

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to DOLORES L SMITH SHARER
LEGAL ENTITY

To operate SMITH'S PERSONAL CARE HOME
NAME OF FACILITY OR AGENCY

Located at 47 FRONT STREET, P.O. BOX 65, WYALUSING, PA 18853
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE _____

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 34
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from January 31, 2014 until July 31, 2014,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 238781

Robert E. Robinson
ISSUING OFFICER


ACTING DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.



CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: JAN 31 2014

Ms. Dolores L. Smith Sharer, Owner/Administrator
P.O. Box 65
Wyalusing, Pennsylvania 18853

RE: Smith's Personal Care Home
47 Front Street, P.O. Box 65
Wyalusing, Pennsylvania 18853
License #: 238781

Dear Ms. Smith Sharer:

As a result of the Department of Public Welfare's (Department) licensing inspection on December 19, 2013 and January 7, 2014, of the above facility, the violations specified on the enclosed Licensing Inspection Summary were found.

Based on violations with 55 Pa.Code Ch. 2600, your current license #238780 dated November 1, 2013 to November 1, 2014 is REVOKED. A FIRST PROVISIONAL license is being issued based on your plan to correct the violations as specified on the Licensing Inspection Summary. This FIRST PROVISIONAL license replaces all previously issued licenses and is effective for six months from the date of issuance. The license dated November 1, 2013 to November 1, 2014 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. 1026(b)(1) and 55 Pa.Code § 20.71(a)(2) (relating to conditions for denial, nonrenewal or revocation.) Your FIRST PROVISIONAL license is enclosed.

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

Pursuant to 62 P.S. 1085-1087 and 55 Pa.Code §§ 2600.261-268 (relating to enforcement), the Department intends to assess a fine for the following violations unless fully corrected on or before the mandated correction date.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Mandated Correction Date (to avoid Fine)
42c	II	22	\$5	\$110	5 calendar days from mailing date of this letter
16c	III	22	\$3	\$66	15 calendar days from mailing date of this letter

A fine will be assessed on a daily basis beginning with the date of this letter and will continue until the violation is fully corrected, and full compliance with the regulation has been achieved. If the violation is fully corrected, and full compliance with the regulation has been achieved, by the mandated correction date, no fine will be assessed. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. The Department will conduct an on-site inspection after the mandated correction date, and within 20 calendar days of the date of this letter. If one or more violations is not fully corrected and full compliance with the regulation has not been achieved, you will periodically receive invoices from the Department's Bureau Human Services Licensing with payment instructions. The fines will continue to accumulate until the violation is fully corrected and full compliance with the regulation has been achieved.

No fine is being assessed at this time; therefore, you may not appeal any fine at this time. If a violation is not corrected and full compliance with the regulation has not been achieved by the mandated correction date, a fine will be assessed and an invoice will be mailed. This invoice will contain the right to appeal the fine.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Public Welfare in accordance with 1 Pa. Code Part II, Chs. 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Jacob Herzing, Enforcement Manager
Human Services Licensing
Department of Public Welfare
Room 631 Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,



Matthew J. Jones
Acting Director

Enclosures
License
Licensing Inspection Summary

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 The home did not report the abuse incident to the local Area Agency on Aging, that occurred on 12/29/13, where Resident #2 punched Resident #1 in the face.

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.

This regulation was violated because the home failed to contact the local Area Agency on Aging regarding the incident where Resident # 2 punched Resident # 1 in the face. To fix this violation, [redacted] Assistant Administrator, will make a form with a sign off sheet saying who to contact when an incident like this happens and the staff whom called from Smith's Personal Care Home will document on the form next to each personal or agency they contacted. The responsible party to make sure this takes part in Smith's will be [redacted] Administrator, [redacted] Assistant Administrator.

