



MAY 16 2014

Ms. Karen Haverilla, Co-Administrator
Haverilla Personal Care Home, Inc.
775 Stonetown Road
Rossiter, Pennsylvania 15772

RE: Haverilla Personal Care Home
License #: 427930

Dear Ms. Haverilla:

As a result of the Department of Public Welfare's licensing inspection on April 8, 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.

Your regular license for the period June 9, 2014 to June 9, 2015 was issued on February 28, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 42793 - 04/08/2014 - McConnell, Deb
PCH Name: HAVERILLA PERSONAL CARE HOME

MAY 02 2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

At 10:06 a.m., the metal strip across the front of the ventless gas heater in the breezeway, measured 317.0 degrees Fahrenheit.

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.

On April 8th, day of inspection, [redacted] called our carpenter to install a protective guard on the ventless gas heater. The guard was installed on April 9th and 10th. Now the heater is equipped with a protective guard so the violation will not occur again. The receipt and a picture are attached.

5-31-14 - The Administrator or designated staff person will check the protective guard at least daily while the heater is in use to ensure the surface temperature of the protective guard does not exceed 120°F. 5-7-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Karen McConnell*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Haverilla, Administrator* Date *4-29-14*

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

The above plan of correction is approved as of 5-7-14
(Date)

Plan of correction implementation status as of 5-7-14
(Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress *5-7-14*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42793 - 04/08/2014 - McConnell, Deb
 PCH Name: HAVERILLA PERSONAL CARE HOME

MAY 02 2014

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 At 9:52 a.m., the water temperature in the bathroom in building #2 measured 123.4 degrees Fahrenheit and at 10:53 a.m., the water temperature measured 123.0 degrees Fahrenheit.

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.

On April 8th [redacted] used the dialk on the hot water tank to adjust the water temperature. He then checked daily at various times for one week. The temperature stayed between 119 - 114. [redacted] will now keep a monthly log to ensure the temperature stays below 120 and this will ensure that this violation will not occur again. A copy of the log is attached.

5-31-14 - All staff persons will be educated on safe water temperatures and the risk of unsafe water temperatures to residents. Documentation of education will be kept. 5-7-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *Karen Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Karen Haverilla, Administrator* Date *4-29-14*

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

The above plan of correction is approved as of <u>5-7-14</u> (Date)	Plan of correction implementation status as of <u>5-7-14</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>5-7-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 02 2014

Violation Report: 42793 - 04/08/2014 - McConnell, Deb

PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the resident food storage room freezer.

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.

On April 8th, while inspectors were still on site, [redacted] purchased a new thermometer and placed it in the freezer. This freezer was recently put in this room and did not contain any food for the residents. The thermometer is now in place so this violation will not occur again.

5-31-14 - All STAFF persons involved in food storage and preparation will be educated on the requirements of regulation 2600.103(f) and proper food storage. Documentation of education will be kept. 5-7-14g

5-31-14 - A designated STAFF person will check all refrigerators and freezers daily to ensure thermometers are present and food is stored at the proper temperature. 5-7-14g

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Karen Haverilla

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

Karen Haverilla, Administrator

Date

4-29-14

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

The above plan of correction is approved as of

5-7-14
(Date)

Plan of correction implementation status as of

5-7-14
(Date)

Fully Implemented

Partially Implemented - Adequate Progress 5-7-14g

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

K
(Initials)

Violation Report: 42793 - 04/08/2014 - McConnell, Deb
PCH Name: HAVERILLA PERSONAL CARE HOME

MAY 02 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

Staff person B, the home's administrator, indicates fire drill evacuation times and start times are rounded off and are not the exact times.

The fire drill record does not indicate the amount of time it took for the evacuation on 1/1/14 at 2:00 p.m.

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.

██████████ will no longer round off any start times or evacuation times when entering them on his fire drill record. He will also be sure to include all times exactly and accurately. This will begin with the May 2014 fire drill. ██████████ will now be sure to do this in order for this violation to not occur again.

5-31-14 - The Admin's trailer will monitor fire drills and the fire drill record monthly to ensure proper documentation of fire drills in accordance with regulation 2600.132(c). 5-7-14

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Karen Hamilton*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Haverilla, Administrator* Date *4-29-14*

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

The above plan of correction is approved as of <u>5-7-14</u> (Date)	Plan of correction implementation status as of <u>5-7-14</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>5-7-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42793 - 04/08/2014 - McConnell, Deb
 PCH Name: HAVERILLA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

The fire drill record indicates the home has not conducted fire drills on different dates of the month. The home has routinely conducted a fire drill on the first day of each month for the period of 5/1/13 - 3/1/14 as follows:

- * 5/1/13
- * 6/1/13
- * 7/1/13
- * 8/1/13
- * 9/1/13
- * 11/1/13
- * 12/1/13
- * 1/1/14
- * 2/1/14
- * 3/1/14

RECEIVED

MAY 02 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

Fire drills will no longer be conducted on the first day of the month only. [redacted] did this as a way to remember each month. He will now decide on the first day of each month what date to conduct the drill and mark it on his calander. This method will ensure that this violation will not occur again.

