



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 3, 2014

Mr. Alex Mains, Administrator
Penn Assisted Care, LLC
68 Main Street
Pennsburg, Pennsylvania 18073

RE: Penn Assisted Care
License # 139050

Dear Mr. Mains:

As a result of the Department of Public Welfare's Adult Residential licensing inspection on August 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. As soon as each violation is corrected, notify the Department's Regional Office of Human Services Licensing so that compliance can be verified.

Sincerely,

A handwritten signature in cursive script that reads 'Roslyn Brewer DC'.

Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

PCH Name: PENN ASSISTED CARE		License Number: 139050
Address: 68 MAIN STREET, PENNSBURG, PA 18073		County: Montgomery
Administrator: Alex Mains		Region: SOUTHEAST
Legal Entity Name: PENN ASSISTED CARE LLC		
Legal Entity Address: 68 MAIN STREET, PENNSBURG, PA 18073		
Certificate(s) of Occupancy nm nm		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 08/01/2014: Keelty, Jennifer; Braswell, Natasha		
Off-Site Inspection Dates and Inspectors, if Applicable 08/08/2014: Keelty, Jennifer		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 33 Number of Residents Served: 30 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: 1 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 8 Are 60 Years of Age or Older: 17 Have Mental Illness: 20 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 13905 - 08/01/2014 - Keely, Jennifer
 PCH Name: PENNASSISTED CARE

1. REGULATION 65 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 resident records are stored in the administrator's office. On 8/1/2014, an unauthorized person was in the office, unattended, leaving the records accessible.

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 unauthorized person works as a volunteer at the facility. The administrator will provide the necessary training to the volunteer. In addition, the Administrator will train the volunteer and all primary staff on HIPPA regulations *10/14/14*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Maicos, Administrator</i>	Date <i>10/14/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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)	<input type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 13905 - 08/01/2014 - Keely, Jennifer
 PCH Name: PENN ASSISTED CARE

1. REGULATION 65 Pa.Code §2600
 2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION
 While talking with Staff Member A, a Department Representative observed Resident # 1 approach Staff Member B for assistance. Staff Member B responded in a sharp tone and walked past Resident # 1 without stopping to address the resident's need.

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.

Staff person B was on her way to attending another Resident in an emergency when Resident #1 approached her and staff person B stated "I can't right now." The sharp tone observed by the Department Representative is subjective, as staff person B did not verbally state anything offensive. In order to address the tone used by staff toward Residents the Administrator will arrange for a mandatory sensitivity training that staff person B and all other primary staff must attend. 11/19/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Mains, Administrator</i>	Date <i>10/14/14</i>
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The above plan of correction is approved as of <i>11/19/14</i> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <i>JB</i> (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: 13905 - 08/01/2014 - Keely, Jennifer	
PCH Name: PENN ASSISTED CARE	
1. REGULATION 65 Pa.Code §2600 2600.85(a) - Sanitary conditions shall be maintained.	
2a. DESCRIPTION OF VIOLATION On 8/1/2014, at 10:00 AM, there was a pungent odor in the basement and in the first floor living area.	
3. PLAN OF CORRECTION (POC) (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>Upon the exit interview department representatives were unable to identify the source of the odors, stating that they were no longer there, but had been during inspection. The Administrator was able to identify the odor in the first floor living area as coming from the aquarium containing two turtles that staff maintains for the Residents. The Administrator was unable to identify the odor in the basement and has concluded that the smell was likely from freshly soiled laundry that was not yet washed, since the basement contains the laundering facilities. The Administrator will remove the aquarium, and will continue to monitor the basement for persistent odors. In addition, the Administrator will provide air fresheners for both of these areas.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alex Mauros</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Mauros, Administrator</i>	Date <i>10/14/14</i>
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The above plan of correction was approved by <u><i>AB</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: 13905 - 08/01/2014 - Keely, Jennifer
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The toilet seat in the first floor bathroom is loose.

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 toilet seat in the first floor bathroom has been tightened. Staff persons working overnight will inspect toilet seats once a night and provide any required maintenance or replacement necessary to ensure that they are in good repair. 9/19/14

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mains, Administrator* Date *10/14/14*

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Violation Report: 13905 - 08/01/2014 - Kealty, Jennifer
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.98(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 administrator reports taking the home's only first aid kit with him while providing transport to residents. This leaves the home without a first aid kit.

