



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

AUG 07 2014

Ms. Laura Mesoraco, Administrator  
AM PM Personal Care Home, Inc.  
P.O. Box 123, 555 Adrian Road  
Delancy, Pennsylvania 15733

RE: AM/PM Personal Care Home  
License #: 407360

Dear Ms. Mesoraco:

As a result of the Department of Public Welfare's licensing inspection on June 4, 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 September 23, 2014 to September 23, 2015 was issued on June 16, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones  
Director  
*5/1*

Enclosure  
License Inspection Summary

**VIOLATION REPORT**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: AM PM PERSONAL CARE HOME		License Number: 40736
Address: P O BOX 123 555 ADRIAN ROAD, DELANCEY, PA 15733		County: Jefferson
Administrator: Laura Mesoraco		Region: WEST
Legal Entity Name: AM PM PERSONAL CARE HOME INC		<b>RECEIVED</b>  JUL 28 2014 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 555 ADRIAN ROAD PO BOX 123, DELANCEY, PA 15733		
Certificate(s) of Occupancy C-2 LP 02/25/1997 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 26	Waking Staff: 20
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Interim		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 06/04/2014: Miller-Linhart, Aiden; McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 32 Number of Residents Served: 23 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: 0 Number of Hospice Residents in past year: 2		<b>Number of Residents who:</b> Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 23 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 3 Have a Physical Disability: 0

JUL 28 2014

Violation Report: 40736 - 06/04/2014 - Miller-Linhart, Alden

PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

Telephones in bedrooms #17 and #21 do not include the number for the personal care home complaint hotline.

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.

At the time of inspection, it was discovered that outdated labels were placed on telephones in Bedrooms #17 + 21. Staff immediately replaced outdated labels with updated, recent labels that had the correct number for the personal care home complaint hotline (see attached labels)

Am/Im Manager, Administrator will monitor to assure old labels are discarded <sup>that</sup> only labels with correct numbers are used in the future

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)

Laura J. Meszner, Am/Im

Date 7/24/14

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

The above plan of correction is approved as of

7/30/14  
(Date)

Plan of correction implementation status as of

7/30/14  
(Date)

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

The above plan of correction was approved by

Violation Report: 40736 - 06/04/2014 - Miller-Linhart, Alden  
PCH Name: AM PM PERSONAL CARE HOME

JUL 23 2014

1. REGULATION 55 Pa.Code §2600  
2600.103(g) - Food shall be stored in closed or sealed containers.

WEST REGION FIELD OFFICE  
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There were two large bags of cereal, opened and unsealed stored in the cupboard next to the refrigerator in the rear kitchen.

There were two uncovered containers of milk in the rear kitchen refrigerator.

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.

AM/PM Manager + Owner/Administrator - discarded all opened + unsealed bags of cereal as well as the uncovered containers of milk in the rear kitchen refrigerator.

Staff were instructed to label + date all opened items and were also instructed to cover + date containers of milk they pour into smaller containers to use as cream during daily meals.

AM/PM Manager + Administrator will monitor daily to assure compliance.

(See attached labels to be utilized by staff.)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative  
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Laura J. Mesocco, Owner/Admin.

Date

7/24/14

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*[Handwritten Initials]*  
(Initials)

JUL 28 2014

Violation Report: 40736 - 06/04/2014 - Miller-Linhart, Alden  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

The fire drill record for the drill conducted on 5/28/2014 indicates that there were 22 residents in the home; however only 20 were evacuated.

The exact evacuation times for fire drills are not recorded on the fire drill log. According to staff person A, the administrator, the times are rounded up or down to the nearest whole number as follows:

- 1/14/2014 - 4 minutes
- 3/2/2014 - 4 minutes
- 4/1/2014 - 3 minutes
- 5/27/2014 - 3 minutes

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.

1. AM/PM Administrator (Staff Person A) instructed Day to Day Manager to record the actual time it takes for evacuation of residents during a fire drill & not to round to the nearest whole number.
2. AM/PM Administrator (Staff Person A) corrected the information recorded on the fire drill log on 5/28/14 as 20 residents in the home at the time of fire drill (see attached).
3. Staff Person A will monitor fire drill logs to assure on-going compliance. (Please see attached indicating times of fire drills since 6/4/14)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
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*L.J. Mesoro*

Printed Name and Title of Legal Entity Representative  
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Laura J. Mesoro, Owner/Adm

Date 7/24/14

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PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

A container of Triamcinolone Acetonide cream was unlocked and accessible to residents in resident #1's bedroom.

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.

Triamcinolone Acetonide cream for Resident #1 is ordinarily kept locked in the medicine cart.

It was discovered that staff mistakenly left it in the resident's room on the day of the inspection.

AM/PM Manager & Administrator talked to responsible staff & reminded them that all medication for Resident #1 needs to be kept in locked medicine cabinet.

AM/PM Administrator removed the cream from Resident #1's room & locked it in the medicine cart. AM/PM manager will monitor daily to assure this cream is locked.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Laura J. Mesoraco*

Printed Name and Title of Legal Entity Representative  
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Laura J. Mesoraco, Owner/Adm

Date 7/24/14

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