To further assist Resident # 2, [redacted] Assistant Administrator, is working with [redacted] Area Agency on Aging, by helping Resident #2 see a psychiatrist to further assist him in locating a new home. When I, [redacted] Asst. Administrator, receive the document(s) from [redacted] at Area Agency on Aging that show Resident #2's process of seeing a psychiatrist, the document(s) will be faxed into the Department as well.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 01/16/2014
---	--------------------

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

The above plan of correction is approved as of <u>1/28/14</u> (Date)	Plan of correction implementation status as of <u>1/28/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE 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

All Residents who are prescribed 7:00am medications did not receive them on 12-29-13. The medication errors were not 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.

The regulation was violated because the home did not contact the Department when there was a medication error on 12-29-2013, when resident's were not given their 7:00am medications. To fix this violation from occurring in the future, [redacted] Assistant Administrator, will make a form that tells staff of Smith's Personal Care Home whom to contact when there is an error like this. Along with the form there will be a sign off and date listed next to each personal and agency on whom the staff at Smith's needs to contact. This will insure that each personal and agency is contacted in the correct way. To make sure this happens, [redacted] Administrator and [redacted] Assistant Administrator, will see that this form is being used the correct way if an incident like this happens.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/22/2013	04/12/2013
-----------------------	-----------------------------------	------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator Date 01/16/2014

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

The above plan of correction is approved as of <u>1/28/14</u> (Date)	Plan of correction implementation status as of <u>1/28/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Staff Person B hollered and shook his/her finger at Residents #3 and #4. The verbal abuse from this staff person has been noted on more than one occurrence. These residents were not treated with dignity and respect.

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.

Regulation is important to treat each individual with dignity and respect. The regulation was violated because Staff Person B hollered and shook his/her finger at Resident's #3 and #4. To fix this violation, [redacted] Assistant Administrator, immediately spoke with Staff Person A about his/her behavior and not treating Resident's #3 and #4 with dignity and respect. [redacted] Assistant Administrator, explained to Staff Person A that he/she needs to speak to the residents like adults, even if they may not understand all of what he/she is saying.

Staff person B along with the rest of employees at Smith's Personal Care Home will be required to attend a Resident's Rights training in the upcoming month. To prevent future violations, [redacted] Assistant Administrator, is monitoring all staff behaviors towards the residents and documenting if any form of Resident's Rights are violated.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/12/2013
-----------------------	-----------------------------------	------------

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 01/23/2014
--	-----------------

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

The above plan of correction is approved as of 1/28/14
 (Date)

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

Plan of correction implementation status as of 1/28/14
 (Date)

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

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION
 Staff Person C worked on 12-19-13, from 1:00pm - 9:00pm and on 12-29-13 and 1-5-14, from 5:00am - 1:00pm. Residents were present in the home and Staff Person C was not certified in first aid, obstructed airway techniques and CPR.

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.

Regulation is important for the safety of the residents. If a resident needed CPR or First Aid at least one staff person to every 50 residents must be trained in CPR and First Aid. The regulation was violated because Staff Person C was working 12-19-2013, 12-29-2013, 1-05-2014, by her self while residents' were present in the home and Staff Person C was working alone.

The cause of the violation was Staff Person C was not trained in CPR and First Aid and was working by herself while residents resided in the home. To fix this violation immediately, the schedule has been changed so when new employees are hired on he/she are assigned to a coworker until completion of the required trainings by the Department. To prevent future violations like this from happening, new employees are required to work with a co-worker until completion of trainings. The responsible party to make sure new employees are not left alone working, are [redacted] Administrator, and [redacted] Assistant Administrator.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 01/23/2014
--	-----------------

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

The above plan of correction is approved as of <u>1/28/14</u> (Date)	Plan of correction implementation status as of <u>1/28/14</u> (Date)
The above plan of correction was approved by <u><i>mm</i></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: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

There were five residents' pre-poured medications sitting on top of the medication cart on 12-19-13. Three were labeled with the following resident's names: Resident #2, Resident #5 and Resident #6. Two cups were not labeled and Staff Person A was unable to identify the owner of the unlabeled 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.

