



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 02 2013

Ms. Laura J. Mesoraco, Owner/Administrator
AM/PM Personal Care Home, Inc.
AM/PM Personal Care Home
555 Adrian Road, P.O. Box 123
Delancey, Pennsylvania 15733

Dear Ms. Mesoraco:

As a result of the Department of Public Welfare's licensing inspection on June 13, 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 September 23, 2013 to September 23, 2014 was issued on June 17, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Ronald Melusky / MES".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 40736 - 06/13/2013 - Whitney, Diane
PCH Name: AM PM PERSONAL CARE HOME

JUL 11 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 6-13-2013, a binder containing residents assessments, support plans, medical evaluations, and medical insurance information were unlocked and accessible in a cabinet in the main kitchen.

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 6/13/13, the binders containing resident information were moved to the appropriate med room and were placed on top of the med carts. This is a locked room. Day to Day manager informed all staff that med binders should be kept in locked med rooms. Additionally staff, Day to Day manager and Administrator will monitor daily to assure compliance.

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)

Laura J. Mercurio, Adm./Aun

Date 7/8/13

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

The above plan of correction is approved as of

7/12/13
(Date)

Plan of correction implementation status as of

7/12/13
(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: 40736 - 06/13/2013 - Whitney, Diane
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract for resident #2 was not signed by the payer.

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.

Resident # 2 signed the contract on 6/13/13 please see attached copy of contract.

Adm + Day to Day manager will monitor future admissions to assure contracts are signed upon Admission to AM/PM.

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)

Laura J. Mesoraco Adm / Adm

Date 7/8/13

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7/12/13
(Date)

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(Date)

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[Signature]
(Initials)

Violation Report: 40738 - 06/13/2013 - Whitney, Diane
PCH Name: AM PM PERSONAL CARE HOME

JUL 10 2013

1. REGULATION 55 Pa.Code §2600
2600.25(c)(1) - The contract shall specify that each resident shall retain, at a minimum, the current personal needs allowance as the resident's own funds for personal expenditure.

WEST REGIONAL OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The contract dated 3-18-2011 for resident #1, who receives SSI, does not specify the current monthly personal needs allowance of \$85.

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.

Am/pm Administrator re-did page number 1 to include the current monthly needs allowance of 85.00. Day to Day manager. The cover page was re-done & Resident #1

initiated the personal care needs allowance Statement. (attached)

The Day to Day manager was provided copies of the updated contract & will assure new admissions are informed of the monthly personal needs allowance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

J. Mesoraco

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

Laure J. Mesoraco Admin

Owner

Date 7/8/13

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(Date)

Plan of correction implementation status as of 7/12/13
(Date)

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

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WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

On 6-13-2013, the following products were in the unlocked rear kitchen sink cabinet:

- * Easy Off oven cleaner - 'keep out of reach of children'
- * Cascade dishwasher detergent - 'contact physician if swallowed'
- * Lysol kitchen cleaner - 'contact physician if swallowed'

The home has a resident that is assessed not capable of recognizing and using poisonous materials safely.

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 home on 6/27/13 installed keyed locks on the front + back kitchen doors. (please see attached receipt + work order.)

Staff were oriented to the operation of the locks + key was added to

By 7/31/13: Key chain^{is} accessible to all staff. The administrator will monitor the home at least weekly to ensure poisonous materials remain locked.

[Signature]
7/21/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Laura J. Mesocco Owner/Adm	Date	7/8/12
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The above plan of correction is approved as of 7/12/13
(Date)

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(Initials)

Plan of correction implementation status as of 7/12/13
(Date)

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Violation Report: 40738 - 08/13/2013 - Whitney, Diane
PCH Name: AM PM PERSONAL CARE HOME

WEST REGIONAL FIELD OFFICE
Human Services Licensing

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 address emergency staffing.

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.

Attached, please sign sections of AM/PM Medical Plan

- 1) Medical Emergency Page - stating the hospital to be utilized (Pennsylvania) and also stating Residents may choose hospital in the event of a medical emergency.
- 2.) Relocation Plan stating emergency transportation to be utilized.
- 3.) Emergency Staffing Plan / Emergency Staffing listing + phone numbers.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

L. M...

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

Laura J. Meserice, Administrator

Date 7/8/13

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7/12/13
(Date)

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(Date)

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[Signature]
(Initials)

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Violation Report: 40736 - 08/13/2013 - Whitney, Diane
PCH Name: AM PM PERSONAL CARE HOME

JUL 7 2013

WEST VIRGINIA DEPARTMENT OF
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

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

- (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 #3 indicates acetaminophen 325mg, 2 tablets every 4 hours as needed. The prescription label indicates acetaminophen 500mg, 1-2 tablets every 6-8 hours as needed.

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.

AM/PM manager contacted Resident's #3 Physician and Tylenol 500 PRN was discontinued.

Tylenol 325mg 2 tabs every 4 hrs as needed was prescribed. (See attached)

Changes were indicated in EMAR System. Staff

By 7/31/13 - was alerted to change medications will be reeducated on ensuring medication labels match MAR. Day to Day Manager will monitor all medications to assure accuracy at least weekly.

Repeat Violation: Yes Date(s) of Previous Violation(s): 08/01/2012

Signature of Legal Entity Representative (Required on EVERY Page) *L.J. Mesoraco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco Owner/Adm* Date *7/8/13*

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The above plan of correction is approved as of 7/12/13 (Date)

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

Plan of correction implementation status as of 7/12/13 (Date)

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