



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 08 2013

Mr. Thomas A. Scanga, Owner/Administrator
Pine View Personal Care Facility, Inc.
P.O. Box 150
Vandergrift, Pennsylvania 15690

RE: Pine View Personal Care Facility
1113 Pine View Lane
Vandergrift, Pennsylvania 15690

Dear Mr. Scanga:

As a result of the Department of Public Welfare's licensing inspection on August 29, 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 30, 2013 to October 30, 2014 was issued on July 18, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a stylized flourish at the end.

Ronald Melusky
Director

Enclosure
License Inspection Summary

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

RECEIVED

SEP 16 2013

WEST REGION FIELD OFFICE
 Human Services Licensing

PCH Name: PINE VIEW PERSONAL CARE FACILITY		License Number: 42669
Address: 1113 PINE VIEW LANE, VANDERGRIFT, PA 15690		County: Armstrong
Administrator: Cheryl Koontz	Region: WEST	
Legal Entity Name: PINE VIEW PERSONAL CARE FACILITY INC		
Legal Entity Address: P.O. BOX 150, VANDERGRIFT, PA 15690		
Certificate(s) of Occupancy C-2 LP 04/14/1999 Labor & Industry		
Staffing Hours Resident Support: N/A Total Daily Staff: 23 Waking Staff: 17		
Type of Inspection: Full BHA Docket Number: N/A Notice: Unannounced		
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/29/2013: Mazza, Larry; McConnell, Deb		
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: 28 Number of Residents Served: 23 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: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 22 Have Mental Illness: 2 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

SEP 16 2013

1. REGULATION 55 Pa.Code §2600
2600.42(c) - A resident shall be treated with dignity and respect.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 10:00 am, an agent of the Department overheard a staff person from Medi-Home Health discussing medical information with resident #1, in the 1st floor common area in the presence of other residents.

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.

Administrator, [redacted], met personally with [redacted], the therapist from Medi. Explained the regulation to [redacted]. Also gave him a copy of the letter (copy enclosed) that was sent to [redacted] our Medirep - explaining the regulation.

- Administrator, [redacted] also held a meeting with all Pine View staff - stressing the importance of resident privacy with home health, lab draws, injections.

- In the future Pine View staff will remind any persons coming in - of resident privacy - regulation and make sure they go to residents room.

In addition, a new policy explaining this regulation (copy enclosed) has also been implemented by administrators, [redacted] and [redacted] as well as Pine View staff.

2 enclosures
① - Letter to Medi - signed off by [redacted]
② - Copy of Policy

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Koontz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz - Administrator *Cheryl Koontz* Date 9-12-13

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

The above plan of correction is approved as of 9/23/13
(Date)

Plan of correction implementation status as of 9/23/13
(Date)

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

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

SEP 16 2013

Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

There was a curtain covering only 1/2 of the window, which does not provide privacy, in the 1st floor men's bathroom.

There were no locks on the doors of the 2 common bathrooms located off the 1st floor living room.

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.

Administrator, [redacted] met with [redacted] Pine View's maintenance man - a new blind has been purchased and hung to cover the window (picture enclosed)

During the conversation - [redacted] reminded [redacted] to do a monthly check on all windows to make sure all blinds are in good working condition and all necessary windows have blinds.

locks were installed on bathroom doors cited. ms 9/23/13

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz Administrator Thom Sum Ark Date 9-12-13

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Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff member A, hired 2/2/11, did not receive training in any topics under regulation 2600.65g to include fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert and falls and accident prevention, during the 2012 training year.

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.

Administrator [redacted], met with [redacted] Monday Sept. 9, 2013 and went over all regulations in 2600.65g. Also explained to [redacted] where Pink regulation book is posted, how to use it - if she would ever want to review regulation. Staff person A received training in all topics of this regulation. ms 9/12/13

In the future [redacted] will be present at our annual meeting in December to go over 65F & G as a group.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Koontz* 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz - Administrator *Cheryl Koontz* Date 9-12-13

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Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

SEP 16 2013

1. REGULATION 55 Pa.Code §2600

2600.93(a) - Each ramp, interior stairway and outside steps must have a wheel

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was no handrail at the approximate 6" step at the external exit door from the 2nd floor.

There was no handrail at the approximate 6" step near the bottom of the wheelchair ramp.

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.