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 Administrator was transporting low income Residents who were unable to obtain alternate transportation to their appointments. This is not a service provided by Penn Assisted Care, and was only provided by the Administrator at his own will. The Administrator and any other staff persons will no longer provide transport to Residents under any circumstances, and the first aid kit will not leave the facility. In addition, staff persons working overnight will inspect the first aid kit weekly to ensure that it is present and contains all of the required items.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Mawas, Administrator* Date *10/14/14*

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Violation Report: 13905 - 08/01/2014 - Keely, Jennifer
PCH Name: PENN ASSISTED CARE

1. REGULATION 65 Pa.Code §2600
2600.101(j)(1) - Each resident shall have the following in the bedroom: A bed with a solid foundation and fire retardant mattress that is in good repair, clean and supports the resident.

2a. DESCRIPTION OF VIOLATION
50% of Resident # 2's mattress was covered in liquid stains as well as fresh liquid.

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.

Resident #2's mattress will be replaced. The Administrator will make mattress protectors available to staff to prevent staining to mattresses from incontinence. First shift staff will inspect Resident's mattresses to ensure mattress protectors are present. 11/19/14

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Mavis, Administrator</i>	Date <i>10/14/14</i>
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The above plan of correction was approved by <i>JB</i> (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: 13905 - 08/01/2014 - Keelty, Jennifer
PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
2600.101(j)(3) - Each resident shall have the following in the bedroom: Pillows, bed linens and blankets that are clean and in good repair.

2a. DESCRIPTION OF VIOLATION
Resident # 2's pillow case was marked with several blood stains.

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.

Resident #2's pillow case has been replaced. First shift staff will inspect Resident's linens to ensure that they are clean and in good repair. *8/19/14*

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Alex Mains</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Mains, Administrator</i>			Date <i>10/14/14</i>
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Violation Report: 13905 - 08/01/2014 - Keely, Jennifer
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.182(c) - Medication administration includes the following activities, based on the needs of the resident:
 (1) Identify the correct resident.
 (2) If indicated by the prescriber's orders, measure vital signs and administer medications accordingly.
 (3) Remove the medication from the original container.
 (4) Crush or split the medication as ordered by the prescriber.
 (5) Place the medication in a medication cup or other appropriate container, or in the resident's hand.
 (6) Place the medication in the resident's hand, mouth or other route as ordered by the prescriber, in accordance with the limitations specified in § 2600.182(b)(4).
 (7) Complete documentation in accordance with § 2600.187 (relating to medication records).

2a. DESCRIPTION OF VIOLATION
 On 8/1/2014, at 8:00 AM, the home neglected to observe Resident # 3 ingest his/her medication. Resident # 3 requires this assistance to take Levohydroxyn Tab 88 MCG. The resident had the medication in his/her pant pocket at 11:00 AM on 8/1/2014.

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 Administrator will provide training to medication administration trained staff as to the importance of observing Residents swallowing medications, and the practice known as "cheeking." 11/19/14

Repeat Violation: Yes	Date(s) of Previous Violation(s):	04/23/2014
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Alex Marios*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Alex Marios, Administrator* Date *10/14/14*

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Violation Report: 13905 - 08/01/2014 - Keelily, Jennifer
PCH Name: PENN ASSISTED CARE

1. REGULATION 56 Pa.Code §2600
2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION
On 8/1/2014, the home identified a pre-admission screening form dated 8/24/2013 as a form for Resident # 4, admitted 9/3/2013. The form did not have the resident's name on it.

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.

Resident #4's preadmission screening has been updated. The Administrator will review all preadmission screenings upon admission to ensure they contain all the required items.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Alex Mains, Administrator* Date *10/14/14*

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Violation Report: 13905 - 08/01/2014 - Keelly, Jennifer
 PCH Name: PENN ASSISTED CARE

1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
 Resident # 5 utilizes home health aide services. The resident's support plan does not reflect this service.

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.

Resident #5's support plan has been updated. The Administrator or an appointed designee will review all Resident support plans on a weekly basis to ensure they contain all pertinent items related to each Resident's provided care.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Alex Mains, Administrator</i>	Date <i>10/14/14</i>
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