



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 16, 2014**

Mr. Dustin Miller, Owner  
Rebecca S Personal Care Home, Inc.  
118 Masters Avenue  
Everett, Pennsylvania 15537

RE: Rebecca's At Everett  
License #: 324070

Dear Mr. Miller:

As a result of the Department of Public Welfare's Human Services licensing inspection on June 13, 2013, September 18 and September 19, 2013 and November 20, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Jaime Erb".

Jaime Erb  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 32407 - 06/13/2013 - Rosenblat, Dale  
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

Resident #4 did not have blood sugars taken on 1/1/13 at 4:30pm and 1/19/13 at 8:30am.

Resident #1 did not have a blood sugar reading taken and medications administered on 5/23/13 for the following:

- Blood Sugar 4:30pm
- Gabapentin 300mg cap 5pm
- Celebrex 200mg cap 5pm
- Metformin HCL 1,000 mg tab 5pm
- Flomax .4mg cap 8pm
- Lipitor 80mg tab 8pm
- Proscar 5mg tab 8pm

Resident #1 did not have a blood sugar reading taken on 1/19/2013 at 8:30am.

The home was unable to verify that the blood sugar reading was taken or the medications were 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.

Did hold meeting w/staff about sugar readings and the importance of following all of Dr's orders.

All sugar readings<sup>Due</sup> are preprinted on MAR's so that readings are not missed.

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
Dustin Miller			10/28/2013

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

The above plan of correction is approved as of <u>12-3-13</u> (Date)	Plan of correction implementation status as of <u>12-3-13</u> (Date)
The above plan of correction was approved by <u>DE</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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: REBECCA S AT EVERETT		License Number: 324070
Address: 118 MASTERS AVENUE, EVERETT, PA 15537		County: Bedford
Administrator: Dustin Miller		Region: CENTRAL
Legal Entity Name: REBECCA S PERSONAL CARE HOME INC		
Legal Entity Address: 118 MASTERS AVENUE, EVERETT, PA 15537		
<b>Certificate(s) of Occupancy</b> C-2 LP 12/09/1996 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 26	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal <i>Interim</i>		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
09/18/2013: Hoover, Douglas; OPake, Hope		
09/19/2013: Hoover, Douglas; OPake, Hope		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 37 Number of Residents Served: 22 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 8	<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 22 Have Mental Illness: 0 Have an Intellectual Disability: 3 Have a Mobility Need: 4 Have a Physical Disability: 0	

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The home did not have the latest violation report, dated 11/5/12 and 11/6/12, posted in a conspicuous and public place. The posted violation report on the bulletin board was dated 11/23/11.

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 most recent VR was posted on the bulletin board inside the main entrance of the home.

This board is very large and has a large number of postings. It has been organized so that the VR is more noticeable and easy to read to ensure compliance in the future.

Please see attached photo showing eye level placement.

Administrator will check weekly to ensure that the regulations and most recent violation report are posted.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dustin P. Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dustin P. Miller PCHA*      Date *10-23-2013*

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

The above plan of correction is approved as of 11/10/13 (Date)

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

Plan of correction implementation status as of 11/20/13 (Date)

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

1. REGULATION 55 Pa.Code §2600

- 2600.26(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 quality management plan did not document the periodic review and evaluation of reportable incidents, complaints, staff training, licensing violations and resident councils. The last notation on the quality management plan is dated 9/20/11.

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 QMP periodic review sheet was updated to reflect a current review of the plan.

The QMP was updated to state that every quarter, RPCH administrator and supporting staff will hold a review meeting. The outline for this meeting will include a QM review of topics listed in the reg. These meetings have been planned and are posted on the staff calendar.

Please see attachments: copy of QMP, quarterly review sheet, meeting outline, copy of google calendar.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dustin Miller PCHA</i>	Date <i>10-22-2013</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11/13/13</u> (Date)	Plan of correction implementation status as of <u>11-20-13</u> (Date)
The above plan of correction was approved by <u>DM</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 - 09/18/2013 - Hoover, Douglas

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 member A completed 10 hours of annual training for 2012 which included 6 hours for medication administration and 4 hours for CPR and basic first aid.