① [redacted], administrator, met with [redacted]. [redacted] explained the regulation to [redacted]. [redacted] installed a hand rail at the step. ^{ms} 9/23/13

② Hand Rail was installed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Cheryl Koontz*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz *AM* Date 9-12-13

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Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

SEP 16 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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

The cement, at the bottom, left side of the wheelchair ramp was cracked in two places. One crack was approximately 4" x 2" and the other was approximately 8" x 2", posing a tripping hazard.

(A) There was an approximate 1/4" raised area at the base of the wheelchair ramp, posing a tripping hazard.

There was a cement pad, without a barrier on either side, at the outside exit door from the 2nd floor. The pad was 6" from the ground, posing a fall hazard. It measured approximately 7 1/2' long and approximately 4' wide at one end, tapering to 3' 2" at the other end.

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) [redacted], administrator, met with [redacted] maintenance man- regarding bottom of wheelchair ramp. The two cracks were completely filled in. Area in question is now smooth and even (Picture enclosed) [redacted] will continue to monitor this area thru all weather times. In case settling or cracking reoccurs and repair is needed.

(B) A handrail was installed. picture enclosed

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Thomas Slom BDM Date 9/12/2013

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Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD
Human Services Unit

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the basement's small freezer.

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.

[Redacted], administrator - replace thermometer in freezer.
[Redacted] also met with both cooks reexplaining the regulation. Cooks will continue to make sure thermometers are always in the freezer, and always at right temperature. If thermometer is broken or lost - they are to let him know immediately and he will replace it.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Thomas Susun ADM* Date *9/12/2013*

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- Not Implemented

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(Initials)

Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY
SEP 16 2013

1. REGULATION 55 Pa.Code §2600
2600.123(b) - Copies of the emergency procedures as specified in § 2600.123(b) (emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.
WEST REGION FIELD OFFICE
Human Services Division

2a. DESCRIPTION OF VIOLATION
The home's emergency procedures and the emergency preparedness plan for the municipality were not posted in a conspicuous and public place. They were stored in the medication room.

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.
Administrator, [redacted] recopied the emergency preparedness plan for the municipality and put the copy on the bulletin board - where all of our information is posted.
In the future, [redacted] will periodically check the board to make sure no information has been removed.

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

Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz Administrator
Date 9-12-13

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Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

SEP 16 2013

1. REGULATION 55 Pa.Code §2600
2600.125(b) - Combustible materials shall be inaccessible to residents.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

At approximately 11:15 am, there was an unlocked and accessible 1/2 full propane tank attached to a gas grill in the pavilion.

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.

At the time of inspection [redacted], administrator, had [redacted] remove Propane tank from the gas grill. It will now be stored in a shed detached from Pine View.

He will only attach the tank when we are going to have a planned cook-out. The tank will then be removed immediately after cooking is complete. (There will be no smoking while cooking.)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz, administrator, Date 9-12-13

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Violation Report: 42669 - 08/29/2013 - Mazza, Larry
PCH Name: PINE VIEW PERSONAL CARE FACILITY

SEP 16 2013

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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

Resident #2 is prescribed the following medications:

- *Coumadin-4 mg-Take 1 tablet by mouth daily in the evening except Wednesdays and Sundays
- *Coumadin-6 mg-Take 1 tablet by mouth daily in the evening on Wednesdays and Sundays only

However, resident #2's August 2013 medication administration record indicates the following:

- *Coumadin-4 mg-Take 1 tablet by mouth in the evenings except Sundays
- *Coumadin-6 mg-Take 1 tablet by mouth in the evenings on Sundays only

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.

Administrators [redacted] and [redacted] held a meeting with ALL medpassers. [redacted] reviewed the correct way to document, receive an order, rewrite an order in MAR. Each staff person was given a 7 page handout on how to rewrite orders, administer meds, etc. as to be used for quick referrals. At least weekly, [redacted] will review all order changes - double checking they are written correctly. Especially checking all Coumadin changes. All staff signed (copy enclosed) indicating they understood. Checking system, documentation, MAR matching med label - etc. In addition at every staff meeting a quick review will be done. As well as all staff were reminded that anytime they have a medication question, documentation question etc they can call [redacted] at anytime. Resident #2's MAR was corrected, ms 9/23/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Cheryl Keontz Administrator	<i>Stoum Sim</i> MSM	Date 9-12-13
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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