



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: November 18, 2014

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

RE: AM/PM Personal Care Home
407360

Dear Ms. Mesoraco:

As a result of the Department of Public Welfare's licensing inspection on August 26, 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.

Sincerely,

A handwritten signature in black ink that reads "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing 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		RECEIVED OCT 30 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		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 32	Waking Staff: 24
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
08/26/2014: McConnell, Deb		
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: 32 Number of Residents Served: 28 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: 2		Number of Residents who: Receive Supplemental Security Income: 5 Are 60 Years of Age or Older: 28 Have Mental Illness: 3 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0

OCT 30 2014

Violation Report: 40736 - 08/26/2014 - McConnell, Deb
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1 is not currently prescribed Humalog Insulin 75/25 KWP. However there was a vial of Humalog Insulin belonging to resident #1 in the medication cart.

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.

Day to Day Manager discovered, upon inspection of Resident #1's insulin, that the Humalog 75/25 KWP was not ordered by AM/PM but was brought by the Resident from a previous nursing home where he was a resident.

Day to Day Manager immediately discarded the Humalog 75/25, and will continue to monitor medication to assure discontinued, and expired medications are disposed of properly.

12-1-14 - The Administrator or designated staff person will audit the home's medication cart at least monthly to ensure compliance with regulation 2600.183(f). 11-14-14

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

Signature of Legal Entity Representative (Required on EVERY Page) *L.J. Mesoraco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura J. Mesoraco Date 10/27/14

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

The above plan of correction is approved as of 11-14-14 (Date)

Plan of correction implementation status as of 11-14-14 (Date)

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

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

Violation Report: 40736 - 08/26/2014 - McConnell, Deb
PCH Name: AM PM PERSONAL CARE HOME

08 30 2014

1. REGULATION 55 Pa.Code §2600

WEST REGION FIELD OFFICE
Human Services Licensing

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 #1 is prescribed Novolog Flexpen, 100 unit/ML, sliding scale as indicated; inject units four times daily if Blood Glucose:

- 111-149 = 3 unit
- 150-199 = 4 unit
- 200-249 = 8 unit
- 250-299 = 12 units
- 300-349 = 14 unit
- 350-399 = 16 units
- >400 = Call physician

On multiple occasions, including the following dates and times the blood glucose levels were not documented anywhere:


- * 8/2/14 - 12:00 p.m., 4:00 p.m., 8:00 p.m.
- * 8/3/14 - 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m.
- * 8/4/14 - 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m.
- * 8/5/14 - 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m.
- * 8/6/14 - 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m.
- * 8/7/14 - 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m.
- * 8/8/14 - 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) *(See attached MAR's)*

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 were utilizing paper MAR's to record blood glucose levels + were not recording levels on the computerized MAR. The paper MAR's were discarded. Staff were re-oriented + made aware to record levels on computerized MAR.

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)* Loretta J. Meroraco Date 10/27/14

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

The above plan of correction is approved as of 11-14-14 (Date)

Plan of correction implementation status as of 11-14-14 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *p.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

12-1-14 - The Admin's trustee or designated staff person will monitor all resident MAR's monthly to ensure compliance with regulation 2600.187(A). 11-14-14

Violation Report: 40736 - 08/26/2014 - McConnell, Deb
PCH Name: AM PM PERSONAL CARE HOME

08/27/2014

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Novolog Flexpen, 100 unit/ML, sliding scale as indicated; inject units four times daily if Blood Glucose:
111-149 = 3 unit
150-199 = 4 unit
200-249 = 8 unit
250-299 = 12 units
300-349 = 14 unit
350-399 = 16 units
>400 = Call physician

On 8/1/14, at 8:00 a.m. resident #1's blood glucose reading was 117. Per the physician's order, the resident is prescribed 3 units of insulin as per sliding scale. At this time, no Novolog was administered.

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.

on 8/1/14, at 8:00 am staff did not administer 3 units of insulin to Resident #1. Day to Day Manager met with appropriate staff and discussed this medication error and completed necessary medication error report. (See attached.)
Staff was oriented again to the sliding scale for Resident #1.

Day to Day Manager will complete on-going medication administration/MAR reviews to assure compliance.

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. Mesoraco

Date 10/27/14

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

The above plan of correction is approved as of 11-14-14
(Date)

Plan of correction implementation status as of 11-14-14
(Date)

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

The above plan of correction was approved by [Signature]
(Initials)