



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

SEP 21 2013

Ms. April M. Fulmer, Administrator  
Thomas and Diane Fulmer  
333 Ertel Road  
Williamsport, Pennsylvania 17701

RE: Fulmers Personal Care Home  
201 Woodward Avenue  
Lock Haven, Pennsylvania 17745

Dear Ms. Fulmer:

As a result of the Department of Public Welfare's licensing inspection on August 16, 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 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 28, 2013 to October 28, 2014 was issued on June 10, 2013. Your regular license remains in good standing.

Sincerely,

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

Ronald Melusky  
Director

Enclosure  
License Inspection Summary



Violation Report: 34736 - 08/16/2013 - Yellenic, Cindy  
 PCH Name: FULMERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults)

2a. DESCRIPTION OF VIOLATION  
 On August 16, 2013 the criminal background check could not be located for Staff Person A, DOH 08-22-11.

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 background check done on this staff member upon hiring was not in her file. A new background check was done on the staff member immediately during inspection. Please note that a check had been done upon hiring because a control number was recorded in her file which was given at the time that the background check was done. We also have record of this background check being paid for. We contacted the PATCH system to get another copy of the initial background check and they said they do not keep them in their system after two years. It is unclear why the background check was not in the staff member's file. In order to ensure that this does not take place again, all staff files will remain on administrator [redacted] desk until the background check is completed. This includes checks that are under review and take a couple weeks to have the details mailed to us. As is already our practice, we will not allow new staff to do any direct care duties unsupervised until their background check is done or received in the mail. Please see a copy of the new background check completed which has already been faxed to our inspector.

*The administrator shall monitor for ongoing compliance - M 9/4/13*

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jeff Fulmer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jeff Fulmer Admin.*      Date *8/30/13*

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

The above plan of correction is approved as of 9/4/13 (Date)

Plan of correction implementation status as of 9/4/13 (Date)

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

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

Violation Report: 34736 - 08/16/2013 - Yellenic, Cindy  
 PCH Name: FULMERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

Brut anti-perspirant, with a manufacture's label indicating "if swallowed or ingested call the Poison Control Center", was unlocked and accessible to residents in the public restroom by the dining area. All Residents of the home have not been assessed capable of recognizing and using poisons 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.*

All deodorant cans were removed from residents' rooms and bathrooms immediately during inspection. All deodorant cans are now only stored in the locked storage areas. Staff members have been informed that they are to carry deodorant cans with them when they are showering or dressing a resident or when they are getting them up in the morning or getting them ready for bed at night. Staff have been informed through a memo that was sent out as well as meetings with our floor supervisor [redacted] and administrator [redacted]. The cleaning staff have been informed that they are to look for deodorant cans in residents' rooms when they are cleaning in order to ensure that we continue to be in compliance with 82c. Our floor supervisor also does room checks several times throughout the year, and she is adding this to her list of things that she is checking up on. Please see a copy of the memo. We are currently contacting residents' doctors to evaluate the residents for being capable of using personal hygiene products even though they may be assessed as being unsafe around harmful chemicals.

*The administrator shall be responsible for ongoing compliance.*

*M  
9/4/13*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Jeff D. Fulmer*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jeff Fulmer Admin.* Date *8/30/13*

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The above plan of correction was approved by <u>M</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: 34736 - 08/16/2013 - Yellenic, Cindy  
 PCH Name: FULMERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.104(b)(2) - Dishes, glassware, and utensils must be clean, and free of chips and cracks.

2a. DESCRIPTION OF VIOLATION

Two dinner plates with chipped edges were observed by the Department's representatives at approximately 11:00am while on site conducting an inspection of the home's kitchen area. These dinner plates were located near the sink area, clean, stacked and ready for use at the next meal.

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 plates in the facility were immediately looked through and two other chipped plates were found. Our floor supervisor [redacted] met with all kitchen staff and informed them that they are to keep a close eye on all dishes and discard any that have cracks or chips. Third shift was also informed that they are to keep an eye out when they set the table for breakfast for any cups or plates that need to be discarded. [redacted] and [redacted] will conduct periodic inspections of the dinner ware to ensure continued compliance with 104 b2.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jeff Fulmer Admin.* Date *8/30/13*

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 (Initials)