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 member "A" has scheduled and paid for DPW approved training as follows:

Diabetes	1 hr.	NOV 21, 2013
CPR	4 hrs.	
Online (Care to learn)	9 hrs.	NOV 22 - Dec 31, 2013

These 14 hrs. in addition to the 10 hrs already completed in 2012 will meet the training requirement. Verification of completion of these additional 14 hrs will be submitted to DPW by Dec 31, 2013.

For 2013, 12 hrs of online training have been purchased and 12 hrs. of classroom training are scheduled. This training will be completed by Dec 31, 2013.

Prevention - An Office manager was hired on NOV 1st 2013 this should allow the Administrator adequate time for such trainings to remain in compliance.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/05/2012
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Signature of Legal Entity Representative  
(Required on EVERY Page) *Dustin Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dustin Miller PCHA</i>	Date <i>11-20-2013</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 11-20-13  
(Date)

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

Plan of correction implementation status as of 11-20-13  
(Date)

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

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
 PCH Name: REBECCA S AT EVERETT

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 lid for the outside dumpster was open on 9/18/13 and 9/19/13. Inside the dumpster were clear trash bags filled with soiled adult diapers and briefs.

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.

Weavers Sanitation was called and a new dumpster with a locking lid was ordered and paid for. They did state it would be several weeks until it arrives. However would be here by Dec 31st 2013.

Staff will be trained and given keys to the dumpster. Documentation will be kept on staff training.

Note: Admin will check <sup>the existing dumpster lid</sup> daily until it arrives.


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 Miller      PCHA      Date      11-20-2013

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

The above plan of correction is approved as of 11-20-13  
 (Date)

The above plan of correction was approved by   
 (Initials)

Plan of correction implementation status as of 11-20-13  
 (Date)

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

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
 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 9/18/13, the "Employees Only" door, which used to be the medication room, had a circular hole that measured approximately 1 by 2 inches. Next to the door knob was another hole that was "half-moon" in shape and measured approximately 4 to 6 inches.

On 9/18/13, the wall outside of room 18 had a hole that was "half-moon" in shape and measured approximately 3 to 5 inches.

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.

Repair of the door + the wall will be completed by Dec 31st 2013. In the meantime to ensure that the cracks do not create a hazard, duct tape was placed over the damaged AREAS.

Administrator will schedule repairs in a more timely manner.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/05/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Dustin Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Dustin Miller RCHA	11-20-2013

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The above plan of correction is approved as of 11-20-13  
 (Date)

Plan of correction implementation status as of 11-20-13  
 (Date)

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

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

Violation Report 32407 - 09/18/2013 - Hoover, Douglas  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 9/18/13, the outside basement window opening, underneath the "laundry room", was boarded with plywood which had come loose from the casing and was open to the elements.

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 plywood in question was tacked back in place.

The administrator will do a walk around of the facility on a more routine basis to ensure compliance of such items.

In addition, I will instruct the yard man to report or fix such items.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dustin Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Dustin Miller* *RCHA*      Date *10-22-2013*

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

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

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

Plan of correction implementation status as of 11-20-13 (Date)

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

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION  
On 9/18/13, there were no bedside lamps in rooms 12 and 13.

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.

These lamps were replaced shortly after inspection.

Direct care staff was instructed to alert the administrator on such items that may be missing from rooms as they are aware of missing lamps in resident rooms.

Please see attached photos

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

Signature of Legal Entity Representative (Required on EVERY Page) *Dustin Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Dustin Miller Date 10-22-2013

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

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

Plan of correction implementation status as of 11-20-13 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress

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

Violation Report 32407 - 09/18/2013 - Hoover, Douglas  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2500  
2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION  
The home's written emergency procedures have not been reviewed annually. This was confirmed by staff member A.

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 EOP <sup>was</sup> ~~has been~~ submitted to the local EMA <sup>on October 22, 2013.</sup> Also created was a submission record that is placed in the front of the plan. (Please see attached)

The review and submission of this plan will be conducted at the quarterly meetings of the Quality Management Plan to ensure compliance.

Management will review the emergency plan annually. And if changes are made as a result of the review, submit the plan (updated) to the local EMA. *AR*

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Dustin Miller*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Dustin Miller*      Date *10-22-2013*

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

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

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

Plan of correction implementation status as of 11-20-13  
(Date)

Fully Implemented  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas

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 August of 2013.

