



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

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

Ms. Dustin Miller, Administrator/ Owner  
Rebecca S Personal Care Home, Inc.  
118 Masters Avenue  
Everett, Pennsylvania 15537

RE: Rebecca's At Everett  
# 324071

Dear Mr. Miller:

As a result of the Department of Human Services' licensing inspection on September 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.

Sincerely,

A handwritten signature in cursive script that reads "Jaime Erb".

Jaime Erb  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary



Violation Report: 324071- 09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.25(a)(1) - Prior to admission, or within 24 hours after admission, a written resident-home contract (contract) between the resident and the home shall be in place.

2a. DESCRIPTION OF VIOLATION  
 Resident #1, admitted 6/12/14, did not have a resident-home contract completed until 6/25/14.  
 Resident #2, admitted 8/06/14, did not have a resident-home contract completed until 8/19/14.

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.

This regulation is important to protect the home and so the resident knows what is expected of them as far as payment, home rules, etc. The contract was given to Area Agency on Aging to be filled out with [redacted]. They forgot to go over it with her and have her sign it I then had to have [redacted] sign another contract later than her admit date. I can not change her sign date so from now on I will have any new resident sign the contract before or on admit date personally. Terushia Jackson administrator will be responsible for preventing future violations

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson*

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

Date *10/20/14*

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

The above plan of correction is approved as of 12/2/14  
 (Date)

Plan of correction implementation status as of 12/2/14  
 (Date)

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

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

Violation Report: 324071- 09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

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  
 The contract for resident #1 was not signed by the resident.  
 The contract for resident #3 was not signed by the resident.

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.

*I was under the impression that if a resident was unable to sign that their POA or designated person could sign for them. For resident 3 I had her son sign the contract. To remedy this I had her put an 'X' on her contract. In the future I will have all residents either mark or sign the contract.*

*Regarding Resident #1 it was the same thing. I was under the impression that her caseworker from Area on Aging was allowed to sign for [redacted] I did have [redacted] sign her contract as well.*

*The administrator will ensure all contracts are signed on or prior to admission date.*

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Signature of Legal Entity Representative  
 (Required on EVERY Page)

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

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

Plan of correction implementation status as of 12/2/14 (Date)

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

Violation Report: 924071-09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION  
 On 8/01/14 until 9/03/14, during the home's designated 3rd shift from 10:00pm to 6:00am, 18 residents were present in the home. During this time, no staff persons were present in the home who were certified in first aid and CPR.  
 On 9/01/14 & 9/02/14, from 6:00am to 8:30am, 18 residents were present in the home. During this time, staff person A worked alone in the home and was not certified in first aid.

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.

This is very important in case of emergencies at the facility. It ensures that our residents will receive adequate care in case of an emergency. At the time of inspection I did not realize some of our staff had expired CPR or First Aid. I scheduled a class for all staff without CPR and first aid. The schedule will require to ensure that a staff member with the training was on each shift. To prevent this from occurring again, I include's CPR + First aid verification with our quarterly Quality Management meets and I keep copies of all staff member's cards w/ the binder for quality mgmt. The administrator will be responsible for this task.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Teresa Jackson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Teresa Jackson Administration*      Date *10/20/14*

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Violation Report: 324071-09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 According to staff person B, the home uses a "facility-wide" glucometer for residents who do not have their own equipment.

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.

Sanitation is very important to our staff and we take it very seriously. Staff person B was under the impression that as long as the glucometer was cleaned between uses and a few lancet and strip was used the glucometer was sanitary. We immediately made sure each resident had their own glucose testing kit. We labeled the kits with the resident's name. All staff members were informed to only use the resident's kit on that patient/resident and to never share meters. The Resident Care Directors will be responsible for making sure each resident has their own glucose testing kit and that they each include a meter, alcohol swabs, strips, and lancets.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson - Administration*      Date *10/20/14*

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Violation Report: 324071-09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
 All fire extinguishers in the home have not been inspected by a fire safety expert since February 2013.

