



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

AUG 19 2013

Ms. Jessica Scheffner, Administrator
Mrs. Bush's Personal Care Home, Inc.
Mrs. Bush's Personal Care Home I
P.O. Box 327, Kunkletown/Little Gap Road
Kunkletown, Pennsylvania 18058

Dear Ms. Scheffner:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 19, 2013, of the above personal care home the violations with 55 Pa.Code Ch. 2600 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 2600 must be maintained.

Your regular license for the period August 3, 2013 to August 3, 2014 was issued on April 29, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Ronald Melusky".

Ronald Melusky
Director

Enclosure
Violation Report

Violation Report: 22835 - 06/19/2013 - Yellenic, Cindy
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature in the sink located in the café measured 130.6 degrees Fahrenheit at 1:30pm.
 The water temperature in the bathroom located across from the medication room measured 124.8 at 2:24pm.

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.

Facility maintenance have readjusted the hot water heater settings so current water temperatures do not exceed 120°F. Maintenance staff will periodically check various locations throughout building to ensure water temps do not exceed 120°F.

* The administrator shall be responsible for monitoring and ongoing compliance.

M
 7/24/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner/Administrator* Date *7/1/13*

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

The above plan of correction is approved as of *7/24/13*
 (Date)

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

Plan of correction implementation status as of *7/24/13*
 (Date)

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

Violation Report: 22835 - 06/19/2013 - Yellenic, Cindy
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
 The exit door next to room 1W has a 3 inch step down to the outside of the building, no handrail was attached.

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.

Facility maintenance will install a handrail for the 3-inch step down outside of the emergency exit near room 1w. The handrail will be installed no later than 8/1/13.

* The administrator shall monitor for ongoing compliance.

m
 7/24/13

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner / Administrator* Date *7/1/13*

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Violation Report: 22835 - 06/19/2013 - Yellenic, Cindy
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1. REGULATION 55 Pa.Code §2600
 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION
 Large amounts of lint were located on the stones under the home's dryer duct vent that exits the building. This poses a possible fire hazard.

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.

Facility maintenance presently clean the vent duct and internal/external ductwork at least every 6 months (per manufacturer's instructions) and was documented as most recently done on 2/8/13. When maintenance accessed the ductwork, there was not excessive lint accumulated. DPW rep did not visualize ductwork on inspection, only observed lint on stones near external duct. However, for ongoing future compliance facility maintenance will clean ductwork quarterly (every 3 months).

* The administrator shall assume ongoing compliance.
 m
 7/24/13

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

Signature of Legal Entity Representative (Required on EVERY Page) Jessica Scheffner

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jessica Scheffner / Administrator Date 7/1/13

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 PCH Name: MRS BUSH S PERSONAL CARE HOME I

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

It has been determined through staff interviews that on occasion kitchen staff will be made aware there is going to be a fire drill ahead of time so the food will not get burnt when the fire drill is conducted.

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 supervisory staff responsible for conducting drills have been counseled regarding reg. 2600.132(a) and verbalize understanding of requirement.

* The administrator shall assure that all fire drills held monthly are unannounced.

The administrator shall be responsible for ongoing compliance.

M
 7/24/13

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner, Administrator* Date *7/1/13*

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1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

On 6-19-13, the following expired medications were located in the home's first aid kit located in the med room near the main entrance: Rite Aid Triple Antibiotic Cream -exp. 1/07; and, Curad Silver Solution Antimicrobial gel - exp. 3/13.

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.

The facility conducts monthly checks of the first aid kit contents and obtains items from house pharmacy to stock kit. These items were immediately removed from the kit and did not require replacements as there were other tubes of first aid cream in kit. It is believed these items were recently placed into kit by someone other than supervisory staff who are responsible for checking/stocking kit. The above items did not come from the house pharmacy. Supervisory staff will continue to monitor contents monthly and all staff have been counseled as to not place items into kit unless instructed to do so.

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