



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: JUL 16 2013

Mr. William Todd Hoover, President
Wilbri, Inc.
Lane Avenue Personal Care Home
206 Lane Avenue
Punxsutawney, Pennsylvania 15767

Dear Mr. Hoover:

As a result of the Department of Public Welfare's (Department) licensing inspection on June 26, 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.

Sincerely,

A handwritten signature in cursive script that reads "Maria Stepanovich".

Maria Stepanovich
Regional Licensing Administrator

Enclosure(s)

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LANE AVENUE PERSONAL CARE HOME		RECEIVED JUL 10 2013	License Number: 42409
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767			County: Jefferson
Administrator: Jim Ciocarello			Region: WEST
Legal Entity Name: WILBRI INC		WEST REGION FIELD OFFICE Human Services Licensing	
Legal Entity Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767			
Certificate(s) of Occupancy C-2 LP 05/19/1993 L&I			
Staffing Hours			
Resident Support: 0	Total Daily Staff: 28	Waking Staff: 21	
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced	
Reason(s) for Inspection(s) Complaint			
On-Site Inspections Dates and Department Representatives On-Site 06/26/2013: Stepanovich, Maria; Perry, Carole			
Off-Site Inspection Dates and Inspectors, if Applicable			
Other Details			
Partial or Full Triggers: N/A		Random Indicators: N/A	
Resident Demographic Data as of Inspection Dates			
Licensed Capacity: 42 Number of Residents Served: 27 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 24 Are 60 Years of Age or Older: 10 Have Mental Illness: 22 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 42409 - 06/26/2013 - Stepanovich, Maria
PCH Name: LANE AVENUE PERSONAL CARE HOME

JUL 10 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
1111 Conover Road

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 June 2013 medication administration record for resident #1 does not include a diagnosis for Diphenhydram, 20 mg - Take 1 tablet three times daily.

The June 2013 medication administration record for resident #2 does not include a diagnosis for Clonazepam, 1 mg - Take 1 tablet three times daily.

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 a new medication is ordered, the charge nurse will assure that the diagnosis is put on the medication record.

The diagnosis for resident #1 for his Diphenhydram 20mg and for resident #2 clonazepam 1mg has been added to the medication record. Copies are included

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *James T. Ciccarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES T. CICCARELLO, ADMINISTRATOR Date 7-8-2013

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

The above plan of correction is approved as of <u>7/15/13</u> (Date)	Plan of correction implementation status as of <u>7/15/13</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42409 - 06/26/2013 - Stepanovich, Maria
 PCH Name: LANE AVENUE PERSONAL CARE HOME

JUL 10 2013

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

WEST REGION FIELD OFFICE

2a. DESCRIPTION OF VIOLATION

Staff person A administered residents' 3:00 pm and 4:00 pm medications on 6/26/13; however at 4:30 pm, the residents' medication administration records did not include this staff person's initials for administration of any of the medications to include the following:

- * 4:00 pm dose of Diphenhydram, 20 mg for resident #1
- * 3:00 pm doses of Clonazepam, 1 mg and Gabapentin, 400 mg for resident #2
- * 4:00 pm dose of Lactulose 10 g/15 ml for resident #3
- * 4:00 pm doses of Metformin, 500 mg; Buspirone, 20 mg; Clonazepam, 1 mg for resident #4
- * 3:00 pm dose of Amiodarone, 200 mg for resident #8

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 PERSON A HAS NOW INITIALED THAT SHE HAS ADMINISTERED ALL OF THE ABOVE MEDICATIONS.

OUR LPM HAS REVIEWED WITH STAFF PERSON A THE CORRECT MEDICATION ADMINISTRATION PROCEDURE. A COPY OF THE TRAINING IS ENCLOSED AND PLACED IN STAFF PERSON A'S PERSONNEL FILE.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *James T. Coccarello*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JAMES T. COCCARELLO, ADMINISTRATOR* Date *7-8-2013*

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 (Date)

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

Plan of correction implementation status as of 7/15/13
 (Date)

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

JUL 30 2013

Violation Report: 42409 - 06/26/2013 - Stepanovich, Maria
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.226(a) - The resident shall be assessed for mobility needs as part of the resident's assessment.

2a. DESCRIPTION OF VIOLATION

Resident #7 needs the assistance of 1 staff person to transfer in/out of bed/chair; however, the resident's assessment, dated 1/10/13, indicates the resident does not have a mobility need.

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.

It has been changed on resident #7 RASP under mobility assessment that he has "MODERATE" mobility needs and does need the assistance of 1 staff person to transfer in/out of bed. A copy of the changed RASP is attached.

This distinction in mobility levels was clearly explained to the LPN and administrator who complete all RASP's.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Ciocarello

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

JAMES T. CIOCARIELLO, ADMINISTRATOR

Date 7-8-2013

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Violation Report: 42409 - 06/26/2013 - Stepanovich, Maria
 PCH Name: LANE AVENUE PERSONAL CARE HOME

JUL 10 2013

1. REGULATION 55 Pa.Code §2600

2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 4:30 pm, residents' support plans were stored in a filing cabinet in the administrator's locked office and not all staff persons have a key to the office. Also, staff person A did not know where the support plans were kept.

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.

Copies ARE BEING MADE OF ALL RESIDENTS RASP AND
 will be ACCESSIBLE TO DIRECT CARE STAFF AT ALL TIMES.
 STAFF will be INFORMED OF WHERE THE RASP IS KEPT AND
 they will be ENCOURAGED TO READ THEM. THIS SHOULD
 be COMPLETED BY FRIDAY July 12, 2013.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

James T. Coccarello

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

JAMES T. COCCARELLO, ADMINISTRATOR

Date 7-8-2013

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Violation Report: 42409 - 06/26/2013 - Stepanovich, Maria
 PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

JUL 10 2013
 WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #4's most recent photograph is dated 12/8/10.
 Resident #5's most recent photograph is dated 10/5/10.
 Resident #6's most recent photograph is dated 10/5/10.
 Resident #7's most recent photograph is dated 10/5/10.
 The record of resident #7, admitted 1/15/08, does not include the resident's weight.

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.

NEW PHOTOGRAPHS HAVE BEEN TAKEN AND ARE IN THE PROCESS OF BEING DEVELOPED. IT IS ANTICIPATED THAT THE PICTURES WILL BE RECEIVED, DATED, AND PUT INTO INDIVIDUAL FOLDERS ON OR BEFORE FRIDAY July 12, 2013.

The ADMINISTRATOR AND/OR OWNER will check the pictures PERIODICALLY TO MAKE SURE THEY ARE CURRENT WITHIN THE 2 YR. TIME FRAME.

WE HAVE CHECKED WITH RESTA HOME HEALTH AGENCY TO ASK IF THEY HAD A SCALE TO WEIGH RESIDENT # 7 BUT THEY DO NOT. WE HAVE CHECKED ON PURCHASING A SCALE AND DUE TO EXPENSES IT CAN NOT BE DONE. THE DOCTOR IS AWARE OF THIS SITUATION AND MONITOR'S his weight VISUALLY FOR EXCESS weight

GAIN/LOSS.
 By 7/15/13 - The home will make arrangements with a facility that has the equipment to weigh resident #7 and schedule an appointment to have the resident weighed. MS 7/15/13

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

Signature of Legal Entity Representative (Required on EVERY Page) *James T. Coccarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMES T. CIOCARELLO, ADMINISTRATOR* Date *7-8-2013*

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