



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via e-mail: [REDACTED]

Mailing Date: April 15, 2014

Ms. April M. Fulmer, Administrator
Thomas and Diane Fulmer
333 Ertel Road
Williamsport, Pennsylvania 17701

RE: Fulmers Personal Care Home
201 Woodward Avenue
Lock Haven, Pennsylvania 17745
License # 347360

Dear Ms. Fulmer:

As a result of the Department of Public Welfare's licensing inspection on February 6, 2014 and March 12, 2014 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 34736 - 02/08/2014 - Dumas, Gerald
 PCH Name: FULMERS 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

On 9/7/13 Resident # 1 was transported via ambulance to the hospital for a head laceration which required 11 staples. The home did not send a reportable incident to the Northeast Regional Office notifying the Department of a head injury and emergency room treatment at the hospital.

On 12/17/13, Resident # 1 was transported via ambulance to the hospital for a head laceration which required 5 staples. The home did not send a reportable incident to the Northeast Regional Office notifying the Department of the resident's head injury and emergency room treatment at the hospital.

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

Please note for clarification purposes, that on 9/7/2013 Resident #1 received sutures not staples.

#1, Regulation 16 (c)

The home's policies concerning reportable incidents have been reviewed and updated. All reportable incidents, specifically 8, that have occurred since the date of the last unreported incident, have been properly reported in a timely manner to DPW, along with all other required reports to other agencies. A memo has been sent out to all staff members to inform/remind them that the administrators are to be notified immediately of a reportable incident occurring or that has occurred. This will also be discussed at our May 5 meeting. Our staff members are trained upon hire and at least yearly on this topic.

- The administrators will continue to report all incidents in a proper and timely manner. If there are incidents that we are unsure about, we will err on the side of caution and send a report to the department.

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)	Date
Jeff Fulmer admin	4/14/14

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 <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34736 - 02/06/2014 - Dumas, Gerald
 PCH Name: FULMERS PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION
 Resident #1's Assessment and Support Plan were not updated after two serious falls on 9/7/13 and 12/17/13 requiring emergency room treatments. Additionally, Resident #1's RASP was not updated noting the resident's unsteadiness, especially during situations which may have caused excitability; e.g. during fire drill evacuations and walking to the dining 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.

#2, Regulation 227 (c)

Administrator, Jeff Fulmer, was unaware that two falls in a 3 month period constituted a change in condition or frequently falling. Currently and on-going, the administrators will daily review in home reports that note falls, various injuries or health conditions requiring emergency treatment or attention. The administrators will use their best judgment to determine if the conditions/events described in the in house reports reflect a change in the resident's condition and warrant an update to the RASP. If there is any uncertainty about this, we will contact our local DPW for guidance.

The administrator shall monitor and assure ongoing compliance.

mf
 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)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jeff Fulmer admin</i>	Date <i>4/14/14</i>
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