



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 9, 2014

Ms. Joan McDowell, Administrator
St. Jude's Haven, Inc.
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904

RE: St. Jude's Haven Personal Home
307870

Dear Ms. McDowell:

As a result of the Department of Public Welfare's Human Services licensing inspection on September 6, 2013 and November 14, 2013 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summaries were found.

All violations specified on the enclosed License Inspection Summaries must be corrected by the dates specified on the License Inspection Summaries and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

Gloria Emick
Regional Licensing Administrator

Enclosure
Licensing Inspection Summaries

Violation Report: 30787 - 09/06/2013 - Rosenblat, Dale
PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600
2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
On 8/24/2013, Staff Person A, made written allegations to the Administrator about Staff Person B's abusive treatment of Residents #1 and #2. The home did not submit an incident report to the Department. The home conducted an investigation that resulted in Staff Person B's termination of employment.

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.

An error in judgment was made in not sending out a report to DPW. Police were called in and an investigation was made. Feeling this was enough to cover the situation the Administrator honestly forgot to send the report and this will not happen again.

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. - BE

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jean McDowell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JEAN MCDOWELL Admin* Date *12/23/13*

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

The above plan of correction is approved as of 1-8-14 (Date)
The above plan of correction was approved by BE (Initials)

Plan of correction implementation status as of 1-8-14 (Date)

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

Violation Report: 30787 - 09/06/2013 - Rosenblat, Dale

PCH Name: ST JUDE S HAVEN PERSONAL HOME

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

On 9/6/2013, the Medication Administration Record (MAR) for Resident #3's HCTZ 12.5mg, 1 tab daily for edema was not initialed as given.

On 9/4/2013, the MAR for Resident #3's Metoprolol ER 25mg, 1 tab daily for hypertension was not initialed as given.

On 9/4/2013, the MAR for Resident #4's Potassium Chloride, 10meq 2 tabs twice daily was not initialed as given for the 12pm dose.

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 personnel have been trained to not let anyone interrupt them while they are doing medication in the medication room since this is what caused the error. In addition to this we have put a check system in place. We hope what this will rectify the situation.

The home will amend the MAR's to ensure all required information is recorded. - SE

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Joan McDowell Adm</i>	Date <i>12/13/13</i>
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(Date)

Plan of correction implementation status as of 1-8-14
(Date)

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- Not Implemented

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

Violation Report: 30787 - 11/14/2013 - McCloskey, Jason

PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 9/12/2013, Resident #1 fell. The resident was transferred to the hospital the following morning and diagnosed with a hip fracture. The home did not report the incident to the Department.

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.

Due to the fact that resident #1 continuously slid out of bed every night onto her mat we turned the situation over to hospice which is when she was sent to hospital and admitted. We were remissed in not sending the report. We assure you this situation will never arise again. Check issues are already in place

The administrator will review the incidents required to be reported by 2600.16a with all staff. All future incidents will be reported as required. -BE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Joan Mc Dowell

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

JOAN McDOWELL

Date

12/23/13

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

Violation Report: 30787 - 11/14/2013 - McCloskey, Jason
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

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

The home has twelve cameras monitoring common areas including the two hallways containing resident rooms. The cameras in the hallways show a clear view of the resident bedroom doors. Administrator A, states that the cameras record activity for up to a month. The recording of entrances to resident rooms is a violation of resident privacy.

There are no signs posted in the home indicating that video recording is occurring.

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.

In order to alleviate this problem, we have removed the camera's out of the halls that show only the bedroom doors and nothing else. Hopefully this is a satisfactory solution to the problem. Signs have been posted in proper areas.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOAN MCDOWELL</i>	Date <i>12/23/13</i>
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The above plan of correction was approved by *JM*
 (Initials)