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 goal is to ensure that in the case of a fire emergency the fire extinguishers will perform correctly and effectively. The tags on the extinguishers were read incorrectly. We thought that they were not due for inspection until November of 2014.

To correct this we had Liberty Fire Solutions LLC come to the home and replace all fire extinguishers in the home. Each extinguisher has a new tag.

The administrator will be in charge of getting them inspected each year.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Tenushia Jackson*

Printed Name and Title of Legal Entity Representative      Date *10/20/14*  
 (Required on EVERY Page) *Tenushia Jackson - Administration*

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 (Date)

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

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- Not Implemented

Violation Report: 32407 - 09/04/2014 - Minnich, Ron PCH Name: REBECCA SAT EVERETT	
1. REGULATION 55 Pa.Code §2600 2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.	
2a. DESCRIPTION OF VIOLATION Resident #1 was admitted on 6/12/14. A medical Evaluation has not been completed for the resident.	
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>Resident #1 was given an exam and the doctor filled out an MASI form instead of the medical evaluation. This regulation is important to ensure that our residents are medically qualified to be in a personal care home and don't require skilled care. I thought that the MASI was acceptable since it is almost the same as the DME. In order to mend this error I faxed a copy of the DME to Resident #1 physician to be filled out. In the future I will make sure that the appropriate form is filled out for each new resident.</p> <p>The administrator will be in charge of this task.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>[Signature]</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terushia Jackson - Admin</i>	Date <i>10/20/14</i>
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>12/2/14</u> (Date)	Plan of correction implementation status as of <u>12/2/14</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 324071- 09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION  
 On 9/04/14, Ondansetron Hcl 4mg, Loperamide 2mg and Acetaminophen 325mg, prescribed for resident #4, were located in the home's medication cart; however, the medications were not listed on the MAR. The pharmacy confirmed that the medications were discontinued.

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.

*It's important that only current medications be kept in the home. To ensure the safety and well-being of the residents. It lowers the chance of medication errors. The resident care directors had those medications discontinued for resident #4 and failed to send them back to the pharmacy. To prevent this from happening again, we have installed a container in the bottom of the medication cart for discontinued medications. Resident care directors are responsible for ensuring that all discontinued medication is sent back to the pharmacy the same day they are discontinued.*

Repeat Violation: No      Date(s) of Previous Violation(s): 04/30/2014

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson*      Date *10/20/14*

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Violation Report: 32407- 09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
 The home did not have the PRN medication, Dulcolax 5mg, available for resident #4 at the time of the inspection.  
  
 The home did not have the PRN medication, Lactulose 10gm, Milk of Magnesia and Dulcolax 5mg available for resident #5 at the time of the inspection.

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.  
*(PRNs)*  
 It is important that all prescribed medications be in the home for the resident in case they need them. In this case the resident had the medication here and it expired. The medication was thrown out but was not replaced since the resident wasn't using the med at the time. From now on if a medication is a PRN it must be verified during med cart change over twice a month that it's in the med cart. The resident care directors will be responsible for this.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Teresa Jackson*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Teresa Jackson*      Date *10/20/14*

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 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 324071- 09/04/2014 - Minnich, Ron  
 PCH Name: REBECCA S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION  
 The home did not have the prescribed *Boost supplement*, to be given 2 times daily to resident #5 from 9/01/14 through 9/04/14.


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.

It is important to follow the direction of the prescriber to ensure good health with our residents. The Boost for resident #5 was purchased by his family. We called the family before resident #5 ran out of Boost. The family lives out of the area and could not bring any into the home for a couple days. Resident #5 son asked for the Boost to be discontinued since his father doesn't have issues with eating. Staff contacted his physician and had it discontinued. In the future if the families are supplying prescribed supplies they will have to have them in the home before the resident runs out. Otherwise we will have to order it at the family's expense. Resident care directors will be in charge of making sure all prescribed medications are in the building.

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)

Terushia Jackson Administrator

Date

10/20/14

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

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12/2/14  
 (Date)

Plan of correction implementation status as of

12/2/14  
 (Date)

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

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 (Initials)