



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: July 15, 2014**

Mr. Len Capuzzi, Administrator/VP  
East Deer Personal Care Home, Inc.  
967 Freeport Road  
Creighton, Pennsylvania 15030

RE: East Deer Personal Care Home  
# 430780

Dear Mr. Capuzzi:

As a result of the Department of Public Welfare's licensing inspection on December 2, 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.

Sincerely,

A handwritten signature in black ink that reads "Susie Pollock" followed by a stylized flourish or initials.

Susie Pollock  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



MAY 1 2014

Violation Report: 43078 - 12/02/2013 - Garrigan, Laurie  
PCH Name: EAST DEER PERSONAL CARE HOME

MONITORING AND CORRECTIVE ACTION REPORT  
PREPARED BY: [unclear]

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 12/2/13, the menu posted for dinner was porcupine balls, gravy, mashed potatoes, green beans, and pie. However, hot dog, kielbasa, sauerkraut, mashed potatoes and ice cream were served. No notice was provided to the residents in advance of the meal. Staff reported the dinner menu is often substituted without notification.

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.

Any menu changes for the current day will be posted on the white board, in the dining room on each floor. The Kitchen staff will be responsible for ensuring the changes are posted for the residents.

Dietary staff will monitor the menu daily to ensure menu changes are posted in advance of a meal. 5/15/14

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) LEN CAPUZZI Date 4-24-2014

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

The above plan of correction is approved as of <u>4-15-14</u> (Date)	Plan of correction implementation status as of <u>4-15-14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 43078 - 12/02/2013 - Garrigan, Laurie  
 PCH Name: EAST DEER PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

**2a. DESCRIPTION OF VIOLATION**

Resident #2 self-administers his/her Ventolin HFA; however, this resident's medical evaluation, dated 10/10/13, indicates he/she can not self-administer medications.

**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.*

Resident #2 now has a written Rx from the PCP to self-administer the Ventolin HFA inhaler. A copy is enclosed.

The DME has also been corrected to read that Ventolin HFA inhaler can be self-administered. A copy is enclosed.

The Administrator and Nurse will review the DME when it is received. If any discrepancies are found the PCP will be contacted for clarification. If any corrections are needed they will be documented on the DME.

By 8-15-14 - The administrator or designated staff person will review all resident records to ensure all residents have been assessed of their ability of self-administering medications and that the home is administering medications to all residents that have not been assessed to self-administer medications within the last year. *smg 8/15/14*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **LEN CAPUZZI, ADMINISTRATOR** Date **4-24-2014**

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

The above plan of correction is approved as of 7-15-14  
 (Date)

Plan of correction implementation status as of 7-15-14  
 (Date)

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

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

Violation Report: 43078 - 12/02/2013 - Garrigan, Laurie  
 PCH Name: EAST DEER PERSONAL CARE HOME

MAY 15 2014

**1. REGULATION 55 Pa.Code §2600**

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

**2a. DESCRIPTION OF VIOLATION**

At approximately 12:18 pm, resident #2 was at lunch and his/her prescribed Ventolin HFA inhaler was unlocked and accessible to residents on the end table in his/her bedroom.

**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.*

Resident # 2 is permitted to self-administer the Ventoline HFA inhaler as PCP has ordered, but, is not permitted to keep the inhaler in their room. They need to ask for the inhaler, when the breathing treatment is completed the inhaler will be locked up in the med cart.

The Administrator spoke with Resident #2 and they understand that the inhaler must be locked in the med cart when not in use. They are not permitted to keep in room.

The staff is also aware that the inhaler must be kept in the locked med cart.

A designated staff person qualified to administer medications will check the home daily to ensure all medications are kept in an area or container that is locked. *Sms*  
 4/15/14

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) **LEN CAPUZZI, ADMINISTRATOR** Date **4-24-2014**

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The above plan of correction is approved as of 4-15-14  
 (Date)

Plan of correction implementation status as of 4-15-14  
 (Date)

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

The above plan of correction was approved by *Sms*  
 (Initials)