



NOV 18 2013

Ms. Michele Nestlerode, Administrator
Jeffco Health Services, Inc.
417 Route 28
Brookville, Pennsylvania 15825

RE: Jefferson Court
License #: 406240

Dear Ms. Nestlerode:

As a result of the Department of Public Welfare's (Department) licensing inspection on September 20, 2013 and October 7, 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 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.

Your regular license for the period November 24, 2013 to November 24, 2014 was issued on August 22, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones". The signature is written in a cursive style.

Matthew J. Jones
Acting Director

Enclosure
License Inspection Summary

Violation Report: 40624 - 09/20/2013 - McConnell, Deb
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 9/20/13, the resident support plan book, containing multiple resident support plans was unlocked and accessible on the desk in the nurses' stations.

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 support plan book was placed in the locked Chart cupboard. until a more permanent solution could be found.
- Each nurses desk has a locked kitchen storage area behind it. a shelf was placed in this room and the Support Plan book was placed on this shelf. These doors remain locked when a staff member is not in the room. (See attached pictures)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michele Nestlerode

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

MICHELE Nestlerode

Date 10/20/13

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

The above plan of correction is approved as of

10/29/13
(Date)

Plan of correction implementation status as of

10/29/13
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented *[initials]*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40624 - 09/20/2013 - McConnell, Deb
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

The home's staffing schedule indicates that only 2 staff persons work on the 12:00AM - 5:30AM shift, 1 staff person in the Secure Dementia Care Unit (SCDU) on the second floor, and 1 staff person on the first floor of the home. In event of an emergency evacuation, the home's night staffing is inadequate to meet the supervision needs of the residents. The home serves 48 resident including 24 in the SDCU. The home has identified three additional residents who are physically immobile requiring assistance in transferring, and residents #3 and #4, who are not on the SDCU, have cognitive mobility needs and use a wander guard.

For emergency evacuation, the home evacuates to two designated fire-safe areas, the SDCU residents go to one area, and the first floor residents to another area. During an emergency evacuation, staffing is inadequate to supervise residents with cognitive mobility needs while staff provide assistance to residents with physical mobility needs.

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.

- Between the hours of 12MN and 5³⁰am Jefferson Manor will send 2 staff members to Jefferson Court in the event of an emergency. One staff person will report to the rear evacuation site and one staff person will report to the front evacuation site. (See attached procedure)

- Facility Safety Director provided information to the night shift supervisors after approval from the Assistant Administrator at Jefferson Manor.

Immediately - Staff from the nursing facility who assist in drills must be available to assist in evacuating residents during an actual fire emergency, even if those staff must also assist residents from the skilled nursing facility.

By 11/30/13 - Training on the new policy and procedures will be provided to staff in both Jefferson Court and Jefferson Manor. Documentation will be kept

By 12/30/13 - A sleeping hours fire drill, supervised by the administrator, will be conducted between the hours of 12:00 a.m. and 5:00 a.m. to ensure new procedures are implemented.

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

Michele Nestlerode

Date 10/20/13

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(Date)

Plan of correction implementation status as of 10/29/13
(Date)

- Fully Implemented
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(Initials)

[Handwritten initials]
10/29/13

OCT 22 2013

Violation Report: 40624 - 09/20/2013 - McConnell, Deb
PCH Name: JEFFERSON COURT

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.107(a) - The administrator shall have a copy and be familiar with the emergency preparedness plan for the municipality in which the home is located.

2a. DESCRIPTION OF VIOLATION

Staff person A, the administrator, does not have the emergency preparedness plan for the local municipality.

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 has contacted Pine Creek Township X3 regarding the Emergency Preparedness Plan. I have spoke with and have been told this needs to come from Pine Creek Townships Phone Number is Their hours are Mon - Fri 10am - 4pm. I have not been able to speak with Pine Creek Townships Phone Number is Their hours are Mon - Fri 10am - 4pm.

- Notified Personal Care Home Operators Support Hotline of issues.

- Documentation will be kept of all attempts to retrieve the emergency preparedness plan for Pine Township. as directed by Ann Marie.

10/21/13 - Emergency plan received by home.

Immediately - The administrator shall be familiar with the plan and

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

Post copy in a conspicuous and public place.

Signature of Legal Entity Representative (Required on EVERY Page)

Michelle Nistlerode

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

Michelle Nistlerode

Date 10/21/13

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OCT 22 2013

Violation Report: 40624 - 09/20/2013 - McConnell, Deb
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 9/20/13, the home had 48 residents in personal care and a capacity of 140 residents for skilled care. The home has 130 gallons of emergency drinking water for personal care residents and skilled care residents to share. The letter from Culligan, dated 8/7/12, does not indicate that the water will be delivered as a priority in the event of a regional emergency.

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.

- Letter was obtained on 10/1/13 stating that the water will be delivered in the event of a regional emergency. (See attached copy)
- Facility now has 50 gallons of water for Jefferson Court residents only. This water is stored seperately from Jefferson Manors water & is stored on the service Hallway Behind Jefferson Court.
- The administrator will ensure that the safety director maintain the water supply. This water supply is to be used for the first 24 hours in the event of an emergency requiring its use.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michele Nestlerode

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

Michele Nestlerode

Date 10/20/13

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Violation Report: 40624 - 09/20/2013 - McConnell, Deb
PCH Name: JEFFERSON COURT

OCT 22 2013

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensure

2a. DESCRIPTION OF VIOLATION

Resident #6 has physician's orders, dated 9/1/13 and 10/1/13, indicating "call the MD if blood glucose is less than 90". The medication administration record indicates on the following dates the blood glucose reading for resident #6 was less than 90 and no documentation that the physician was notified:

- 9/28/13 (7:30AM) - glucose reading -74
- 10/3/13 (7:30AM) - glucose reading 84
- 10/7/13 (7:30AM) - glucose reading 86

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.

- Physician was notified of missed notification immediately
- Orders were changed to the following:
Check Blood Glucose 4 times a day notify MD if Blood Glucose < 70. (See attached MAR)
- Staff med techs were provided an inservice on following Physicians orders (See attached training document)

By 11/30/13 - The administrator or designee will monitor the medication administration record at least weekly to ensure physician's orders are followed, including physician notification when ordered. *ju 10/29/13*

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Violation Report: 40624 - 09/20/2013 - McConnell, Deb
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OCT 22 2013

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing


2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

The initial assessment for resident #5, dated 7/12/13, does not address the resident's history of suicidal ideation as indicated in the resident's pre-admission screening, dated 6/28/13, completed by the hospital social worker.

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.

Immediately - assessment for resident #1 will be updated to include resident's history of suicidal ideation. 

- Assessments are completed by the administrator or Resident Care Coordinator or designated person. All RASP will be checked and cosigned by either the administrator or Resident Care Coordinator to ensure the accuracy and completion.
- Policy and procedure updated to reflect above change. (See attached)

Repeat Violation: No

Date(s) of Previous Violation(s):

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Printed Name and Title of Legal Entity Representative
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