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.

See page 10A of 18.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/05/2012
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Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dustin Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Dustin Miller PCHA	11-20-2013

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

The above plan of correction is approved as of 11.20.13  
(Date)

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

Plan of correction implementation status as of 11.10.13  
(Date)

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

*Rebecca's Personal Care Home Inc.*

Where "Happy Residents are Healthy Residents"

Page 10A of 13

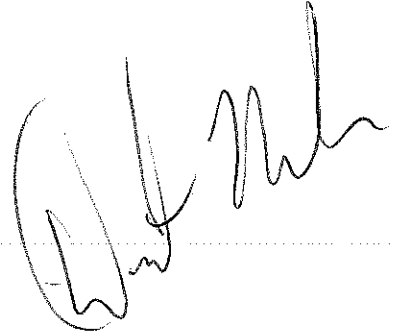
118 Masters Ave.  
Everett, PA 15537  
814-652-2834

**Date:** 11/20/13

During monthly fire drills, Rebecca's will document the drills on the recommended forms provided by DPW. These records will now be kept electronically in the administrator's office only.

For prevention, Rebecca's will now use electronic reminders for the fire drill dates and times.

Administrator will ensure that an unannounced fire drill will be held at least once a month. Use 12/10/13

A handwritten signature in black ink, appearing to be "D. M. H.", written over a horizontal dotted line.

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION  
 The fire drill records from January to July 2013 do not record the number of residents present in the home at the time of the fire drill.  
 The home had a supervised fire drill on 7/15/13 but the fire drill record did not document the time, the amount of time it took for evacuation, the exit route used, the number of residents evacuated, the number of staff persons participating and whether there were problems encountered.

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.

Rebecca is now using the DPW form for Fire Drills.

The Administrator is responsible for completing these forms in their entirety. This includes drills and in the event of a real evacuation.

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 Miller*      Date *11-20-2013*

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

The above plan of correction is approved as of 11-20-13  
 (Date)

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

Plan of correction implementation status as of 11-20-13  
 (Date)

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

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas

PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**


2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**

The home did not have a designated evacuation time from a fire safety expert. The last documentation of a designated safe evacuation time by a fire safety expert was on 11/23/11. On 12/14/12, the evacuation time was 3 minutes and 5 seconds. On 1/27/13, 2/14/13 and 3/4/13, the evacuation times were 2 minutes and 53 seconds; 3 minutes and 1 second; and 3 minutes and 15 seconds, respectively.

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

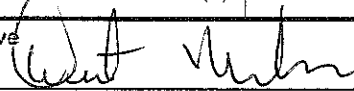
*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

See attached Page 12A of 18 

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 Miller PCHA

Date


11-20-2013

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

The above plan of correction is approved as of 11-20-13  
(Date)

Plan of correction implementation status as of 12-10-13  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress *error NSC*
- Not Implemented

The above plan of correction was approved by   
(Initials)

*Rebecca's Personal Care Home Inc.*

Where "Happy Residents are Healthy Residents"

Page 12A of B

118 Masters Ave.  
Everett, PA 15537  
814-652-2834

**Date:** 11/20/13

The Bedford County Emergency Management Director is scheduled for Tuesday November 26<sup>th</sup>, 2013 at 1:30pm. During this appointment he will witness a fire drill, document the time of the drill and re-examine the structure and determine Rebecca's safe evacuation time. This will be documented on the sample model form provided by DPW. These completed forms then will be submitted to DPW on November 27, 2013.

The Bedford Co EMA Director and Rebecca's Administrator will schedule the date and time for the 2014 annual drill and safe fire evacuation time. This will be noted on the forms being sent in on November 27, 2013. This will be conducted this way thereafter.

A handwritten signature in cursive script, appearing to read "Aud M. H.", is located in the lower right quadrant of the page.

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
 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

Resident #1 was admitted on 6/6/12. The medical evaluation was not completed until 8/27/12.

Resident #2 was admitted on 8/20/12. The medical evaluation was completed on 6/6/12.

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.

