, LPN, Director of PC</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kathleen Pinzka, LPN, Director of PC</i>	Date <i>5/15/13</i>
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The above plan of correction was approved by <u><i>KPM</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: 12773 - 04/12/2013 - Foulkes, Kimberl PCH Name: PETER BECKER COMMUNITY	
1. REGULATION 55 Pa.Code §2800 2800.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.	
2a. DESCRIPTION OF VIOLATION The telephone located in room #7 does not have emergency service number posted nearby	
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 Emergency service Numbers were immediately posted on the telephone on Room #7. Amy Scharpf (DPW Inspector) verbally verified that she saw the phone numbers posted on the telephone on Room #7 on 4/12/13. All residents' telephones will be audited by the Team Leader monthly for compliance. (See Attachment B p. 2).	
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Violation Report: 12773 - 04/12/2013 - Foulkes, Kimberli FCH Name: PETER BECKER COMMUNITY	
1. REGULATION 65 Pa.Code §2600 2600.103(g) - Food shall be stored in closed or sealed containers.	
2a. DESCRIPTION OF VIOLATION The bag of sausage and box of chicken tenders in the Ridgely kitchen freezer was opened and unsealed.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>The following plan was implemented on 4/12/13 by the Chef/Supervisor:</p> <ul style="list-style-type: none"> <li>- When foods are originally opened the product will be removed from the original container by the dietary staff and will be placed in a zip lock bag or a plastic bag with tie, labeled and dated.</li> <li>- a supply of repackaging materials will be kept available at all times</li> <li>- Reminder signs (see attachment C) are posted throughout the kitchen and in the storage area.</li> <li>- Staff was inserviced on food handling, storage, and safety on 5/8/13, 5/9/13, 5/10/13 and 5/11/13. (see attachment D).</li> </ul>	
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Violation Report: 12773 - 04/12/2013 - Foulkes, Kimberli  
PCH Name: PETER BECKER COMMUNITY

1. REGULATION 55 Pa.Code §2600  
2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION  
The home's emergency procedures are not posted in a conspicuous and public place 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.

*On 4/13/13, the Emergency Procedures were posted on each Personal Care Unit in the Common areas. The Director of PC will audit monthly to ensure that the Emergency Procedures are posted. (See Attachment B - Personal Care Audits).*

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Violation Report: 12773 - 04/12/2013 - Foulkes, Kimberli  
PCH Name: PETER BECKER COMMUNITY

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.

2a. DESCRIPTION OF VIOLATION  
On 4/12/13, resident #1's PRN medications Immodium or Medox Susp were 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.  
On 4/13/13, P.C. Staff re-ordered PRN Immodium and PRN Maalox Susp. for resident #1 and these medications were delivered by the Pharmacy. At the P.C. Staff meeting on 5/30/12, the Director of P.C. will review the procedures for re-ordering medications from the Pharmacy. The Team Leader will perform monthly audits to ensure that residents' PRN medications are available (see attachment B - Personal Care Audits).

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Violation Report: 12773 - 04/12/2013 - Foukes, Kimberli  
PCH Name: PETER BECKER COMMUNITY

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

-On 10/27/12, 12/23/12, 3/14/13, 3/17/13, and 3/28/13 resident #2 experienced falls. On 11/7/12, there is a fall risk assessment that was completed that recommends the resident wears regular shoes rather than slippers without the backs. On 11/9/12 it states that it is recommended again-there was a loss of balance 2 times secondary to slippers. There was a PT note dated 1/22/13 indicate the resident is a fall risk. The home did not complete a new assessment of the resident's needs to reflect these changes.

-A psychiatric note dated 2/28/13 stated that resident #2 was observed with an increase of breaking things in the resident's room such as a lamp, vase, snow globe and glass from a picture frame. The notes state that when the resident is restless that staff should sing familiar hymns to the resident to calm the resident. The home did not complete a new assessment of the resident's needs to reflect these changes.

-On 3/15/13, there is a psychiatric note that states resident #2 went into a peer's room and knocked down the shelf and broke numerous objects that were on it. The resident is described as restless with poor sleep patterns and the physician recommended pulling soothing scents, like a favorite perfume, on a pillow and allowing the resident to hold it. The home did not complete a new assessment of the resident's needs to reflect these changes.

-Resident #2 had a long history of being urinary incontinence and urinating in inappropriate places. The resident would urinate in the closet, in dresser drawers, in trash cans, in other resident rooms and on different chairs. The resident's assessment dated 10/26/12 stated that the resident was independent with toileting and wore an adult brief for occasional incontinence. The home did not complete a new assessment of the resident's needs to reflect these changes.

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.

On a monthly and "as needed" basis, the Director of PC, the Team Leaders, and the med techs will meet to discuss Residents' status and conditions. When it is determined that a resident has a significant change, the Director of PC with staff input, will determine/formulate interventions for the resident. The Director of PC will assign a Team Leader to complete a new assessment within 5 days of the significant change.  
Resident #2 was discharged from the home on 4/12/13.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) Kathleen Pinzke, LCN, Director of PC

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Kathleen Pinzke, LCN, Director of PC

Date 5/15/13

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