



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

JUL 17 2014

Ms. Joan McDowell, Administrator  
St. Jude's Haven, Inc.  
1072 Mount Airy Drive  
Johnstown, Pennsylvania 15904

RE: St. Jude's Haven Personal Home  
License #: 307870

Dear Ms. McDowell:

As a result of the Department of Public Welfare's licensing inspection on April 22, 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 20, 2014 to June 20, 2015 was issued on March 17, 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  
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: ST JUDE S HAVEN PERSONAL HOME		License Number: 30787
Address: 1072 MT AIRY DRIVE, JOHNSTOWN, PA 15904		County: Cambria
Administrator: Joan McDowell		Region: CENTRAL
Legal Entity Name: ST JUDES HAVEN INC		
Legal Entity Address: 1072 MT. AIRY DRIVE, JOHNSTOWN, PA 15904		
<b>Certificate(s) of Occupancy</b> C-2 LP 06/23/2000 Labor & Industry		
<b>Staffing Hours</b>		
Resident Support: NM	Total Daily Staff: 13	Waking Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
04/22/2014: McCloskey, Jason; OPake, Hope		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>MAY 30 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 17 Number of Residents Served: 12 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 2 Number of Hospice Residents in past year: 5	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 12 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 30787 - 04/22/2014 - McCloskey, Jason  
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

**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**

The home keeps copies of resident assessment and support plans (RASPs) on an open shelf in the lounge area. The RASPs are accessible to anyone in the home including other residents and visitors.

**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.*

To rectify this situation we are keeping RASP'S in a locked supply closet in dining room where all employee's have access to them at all times.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Joan McDowell*

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

Joan McDowell - Administrator

Date 5/28/14

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

The above plan of correction is approved as of 6-19-14  
 (Date)

Plan of correction implementation status as of 6-19-14  
 (Date)

The above plan of correction was approved by se  
 (Initials)

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

Violation Report: 30787 - 04/22/2014 - McCloskey, Jason  
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

**1. REGULATION 55 Pa.Code §2600**

2600.29a(b)(1) - A home that elects to serve one or more residents who receive hospice care and services in accordance with § 2600.29 is not required to evacuate a resident who is actively dying, during a fire drill, if all of the following are met: A physician, who is not an employee or contractor of the home, has certified in writing that the resident is actively dying and may suffer bodily injury or a hastened death as a result of participation in a fire drill.

**2a. DESCRIPTION OF VIOLATION**

Residents #1 and #2 were not evacuated during fire drills conducted in January, February, March or April of 2014. These residents did not have written certifications from a doctor stating that they were actively dying and may be injured or suffer a hastened death as a result of participating in fire drills.

**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.*

Residents #1 and #2 were in hospice care during these routine fire drills. They did have certification from doctors office and family members but were not up to the states standard. To rectify this situation all future hospice residents will have a doctors certification on letter head that will be up to states standards.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jean McDowell - Administrator* Date *5/28/14*

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The above plan of correction is approved as of <u>6-19-14</u> (Date)	Plan of correction implementation status as of <u>6-19-14</u> (Date)
The above plan of correction was approved by <u>BE</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: 30787 - 04/22/2014 - McCloskey, Jason  
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

**1. REGULATION 55 Pa.Code §2600**

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

**2a. DESCRIPTION OF VIOLATION**

The first aid kit in home's staff office lacks eye coverings.

**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.*

To rectify this situation we have provided goggles to all first aid kits. These kits will be checked monthly to ensure all contents are present and not outdated.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jean McDowell*

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

Jean McDowell - Administrator

Date 5/28/14

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

Violation Report: 30787 - 04/22/2014 - McCloskey, Jason  
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

**1. REGULATION 55 Pa.Code §2600**

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

**2a. DESCRIPTION OF VIOLATION**

- Lantus insulin for Resident #3 has an opening date of 3/18/14. Directions state, "Vials must be discarded 28 days after being opened."
- Novolog insulin for Resident #5 has an opening date of 3/14/14. Directions state, "Novolog in use - throw away an opened vial after 28 days of use even if there is insulin left in the vial."
- Anbesol cream for Resident #5 has an expiration date of 8/2012.
- Oys-Cal +D 600 mg for Resident #4 has an expiration date of 4/2013.

**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.*

*To rectify this situation staff will highlight expiration dates on all medications and do a monthly check to ensure no medication is expired. Any expired medication will be properly disposed off - We also have a calendar marked for when to order fresh insulin. Staff and administrator will double check each other to ensure nothing is outdated.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Joan McDowell - Administrator* Date *5/28/14*

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Violation Report: 30787 - 04/22/2014 - McCloskey, Jason  
 PCH Name: ST JUDE S HAVEN PERSONAL 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.

**2a. DESCRIPTION OF VIOLATION**

The medication administration records do not include a master signature key containing the full printed name, signature and initials of staff who 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.*

We were informed the master label we were using was not completely legible enough to interpret initials. We have already rectified this situation by making a master sheet on letterhead that is kept in the front of our med book. It has employee's initials, printed name, and signature. This will be kept up to date at all times.

Repeat Violation: No

Date(s) of Previous Violation(s):

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*Joan McDowell*

Printed Name and Title of Legal Entity Representative  
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Joan McDowell

Date 5/28/14

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