Violation was that there were five residents' pre-poured medications sitting on top of the medication cart on 12-19-2013. Three were labeled with resident's names and the other two medication cups were not labeled and Staff Person A was unable to identify the owner of the unlabeled medications. To prevent this violation from occurring in the future, Staff of Smith's was verbally told they need to leave all medications even OTC medications in the proper labeling containers until they are directed to administer the medications. This being for the safety that all resident's of Smith's Person Care Home are receiving the proper medications as directed by their prescriber. The following party to be responsible to make sure that the staff of Smith's is following the correct format are [redacted] Administrator, and [redacted] Assistant Administrator.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 01/16/2014
--	-----------------

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

The above plan of correction is approved as of <u>1/28/14</u> (Date)	Plan of correction implementation status as of <u>1/28/14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Located on the medication cart, were five pre-poured cups of medications. Three were labeled with the following resident's names: Resident's #2, #5 and #6. Two cups were not labeled and the staff person A was unable to determine who the medications were for.

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 regulation is important so staff knows exactly what medications are prescribed to what individual resident, right dose, right time, date issued. The labels are on the medication bottles for the safety that the resident's medications are not mixed up with another individuals. This regulation was violated because there were five resident's pre poured medications in a cup sitting on top of the medication cart on 12-19-2013. Three of the five cups were labeled and two were not, Staff Person A was unable to identify the two unmarked cups.
 Cause of the violation was that Staff Person A could not identify the two pre poured medication cups. To fix this violation, employees were informed to keep all medications in their cassettes with the correct labels until the prescribed medication is ready for administering. [REDACTED] Assistant Administrator, is monitoring the medication cart to be sure all medication, including over the counter medication is in the proper labeling containers until the medication is directed to administer. This will provide the safety of the residents isn't being harmed and the prescribed medications are going to the right individual.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator Date 01/23/2014

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

The above plan of correction is approved as of <u>1/28/14</u> (Date)	Plan of correction implementation status as of <u>1/28/14</u> (Date)
The above plan of correction was approved by <u><i>MC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

All Residents who are prescribed 7:00am medications did not receive them on 12-29-13, the home did not follow the prescribers' orders. Staff Person C was not trained in medication administration and he/she was the only staff person working.

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.

This regulation is important so the residents are receiving the correct medications and following the correct directions of the prescriber. The regulation was violated because residents who were prescribed 7:00am medications on 12-19-2013, did not receive them. The home did not follow the prescribers' orders. Staff Person C was not trained in medication administration and he/she was the only staff person working. The cause of the violation was that Staff Person C was not trained to administer medications, he/she was the only one working, the directions were not followed by the prescriber because residents did not receive their 7:00am medications. To fix this violation immediately, all new employees are assigned to a coworker until his/her completion of the required trainings by the Department. If staff disobeys this, there will be an automatic written warning put into their file(s). The staff is required to follow the new Medication Error form as well if an incident like this occurs.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 01/23/2014
---	-----------------

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

The above plan of correction is approved as of 1/28/14
 (Date)

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

Plan of correction implementation status as of 1/28/14
 (Date)

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

Violation Report: 23878 - 12/19/2013 - Yelleric, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Residents did not receive their 7:00am medications on 12-29-13. The medication error's were not reported to their physician's, to the residents, or the resident's designated persons.

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.

This regulation is important so that the resident, the resident's designated person and the prescriber are all notified of the medication error's. The regulation was violated because residents did not receive their 7:00am medications on 12-29-2013. The medication error's were not reported to their physician's, to the resident's, or to the resident's designated persons. The cause of the violation was that the medication error's were not reported to their physicians, to the residents, or to the resident's designated persons. To fix this violation right away, [redacted] Assistant Administrator, made a Medication Error Contact Form. The form explains to the staff what a medication error is and a list of personals and agencies who need to be informed when an incident like this happens. The form also has a sign off sheet that way we have documentation that the staff has contacted the personals and agencies listed. A training session took place on 1-20-2014 discussing the new form. To prevent future violations from occurring, [redacted] Administrator, and [redacted] Assistant Administrator, will be monitoring the medication log to see resident's are being given their medications as prescribed. If any staff fails to follow the form if an incident like this happens, he/she(s) will be given a written warning first, second, retake the entire medication administration course.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator Date 01/23/2014

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

The above plan of correction is approved as of 1/28/14 (Date)

Plan of correction implementation status as of 1/28/14 (Date)

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

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

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff Person C was working alone on 12-19-13, 12-29-13, and 1-5-14. This staff person has not successfully completed a Department approved medications administration course that includes passing the competency test.

