



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 05 2013

Ms. Sonja Maher, Administrator
Penstate Best Care, Inc.
347 73rd Street
Brooklyn, New York 11209

RE: Haskin House
1009 Rhoads Avenue
Secane, Pennsylvania 19018

Dear Ms. Maher:

As a result of the Department of Public Welfare's (Department) licensing inspection on May 1, 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. 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 "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff Person A, date of hire, 3/9/13 does not have a criminal history background check in accordance with the Older Adult Protective Services Act.

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 5/18/13 the criminal background check was obtained. Copy is attached. Administrator will check that background checks are done immediately upon hiring of staff members. Administrator will monitor employee files quarterly for proper paperwork.

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)

Sonia A Miller Admin.

Date 6/4/13

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

The above plan of correction is approved as of

6/11/13
 (Date)

Plan of correction implementation status as of 6/11/13
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.65(c) - Ancillary staff persons shall have a general orientation to their specific job functions as it relates to their position prior to working in that capacity.

2a. DESCRIPTION OF VIOLATION
 Ancillary staff person A, who began work on 3/9/13, did not receive a general orientation to their job functions.

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.

Do not agree

The checklist was not complete however the ancillary staff person had his orientation paperwork done on 3/14/13 and it was in his employee file. Employee orientation paperwork is attached.

Administrator will make sure checklist is completed at time orientation is completed. Administrator will monitor employee files quarterly for proper paperwork.

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) *Sonja Maher Adm.* Date *6/11/13*

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

The above plan of correction is approved as of 6/11/13
 (Date)

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

Plan of correction implementation status as of 6/11/13
 (Date)

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

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

The trash can nearest the door in the second floor bathroom does not have a lid.
 The trash can near the toilet in the second floor bathroom had a lid that was broken.

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.

Trash can with lid for second floor bathroom was purchased on 5/31/13. Receipt and picture of trash can attached. Administrator will monitor weekly that all trash receptacles have lids and that they are not broken.

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)

SonJA Maher Admin

Date

6/4/13

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

The above plan of correction is approved as of

6/11/13
 (Date)

Plan of correction implementation status as of

6/11/13
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 13865 - 05/01/2013 - Scharpf, Amy PCH Name: HASKINS HOUSE	
1. REGULATION 55 Pa.Code §2600 2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.	
2a. DESCRIPTION OF VIOLATION The dumpster in the parking area of the home had a lid with two holes, one measuring approximately 4" by 4" and the other 7" by 2". At 9:00am on 5/1/13 a squirrel was seen by the Department sitting on top of the dumpster eating garbage.	
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.	
<p>New lid for outside dumpster was purchased on 5/8/13. Attached is a picture of new lid. Administrator will monitor monthly for any damage to outside trash receptacles and if need will be replaced to keep out rodents and insects.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sonja Maher Administrator</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>SONJA Maher Admin.</i>	Date <i>6/4/13</i>
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u><i>6/11/13</i></u> (Date)	Plan of correction implementation status as of <u><i>6/11/13</i></u> (Date)
The above plan of correction was approved by <u><i>DM</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The headboard on the bed in room 1 was very loose and wobbly posing the danger of the entire bed frame collapsing.

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.

Owner fixed headboard in bedroom one on 5/8/13. It is in good condition and not loose. Administrator will monitor monthly that furniture and equipment to be in good repair, clean and free of hazard.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Sara A. Maher*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Sara A. Maher Administrator* Date *6/4/13*

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

The above plan of correction is approved as of <u>6/4/13</u> (Date)	Plan of correction implementation status as of <u>6/11/13</u> (Date)
The above plan of correction was approved by <u><i>Ujan</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.104(a) - A dining room area shall be equipped with tables and chairs and be able to accommodate the maximum number of residents scheduled for meals at any one time.

2a. DESCRIPTION OF VIOLATION

The dining table in the main dining room of the home has seating for six. The dining table in an area off the living of home has seating for four. The other residents eat on trays in the living room or in their bedrooms. The home currently has 19 residents. The home does not have multiple scheduled meal times.

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 5/9/13 the home assigned two meal times to accommodate seating for the residents. Copy of seating schedule is attached.
 Administrator informed kitchen staff of the scheduled meal times and the schedule was posted on bulletin board. Administrator will monitor daily that the two group meal schedule is followed and working well for the residents and staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sonia Maher Administrator

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

Sonia Maher Administrator

Date 6/4/13

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

The above plan of correction is approved as of 6/11/13
 (Date)

Plan of correction implementation status as of 6/11/13
 (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: 13855 - 05/01/2013 - Scharpf, Amy
 FCH Name: MASKINS HOUSE

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 municipality 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 5/2/13 a copy of the emergency preparedness policy was posted at the nurse's station at front entrance. Picture of the posted policy is attached. Administrator will monitor monthly that copy of the procedures as specified relating to emergency preparedness is posted in a conspicuous and public place in the home.

