



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

OCT 3 1 2014

Ms. Michele Nestlerode, Administrator
Jeffco Health Services, Inc.
417 Route 28
Brookville, Pennsylvania 15825

RE: Jefferson Court
License #: 406240

Dear Ms. Nestlerode:

As a result of the Department of Public Welfare's licensing inspection on September 11, 2014 and September 12, 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 November 24, 2014 to November 24, 2015 was issued on August 6, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

MJ

Enclosures
License
License Inspection Summary

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

PCH Name: JEFFERSON COURT		License Number: 40624
Address: 417 RT 28, BROOKVILLE, PA 15825		County: Jefferson
Administrator: MS. MICHELLE NESTLERODE		Region: WEST
Legal Entity Name: JEFFCO HEALTH SERVICES INC		
Legal Entity Address: 417 RT. 28, BROOKVILLE, PA 15825		RECEIVED
Certificate(s) of Occupancy C-2 LP 02/09/1999 Comm. of PA Dept. L&I		OCT 14 2014 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 74	Waking Staff: 56
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/11/2014: Pollock, Susan; Miller-Linhart, Alden 09/12/2014: Pollock, Susan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 48 Number of Residents Served: 46 Secured Dementia Care Unit in Home: Yes Area: SECOND FLOOR Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 21 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 46 Have Mental Illness: 1 Have an Intellectual Disability: 3 Have a Mobility Need: 28 Have a Physical Disability: 1

Violation Report: 40624 - 09/11/2014 - Pollock, Susan
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

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
Resident #1 is prescribed Biofreeze Gel as needed for pain and Bisacodyl Suppository 10mg as needed for constipation. On 9/12/14 at approximately 1:10 p.m., the medications were not available in the home for administration.

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 ALL med Carts were audited/cleaned/organized by administrator & RCC on 9/27/14 & 10/11/14

② Med cart audit forms reviewed w/ 11pm-7am shift
(See ATTACHED form & directions)

③ Med cart audits will be completed weekly on Saturdays by 11-7 shift. Once completed they will be given to the administrator for review and follow up.

④ Medications above were ordered for Resident #1

11-15-14 - All STAFF persons qualified to Administer medications will be educated on the home's policy and procedures for ensuring all prescribed medications are AVAILABLE in the home for Administration and the proper procedures for ordering medications. Documentation of education will be kept. 10.16.14

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Michele Nestlerode LPN, PCNA

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

Michele Nestlerode

Date 10/13/14

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

The above plan of correction is approved as of 10-16-14
(Date)

Plan of correction implementation status as of 10-16-14
(Date)

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

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

Oct 13 2014

Violation Report: 40624 - 09/11/2014 - Pollock, Susan
PCH Name: JEFFERSON COURT

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

On 8/21/14, resident #2 was prescribed Donepezil HCL 5mg-take one tablet by mouth at bedtime. On 9/12/14, at approximately 1:00 p.m. this medication was not available in the home for administration. According to resident #2's August 2014 medication administration record, the last dose of Donepezil HCL the resident received was at 8:00 p.m. on 8/28/14.

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.

① See attached Aug. 2014 EMAR for resident #2. Donepezil was d/c'd on 8/28/14. Unable to locate documentation showing discontinuation of medication.

② Notified ordering physician once it was determined no d/c order was present & he reordered the medication. See orders for September 2014.

③ Resident Care Coordinator educated on importance of comparing orders - HARD COPY W/EMAR - AND HAVING A HARD COPY of an order prior to approving the new order on the EMAR.

④ REC ALSO VIEWED A WEBINAR @ "Quick MAR university entitled "Reviewing & Approving Orders"

11-15-14 ALL STAFF persons qualified to administer medications will be educated of following the prescribers orders, ensuring medications are administered as prescribed and the proper procedures for change orders. Documentation will be kept.

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/20/2013

Signature of Legal Entity Representative (Required on EVERY Page) *Michele Nestlerode* LPN, PCA

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Michele Nestlerode* Date *10-13-14*

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

The above plan of correction is approved as of <u>10-16-14</u> (Date)	Plan of correction implementation status as of <u>10-16-14</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