A staff person has been hired as of Nov 1st 2013 and is in training for the month of Nov. with me for the position of Office Manager. Duties include payroll, Accounting, scheduling, etc. With this person being hired it will allow the current Admin to center in on DPW / Resident paperwork.

The Admin is going from a paper system to an electronic system for reminder, due dates, etc. Including medical evaluations.

All new admissions will have medical evaluations completed either 60 days prior to admission or 30 days after admission. JL

Repeat Violation: Yes	Date(s) of Previous Violation(s):	11/05/2012
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Signature of Legal Entity Representative (Required on EVERY Page) *Dustin Miller*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Dustin Miller PCITA	11-20-2013

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 (Date)

Plan of correction implementation status as of 11.20.13  
 (Date)

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

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

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 was admitted on 8/20/12. The last medical evaluation was completed on 6/6/12.

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 Administrator will audit all Resident records to ensure that each resident has had a medical evaluation within the past year. Any Resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. *LC 12/10/13*

This audit will be completed by 12/31/2013.

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) *Rebecca S PCHA*      Date *11-20-2013*

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

The above plan of correction is approved as of 11-20-13  
 (Date)

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

Plan of correction implementation status as of 12-10-13  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *error asc*

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2500

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 9/18/13, there were three medications sitting in a plastic bin on the floor in the hallway outside of the medication room that were unlocked. The hallway was accessible to residents. These medications were:

- Enrofloxacin, 22 mg., "Olde Bedford Veterinary Clinic" in a blue bottle for "Tucker";
- Temaryl P, "Olde Bedford Veterinary Clinic" in a blue bottle;
- Mupirocin 2% cream for resident #3 in a plastic ziploc bag.

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.

This was due to moving of a resident within the home. These items were found in a part of the home that was currently closed. However residents could gain access.

This was a direct result of the Admin's action. I will be more prudent about not leaving such items in areas of the home that resident could gain access to.

Administrator will ensure that all medications are stored in a locked area.

Med techs will be reeducated on keeping medications locked by 12/15/13

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Dustin Miller*

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

Dustin Miller

Date

10/24/2013

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

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

Plan of correction implementation status as of 11.20.13  
(Date)

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

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

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
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

Resident #3 did not receive *Ranitidine, 150 mg., 1 tab twice daily*, on 9/5/13 at 8:30 am and 9/9/13 at 8:30 am. The resident did not receive the medication at all on 9/6, 9/7 and 9/8/13 because the home did not have the medication.

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.*

Rebecca's has paid resident #3's pharmacy bill to help rectify the situation.

Staff was instructed to order all VA meds when the resident is down to a 14 to 16 day supply.

In the future, Rebecca's will better communicate with pharmacy on any outstanding invoices for residents and pay if necessary to rectify the immediate situation. Rebecca's will then bill the resident for the money owed.

Repeat Violation: Yes	Date(s) of Previous Violation(s): 1/05/2012
Signature of Legal Entity Representative (Required on EVERY Page)	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Dustin C Miller</i>	Date <i>12-10-2013</i>

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

The above plan of correction is approved as of <u>12-10-13</u> (Date)	Plan of correction implementation status as of <u>12-10-13</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</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"/> ARL CENTRAL REGION

RECEIVED TIME DEC. 10. 9:29AM

DEC. 10. 2013 8:33AM

Violation Report: 32407 - 09/18/2013 - Hoover, Douglas  
PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

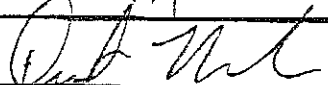
Resident #4 was given *Alprazolam, 0.5 mg, 1 tab every 12 hours, PRN, every day from 9/1 through 9/18/13* for "aggressive behavior" as specified on the pharmacy label and the medication administration record.

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 medication record has been changed by the Pharmacy to indicate for Anxiety. Dr. was faxed, requesting this Med be a routine med not an PRN, and approval received 10/13/13. All med techs have been informed that if they see such items listed on a MAR, they are to leave a note for Admin to resolve this.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative <i>(Required on EVERY Page)</i>	
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Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i>	Date
<i>Dustin Miller</i>	<i>10-24-2013</i>

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

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

Plan of correction implementation status as of 11-20-13  
(Date)

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

The above plan of correction was approved by   
(Initials)