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)

Sonia Moler Administrator

Date

6/4/13

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

The above plan of correction is approved as of

[Handwritten Signature]
 (Date)

Plan of correction implementation status as of

[Handwritten Signature]
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.193(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION
 The letters on the exit sign over the administrator's office door which leads to the front exit door are only 3 inches high and 1/4 inch wide. The home currently serves 19 residents.

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.

Exit sign was purchased on 5/31/13 with letters ^{6 cm} inches high and ^{3/4 cm} inch wide and was posted above administrator's door. Picture of exit sign is attached. Administrator will monitor monthly that all exit signs are posted where exits are and if any are replaced that they are done with regulation size.

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) *Sonia Baker Administrator* Date *6/4/13*

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

The above plan of correction is approved as of 6/11/13 (Date)

Plan of correction implementation status as of 6/11/13 (Date)

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

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

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #1 dated 2/27/13 does not include the immunization history.

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.

Will have new DME completed with resident #1 immunization history on it when and if resident returns from skilled care. Administrator will monitor that all new admissions to facility use the DME which has area for immunization history on it.

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) *Sonia Males Administrator* Date *6/4/13*

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

The above plan of correction is approved as of <u>6/11/13</u> (Date)	Plan of correction implementation status as of <u>6/11/13</u> (Date)
The above plan of correction was approved by <u>ARM</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: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.185(b) - At a minimum, the procedures in § 2600.185(a) shall include:
 (1) Documentation of the receipt of controlled substances and prescription medications.
 (2) A process to investigate and account for missing medications and medication errors.
 (3) Limited access to medication storage areas.
 (4) Documentation of the administration of prescription medications, OTC medications and CAM for residents who receive medication administration services or assistance with self-administration. This requirement does not apply for a resident who self-administers medication without the assistance of a staff person and stores the medication in his/her room.

2a. DESCRIPTION OF VIOLATION

The home's procedures for the safe use of medications and medical equipment do not include documentation of receipt of controlled substances.

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 5/2/13 the medication policy was updated to reflect the procedure for receiving narcotics. When receiving narcotics the resident name, drug and amount received is written on the narcotic administration form. When using the narcotics the amount goes from higher to lower amount as given. Copy of updated policy is attached. Copy was posted at nurse's station, in MAR book and in policy book. Administrator will monitor that the policy is enforced and is read by current nurses and new hires.

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) *Sara A. Baker Administrator* Date *6/4/13*

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

The above plan of correction is approved as of 6/11/13 (Date)

Plan of correction implementation status as of 6/11/13 (Date)

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

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

Violation Report: 13855 - 06/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Residents #1, #2, #3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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 5/2/13 resident's #2 and #3 signed copy of resident's and will have resident #1 sign when and if returns to the facility from skilled care. Attached is copy of resident's rights signed by resident #2 and #3. Also attached is a copy of contracts to be used for new admissions with the updated copy of resident's rights with the right for refusal of medication on it. Administrator will monitor that a copy of resident's rights is signed upon admission to facility and in resident chart.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sonia Miller Administrator

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

Sonia Miller Administrator

Date

6/4/13

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

The above plan of correction is approved as of

6/1/13
 (Date)

Plan of correction implementation status as of

6/11/13
 (Date)

The above plan of correction was approved by

ORM
 (Initials)

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

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 85 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 pre-admission screening forms for Resident #1, admitted 2/28/13 and Resident #2, admitted 3/28/13 do not include a determination that the home can meet the service needs of 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.

Pre-admission screening for resident #1 and #2, area for determination if home can meet the service needs of the resident was checked off on 5/1/13. Attached is a copy of resident's #1 and #2 pre-admission screening with appropriate box checked off. Administrator will be sure to complete all areas that need to be filled in when completing the pre-admission screening for new admissions.

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)

Sorel A. Miller Administrator

Date 6/4/13

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

The above plan of correction is approved as of

6/11/13
 (Date)

Plan of correction implementation status as of

6/11/13
 (Date)

The above plan of correction was approved by

[Handwritten Initials]
 (Initials)

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

Violation Report: 13855 - 05/01/2013 - Scharpf, Amy
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
 The home did not document the medical evaluation for Resident #1 on the Documentation of Medical Evaluation form specified by 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.

When and if resident #1 returns from skilled unit, administrator will complete a new DME specified by the department and have signed by the physician. Administrator will make sure that when facilities or family send resident's to reside at Haskin House, the DME specified by the department is used and completed upon admission. Administrator will monitor that standardized forms are used to record information and are in the resident's record.

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) Date
 Sonja A. Males, Administrator 6/4/13

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

The above plan of correction is approved as of 6/11/13
 (Date)

Plan of correction implementation status as of 6/11/13
 (Date)

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

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