



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 15 2014

Mr. Timothy R. Lyne, Director of Operations  
Paxton Street Home Benevolent Society, Inc.  
2001 Paxton Street  
Harrisburg, Pennsylvania 17111

RE: Paxton Street Home Benevolent Society  
License #: 342010

Dear Mr. Lyne:

As a result of the Department of Public Welfare's licensing inspection on May 5, 2014 and May 6, 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 July 24, 2014 to July 24, 2015 was issued on April 21, 2014. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones  
Director

*MJ*

Enclosure  
License Inspection Summary



Violation Report: 34201 - 05/05/2014 - Riel, Becky  
 PCG Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Volunteer A receives room and board, medical health benefits, and a bi-weekly stipend in exchange for maintenance services in the home, beginning 2/26/2014. The home did not complete a Pennsylvania State Police Criminal Background Check. In addition, Volunteer A was not a resident of Pennsylvania 2 years prior to beginning services. The home did not complete a Federal Bureau of Investigation check according to the Older Adult Protective Services Act.

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: 2600.52: Hiring, retention and utilization of staff person shall be in accordance with the Older Adult Protective Services Act. (Edited)

Plan of correction:

Short Term: The Paxton Ministries Human Resources Coordinator completed a Pa. State Background check on 5-21-2014 for staff person "A." This criminal background check showed no offenses. An FBI background check was completed on 2-25-2014, the results of which showed no offenses. ~~If required by the Department, another FBI check will be completed in accordance with OAPSA and the results forwarded to the Regional Office by the Director of Operations as soon as they are received.~~ *JE*

Long Term:

Though they receive no compensation for their voluntary service work at Paxton Ministries, beginning on 7-1-2014, Voluntary Service staff (VS), will be considered "employees" as their service relates to any/all 2600.00 regulatory codes regarding Personal Care staff requirements. The Human Resources Coordinator will take responsibility to see that this is done.

Volunteer A's last day of work was 6/30/14. Volunteer A moved out of the facility on 7/7/14. *JE*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/06/2013
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Signature of Legal Entity Representative (Required on EVERY Page) *Timothy R. Lyne* Timothy R. Lyne

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Director of Operations* Date *05/22/2014*

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The above plan of correction is approved as of *7.8.14* (Date)

Plan of correction implementation status as of *8.4.14* (Date)

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

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

Violation Report: 34201 - 05/05/2014 - Riel, Becky  
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600  
 2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:
- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
  - (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
  - (3) Resident rights.
  - (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
  - (5) Falls and accident prevention.
  - (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION  
 Staff Person B, who is not a fire safety expert or trained by a fire safety expert, provides annual fire safety training to staff of the home.

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: 2600.65(g): Fire safety training to be completed by a fire safety expert or by a staff person trained by a fire safety expert. (Edited)

Plan of Correction:  
 Short Term: All Direct Care staff, ancillary staff, substitute personnel and regularly scheduled volunteers shall be retrained by a Fire Safety Expert or a staff person who has been trained by a fire safety expert on or before 12-1-2014.

Long Term: The staff member who has provided this training for the past 30 years for all Direct Care staff, ancillary staff, substitute personnel and regularly scheduled volunteers will be trained by one of the nine qualified entities listed on the "Supervised Fire Drill/Safety Inspection" form on or before December 1<sup>st</sup> of 2014. The Director of Operations shall take responsibility to see that this is done.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]* Timothy R. Lyne

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Director of Operations      Date 05/22/2014

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

The above plan of correction is approved as of 7.8.14  
 (Date)

Plan of correction implementation status as of 7.10.14  
 (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: 34201 - 05/05/2014 - Riel, Becky  
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION  
 The home's designated evacuation time is 4 minutes. The evacuation time for the fire drill held on 9/6/2013 at 11:10pm was 4 minutes and 5 seconds.

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: 2600.132(d): Residents shall be able to evacuate the entire building...within the period of time specified by a fire safety expert. (Edited)

Plan of Correction:  
 Short term and Long term: If at any point our fire drill evacuation time is exceeded, the Director of Operations shall conduct another random drill/time during the month in which the time was exceeded.

A fire drill was conducted at 11:10pm on 6/21/14 with 8 staff participating, which is the least number of scheduled staff working at that time. The evacuation time was 3 minutes and 49 seconds. *je*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Timothy R. Lyve*      *Timothy R. Lyve*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Director of Operations*      Date *05/22/2014*

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

The above plan of correction is approved as of <u>7.10.14</u> (Date)  The above plan of correction was approved by <u><i>je</i></u> (Initials)	Plan of correction implementation status as of <u>8.04.14</u> (Date) <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
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Violation Report: 34201 - 05/05/2014 - Riel, Becky  
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION  
 Resident #1's most current medical evaluation was completed on 1/2/2014. The previous medical evaluation was completed on 9/18/2012.