5-31-14 - The Administrator will monitor fire drills and the fire drill record monthly to ensure fire drills are conducted in accordance with regulation 2600.132(g).

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Haverilla*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Haverilla, Administrator* Date *4-29-14*

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

The above plan of correction is approved as of <u>5-7-14</u> (Date)	Plan of correction implementation status as of <u>5-7-14</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>5-7-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42793 - 04/08/2014 - McConnell, Deb
 PCH Name: HAVERILLA PERSONAL CARE 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.

RECEIVED

MAY 02 2014

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Doxycycline Hyc, 100mg 1 tab daily for 30 days for infection then discontinue. The resident started the medication on 3/14/14. The April 2014 medication administration record (MAR) does not include Doxycycline Hyc.

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.

5-31-14 - A designated staff person qualified to administer medications will review all resident MARs at least monthly to ensure the proper documentation of prescription medications in accordance with regulation 2600.187(A) 5-7-14

SEE ATTACHED PAGE 7A

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Karen Havenilla*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Havenilla, Administrator* Date *4-29-14*

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

The above plan of correction is approved as of <u>5-7-14</u> (Date)	Plan of correction implementation status as of <u>5-7-14</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>5-7-14</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

MAY 02 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Re: resident #1 doxycycline violation.

Our facility and the pharmacy have collaborated to come up with a plan of action to ensure that the above violation will not occur again. The pharmacy was at fault for not including the original order and the duration of the order. Effective immediately the pharmacy will send a copy of all new prescriptions not sent directly from the facility. Pharmacy staff has been instructed to do so, and facility staff has been instructed to place this order in patients chart. In regards to the medication not being transferred over from the March MAR to April MAR, the facility will now mark any order that carries over into the next month with a red "C" on MAR. Upon reconciling the next months MAR when received from the pharmacy, the staff will transpose the order onto the following months MAR. The facility staff has been trained to carry out this procedure every month.

Karen Harvella
4-28-14

4/28/14
[Signature]
BRODER GIBSON, RPH
5-7-14 g

Violation Report: 42793 - 04/08/2014 - McConnell, Deb
PCH Name: HAVERILLA PERSONAL CARE HOME

MAY 02 2014

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION
Resident #1 is prescribed the medication, Doxycycline HYC, 100mg 1 tab daily for 30 days for infection and then discontinue. The resident started the medication on 3/14/14. The April 2014 MAR does not include Doxycycline HYC. Staff person A, the home's administrator, indicates the medication was not administered after 3/31/14.

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.

SEE ATTACHED PAGES 8A and 8B

5-31-14 - A designated STAFF person qualified to administer medications will review all resident MARs at least monthly to ensure the proper documentation of prescription medications in accordance with regulation 2600.187(c), 5-7-14g

5-31-14 - All STAFF persons qualified to administer medications will be educated on the proper procedures for medication administration including following the prescriber's orders and documentation. Documentation of education will be kept. 5-7-14g

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Karen Haverilla*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Haverilla, Administrator* Date *4-29-14*

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

The above plan of correction is approved as of 5-7-14
(Date)

Plan of correction implementation status as of 5-7-14
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *5-7-14g*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Re: resident #1 doxycycline violation.

Our facility and the pharmacy have collaborated to come up with a plan of action to ensure that the above violation will not occur again. The pharmacy was at fault for not including the original order and the duration of the order. Effective immediately the pharmacy will send a copy of all new prescriptions not sent directly from the facility. Pharmacy staff has been instructed to do so, and facility staff has been instructed to place this order in patients chart. In regards to the medication not being transferred over from the March MAR to April MAR, the facility will now mark any order that carries over into the next month with a red "C" on MAR. Upon reconciling the next months MAR when received from the pharmacy, the staff will transpose the order onto the following months MAR. The facility staff has been trained to carry out this procedure every month.

RECEIVED

MAY 02 2014

WEST REGION FIELD OFFICE
Human Services Unit

Karen Hamilton
4-28-14

4/28/14
[Signature] RPL
BRADLEY J. GIOUOTTI, RPh

5-7-14

RECEIVED *Page 88*

MAY 02 2014

WEST REGION FIELD OFFICE
Human Services Licensing

Re: resident #1 doxycycline violation.

As per the above resident not completing the full course of therapy, the pharmacy contacted the physician's office on 4/9/14 immediately after being notified by the facility that a violation occurred. Nurse staff member spoke with doctor. The 30 day course was a preventative measure. The doctor's office reviewed the patient's condition and ensured us that there were no adverse effects as a result of the patient not receiving the prescribed dosage. See attached sheet for plan of correction.

Karen L. Hammett 4-21-14

5-7-14