



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

JUL 21 2014

Ms. Jessica Scheffner, Secretary of Corporation
Mrs. Bush's Personal Care Home, Inc.
302 Kunkletown Road, P.O. Box 327
Kunkletown, Pennsylvania 18058

RE: Mrs. Bush's Personal Care Home I
License #: 228350

Dear Ms. Scheffner:

As a result of the Department of Public Welfare's licensing inspection on June 10, 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 August 3, 2014 to August 3, 2015 was issued on May 13, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

MH

Enclosure
License Inspection Summary

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

PCH Name: MRS BUSH S PERSONAL CARE HOME I		License Number: 22835
Address: PO BOX 327 302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Jessica Scheffner		Region: NORTHEAST
Legal Entity Name: MRS BUSH'S PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 327 302 KUNKLETOWN RD, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
I-1 & R-2 03/24/2014 Eldred Twp. Monroe Co.	C-2 LP 10/10/1995 PA L&I	C-2 LP 04/13/1998 PA L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 48	Waking Staff: 36
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/10/2014: O'Haire, Anne; Hummel, Jesse		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 70	Number of Residents who:	
Number of Residents Served: 42	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 80 Years of Age or Older: 42	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 6	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 3		

Violation Report: 22836 - 06/10/2014 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION
 On 6/27/13 the facility made an addendum to the resident home contract for resident # 1, increasing the monthly rent from \$2,300.00 to \$2,650.00. The increase was effective on 7/1/13. The contract addendum was not signed by the resident; the resident's designated person or the payer as required.

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.

For future compliance the facility will obtain signatures on all contract addendums. Our contract states that payment of the new fee serves as confirmation of the receipt of the addendum. However, for future ongoing compliance the administrator will be responsible to obtain signatures of the resident and/or designated person on contract addendums.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner* Date *7/7/14*

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

The above plan of correction is approved as of <u>7/8/14</u> (Date)	Plan of correction implementation status as of <u>7/8/14</u> (Date)
The above plan of correction was approved by <u><i>M</i></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: 22835 - 06/10/2014 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2600.25(c)(10) - The contract shall include a statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

2a. DESCRIPTION OF VIOLATION

The contract for resident #1 does not include a statement that the resident is entitled to at least 30 days advanced written notice of the home's request for a change in the contract.

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.

The contract for every resident admitted to the facility does include a statement that the resident is entitled to at least 30 days' advance notice of the home's request to change the contract. See the attached copies of page 3 of the admission agreement and page 2 of admission agreement addendum, in which this is stated.

violation
 withdrawn
 Bob B.
 7/2/14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Classica Scheffner

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

Classica Scheffner, Administrator

Date

6/23/14

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

Plan of correction implementation status as of _____
 (Date)

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

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

Violation Report: 22835 - 06/10/2014 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

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

On 4/11/14 the facility held a fire drill. Department Representatives determined through reviewing the facility's fire drill record that there were 41 residents present at the time the alarm sounded. As per the fire drill records, only 40 residents actually evacuated during this fire drill. It was determined through an interview with staff person "A", that this was a documentation error and all 41 residents were in fact evacuated.

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.

As stated above, the number of residents documented as being evacuated in this drill on 4/11/14 was human error. It was not a case of 1 resident not being evacuated. We are aware that all residents are required to be evacuated. The administrator will be responsible for reviewing fire drill records to ensure proper documentation. This documentation error was corrected at the time of inspection.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Schaffer*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Schaffer, Administrator* Date *6/23/14*

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Violation Report: 22835 - 06/10/2014 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

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

Resident #2's Medication Administration Record for the month of June 2014 did not have a diagnosis or purpose listed with their Omeprazole 20 mg cap. to be taken 1 cap daily by mouth.
 Resident #3's Welchol 3.75 mg packet to be mixed with water and to be given as a drink at 5:00 pm daily was not initialed as being given on 06-02-14.
 Resident's #3's Systane Gel eye drops, instill 1 drop in each eye at bed time was not initialed as being given on 06-02-14.

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.

Facility is aware of requirement to have a diagnosis or purpose listed with each medication. This is evidenced by the fact that every other medication on the M.A.R.'s had diagnoses listed. This instance was a case of human oversight and was corrected at the time of inspection. Nursing supervisors and medication aides are responsible to review M.A.R.'s and monitor for continued compliance. As for resident #3, medication aides routinely practice careful documentation, however in this instance omitted initials after administering these 2 meds on 6/2/14.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Schaffner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Schaffner, Administrator* Date *6/23/14*

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Continued documentation from page 5 of 6:

Upon interviewing the medication aide who had been on duty she seemed to recall that she may have been interrupted by a visitor to the Home around that time and made the error of not completing her documentation.


7/2/14

Jessica Scheffner

Jessica Scheffner, Administrator

6/23/14

Violation Report: 22835 - 06/10/2014 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION

The narcotic count sheet for resident #4's Oxycodone APAP 5-325 mg Tab. to be taken by mouth at 07:00am, had evidence that white out correction fluid was used to make a correction on 05-31-2014 at 07:00am.

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.

Effective 6/23/14 all white out/correction tape has been removed from the Med carts and Medication rooms. Staff have been inserviced on correct methods for documenting an error and further instructed not to utilize white out to correct documentation errors. Nursing supervisors and or administrator is responsible for ensuring that correction tape is not utilized.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Schefner*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Schefner, Administrator* Date *6/23/14*

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 (Date)

Plan of correction implementation status as of 7/2/14
 (Date)

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

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