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.

141(b)1 – a resident shall have a medical evaluation at least annually.

Plan of Correction:

To prevent future violations, starting on 5/19/14, the Resident Care Manager will review the Document of Medical Evaluation schedule spreadsheet on a weekly basis to be sure that Medical Evaluations are being scheduled in the regulatory time frame and that documentation has been received from these appointments. In addition, each resident's assigned Support Coordinator will be instructed to let the Resident Care Manager know within 24 hours if the resident missed their appointment for some reason, so that the appointment can be re-scheduled ASAP. The Director of Programs will review on a bi-monthly basis any issues with obtaining medical evaluations with the Resident Care Manager.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Timothy R. Lync*      *Timothy R. Lync*

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


*Director of Operations*

Date *05/22/2014*

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Violation Report: 34201 - 05/05/2014 - Riel, Becky  
 PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY

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

2a. DESCRIPTION OF VIOLATION

Resident #2 receives a sliding scale of insulin (Novolog 100u/ml) three times per day.  
 - On 3/6/2014 @ 8am, the resident's blood sugar was 163. According to the sliding scale, 2 units should have been given, but 1 unit was documented as given on the MAR.  
 - On 3/6/2014 @ 8:30pm, the resident's blood sugar was 176. According to the sliding scale, 2 units should have been given, but 0 units was documented as given on the MAR.  
 - On 3/26/2014 @ 8am, the resident's blood sugar was 267. According to the sliding scale, 6 units should have been given, but 25 units was documented as given on the MAR.

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.

187(d) - the home shall follow the directions of the prescriber.

The three staff who documented administrations that were not in compliance with prescriber directions will be counseled on proper medication administration procedures and documentation and observed to be sure they are following correct procedure by 5/23/14. All staff trained in medication administration were given a reminder on 5/19/14 to do the proper three checks before administering medication and then verify that documentation is correct before signing off on our eMAR system. To verify that prescriber's directions are being followed, the Medication Coordinator will check the eMARs of a resident on a sliding scale insulin and two other eMARs (one from each medication cart) on a monthly basis to review for any errors and conduct correction action with any staff for whom errors are found. Any patterns of failure to follow directions will be noted and addressed.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Timothy R. Lyns* Timothy R. Lyns

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

Director of Operations

Date 05/22/2014

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The above plan of correction is approved as of

7.8.14  
 (Date)

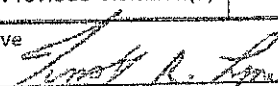
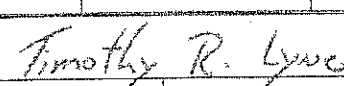

Plan of correction implementation status as of

7.8.14  
 (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: 34201 - 05/05/2014 - Riel, Becky	
PCH Name: PAXTON STREET HOME BENEVOLENT SOCIETY	
<p><b>1. REGULATION 55 Pa.Code §2600</b>                  2600.225(c) - The resident shall have additional assessments as follows:</p> <ol style="list-style-type: none"> <li>(1) Annually.</li> <li>(2) If the condition of the resident significantly changes prior to the annual assessment.</li> <li>(3) At the request of the Department upon cause to believe that an update is required.</li> </ol>	
<p><b>2a. DESCRIPTION OF VIOLATION</b>                  The most recent assessment for Resident #1 was completed on 1/9/2014, the previous assessment was completed on 10/23/2012.</p>	
<p><b>3. PLAN OF CORRECTION (POC)</b> (Attach pages as necessary. Remember that you must sign and date any attached pages.)  <i>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.</i></p> <p style="margin-left: 40px;">225(c) – the resident shall have additional assessments at least annually.</p> <p style="margin-left: 40px;">The Resident Care Manager will review the Resident Assessment and Support plan schedule spreadsheet on a weekly basis to be sure that all assessments are completed in the regulatory time frame by the Resident Support Coordinators. The Care Manager will also do a random check of 4 – 6 files a month to assure that RASPs are in updated as documented on the spreadsheet. The Director of Programs will review the RASP schedule on a bi-monthly basis with the Resident Care Manager to assure that there are no issues with RASPs being completed in the regulatory time frame.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page)	
 	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Director of Operations	
Date	
05/22/2014	
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The above plan of correction was approved by  (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