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.

This regulation is important because a staff person needs to have the right knowledge to correctly administer medications as prescribed to the residents. The regulation was violated because Staff Person C was working alone on 12-19-2013, 12-29-2013, 1-5-2014. This staff person has not successfully completed a Department approved medications administration course that includes passing the competency test. The cause of the violation is that Staff Person C was working alone without completing the competency test to administer medications. To fix this violation immediately, changes in the schedule have been made so that all new employees are working with coworkers until completing the approved training by the Department. To prevent future violations, the schedule will be changed immediately when a new hire starts so that he/she is working with a coworker while completing the required trainings. The responsible party to make these changes, and monitor the schedule are [redacted] Administrator, and [redacted] Assistant Administrator

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 01/23/2014
--	-----------------

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

The above plan of correction is approved as of 1/28/14
 (Date)

Plan of correction implementation status as of 1/28/14
 (Date)

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

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

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff Person C was working alone on 12-19-13, 12-29-13, and 1-5-14. This staff person does not have a certificate for successful completion of a Department approved diabetes patient education program. The home currently has four residents requiring diabetic management.

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.

This regulation is important so that staff is trained and has successfully passed the competency test for insulin injections. The regulation was violated because Staff Person C was working alone and does not have a certificate for completion of a Department approved diabetes patient education program. Our home has four residents requiring diabetic management. The cause of the violation was that Staff Person C did not complete the diabetes patient education program, and was working alone while 4 residents require diabetic management. To fix this violation immediately, changes to the schedule were made so that all new hires are always working with a co worker that has successfully completed the required trainings by the Department while working to complete his/hers. To prevent future violations, schedule changes will be done immediately when a new hire is added to our home. To monitor and make sure this doesn't happen again are [redacted] Administrator, and [redacted] Assistant Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Chelsie Calaman

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

Chelsie Calaman Assistant Administrator

Date
 01/23/2014

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

The above plan of correction is approved as of

1/28/14
 (Date)

Plan of correction implementation status as of

1/28/14
 (Date)

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

The above plan of correction was approved by

MC
 (Initials)

Violation Report: 23878 - 12/19/2013 - Yellenic, Cindy
 PCH Name: SMITH S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION
 The home did not put a positive intervention plan into place to safeguard the resident(s) from Resident #2's physical, abusive behaviors as indicated on 12/29/13 when Resident #2 punched Resident #1 in the face.

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.

This regulation is important because positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, etc. The regulation was violated because the home did not put a positive intervention plan into place to safeguard the resident(s) from Resident #2's physical abusive behaviors as indicated on 12-29-2013 when Resident # 2 punched Resident #1 in the face. The cause of the violation was that the home did not put a positive intervention plan into place to safeguard the resident(s). To fix this violation, [redacted] Assistant Administrator, has given Resident # 2 a 30 day notice on 12-29-2013. The 30 day notice is because of the violence and it is harming the safety of other residents that reside in the home. [redacted] Assistant Administrator, has been contacted by Area Agency on Aging, [redacted] in regards to Resident #2's behavior and the process of the agency finding Resident # 2 a new home. [redacted] Assistant Administrator, sent that documentation in on 1/17/2014 in regards to the process of moving Resident # 2.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Chelsie Calaman*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Chelsie Calaman Assistant Administrator	Date 1/23/2014
---	-------------------

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

The above plan of correction is approved as of <u>1/28/14</u> (Date)	Plan of correction implementation status as of <u>1/28/14</u> (Date)
The above plan of correction was approved by <u><i>MC</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input checked="" type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented