



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

NOV 17 2014

Mr. Jeff Jablon, Administrator
Hollidaysburg Veterans Home
P.O. Box 319
Hollidaysburg, Pennsylvania 16648

RE: Hollidaysburg Veterans' Home
License #: 343600

Mr. Jablon:

As a result of the Department of Public Welfare's licensing inspection on September 24, 2014 and September 25, 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 February 22, 2014 to February 22, 2015 was issued on November 8, 2013. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director */s/*

Enclosure
License Inspection Summary

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

PCH Name: HOLLIDAYSBURG VETERANS HOME		License Number: 34360
Address: P O BOX 319, HOLLIDAYSBURG, PA 16648		County: Cambria
Administrator: Jeff Jablon		Region: CENTRAL
Legal Entity Name: HOLLIDAYSBURG VETERANS HOME		
Legal Entity Address: P.O.BOX 319, HOLLIDAYSBURG, PA 16648		
Certificate(s) of Occupancy Other 11/04/1954 L&I		
Staffing Hours	Total Daily Staff: 127	Waking Staff: 95
Resident Support: 0		Notice: Unannounced
Type of Inspection: Full	BHA Docket Number:	
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/24/2014: Rouse, McKinley, McCloskey, Jason 09/25/2014: Rouse, McKinley, McCloskey, Jason		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>NOV 10 2014</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
Other Details		
Partial or Full Triggers:	Random Indicators:	
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 167 Number of Residents Served: 127 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 75 Have Mental Illness: 32 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

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, date of admission, 05/05/2014, 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.

Social Worker obtained resident's signature on the contract (See attached). The signature was obtained immediately (9/25/14). The Social Worker explained to the resident that he was required to sign the contract in addition to his power of attorney. Going forward, Social Worker Supervisor explained to all Social Workers that the contract must be signed by the resident even if the Power of Attorney has signed. A review was also completed on all other residents. No other issues were discovered.

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

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **JEFF JABLON ADMIN** Date **11/7/14**

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

The above plan of correction is approved as of 11-10-14
 (Date)

Plan of correction implementation status as of 11-10-14
 (Date)

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

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

Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Persons A and B did not receive training in medication self-administration in the 2013 training year.

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.

All staff will receive training in medication self administration. Nursing Instructors have made this change for training year 2014 and all staff received the training. This training is required for staff members who do not administer medications. This is a change from only licensed staff being trained. Please see the attached training record for 2014 Pa Code 55 training requirements.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *J. J. Jablon*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEFF JABLON ADMIN	Date 11/7/14
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 (Initials)

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- Not Implemented

Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's record of training for Staff Persons A, B, and C did not include specific dates for the following trainings, but instead had date ranges varying from days to weeks:
 *Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
 *Resident Rights.
 *The Older Adult Protective Services Act.
 *Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 *Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.

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 members are now required to enter the exact training date rather than the date range in which the training is offered. This requirement has been established by the facility Nursing Instructors immediately. Staff will enter the date as well as their signature on the specific date of completion. The Nurse Instructors will monitor dates on sign in sheets after each training session.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEFF JABLON ADMIN	Date 11/7/14
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The above plan of correction is approved as of <u>11-10-14</u> (Date) The above plan of correction was approved by <u>JE</u> (Initials)	Plan of correction implementation status as of <u>11-10-14</u> (Date) <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
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Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa. Code §2600
 2600.86(a) - All areas of the home that are used by the resident shall be ventilated. Ventilation includes an operable window, air conditioner, fan or mechanical ventilation that ensures airflow.

2a. DESCRIPTION OF VIOLATION
 The vent between Rooms D208 and D210 had a heavy accumulation of lint and dirt.

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 was corrected immediately (9/25/14). The Facility Maintenance Manager has increased the frequency of the preventative maintenance schedule for duct/vent cleaning. Cleaning will be completed by the housekeeping department on a monthly schedule and on an as needed basis.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JEFF JABLON Admin	Date 11/7/14
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Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
There were 2 ceiling tiles at the second floor exit door across from Room B227 that have large water spots on them. One of the two tiles was sagging approximately two inches.

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 was corrected immediately (9/25/14). The Facility Maintenance Manager has increased the frequency of the preventative maintenance schedule for ceiling tile replacements. This will now be conducted quarterly. In addition to regular maintenance inspections, staff members are required to contact maintenance should they observe any stained or damaged ceiling tiles.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jeff Tablon*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **JEFF TABLON Admin**

Date **11/7/14**

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(Date)

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(Initials)

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- Not Implemented

Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The following sinks had hot water that exceeded 120 degrees Fahrenheit:
 * The water in the center sink in the mens' common bathroom E203 had a temperature of 127.2 degrees Fahrenheit at 1:06 PM
 * The water for second floor laundry room D201 had a temperature of 127.9 degrees Fahrenheit at 1:32 PM and 122.7 degrees Fahrenheit at 2:10 PM
 * The water for the hand sink in the mens' common shower room was 125.2 degrees Fahrenheit at 1:30 PM

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 was corrected immediately (9/25/14). Maintenance identified a bad mechanical mixing valve. The mixing valve was replaced and temperatures are within normal limits (See Attached Log). The Facility Maintenance Manager has increased the frequency of water temperature checks to daily. Checks will be completed in random locations to cover each area of the building.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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
JEFF JARBLON ADMIN	11-7-14

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Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
 The top sash of the left window in Bedroom B215 will not stay closed, but continually slides down, and there is no screen for the top sash of the window.

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 was corrected immediately (9/25/14). Maintenance identified a malfunctioning window balance. The window balance spring was replaced and the window sash is functioning properly. An inspection of the facility was complete with no issues identified. Going forward, housekeeping and nursing were notified to generate Maintenance Work Orders to repair any malfunctioning windows.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JEFF JABLON ADMIN</i>	Date <i>11/10/14</i>
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Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.144(c) - A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include 2600.144(c)1-3.

2a. DESCRIPTION OF VIOLATION
 There were 2 containers filled with water in the patio area outside of Bedrooms A14 and A15. The first can had 3 cigarette butts in it, and the second can had approximately 5 to 8 cigarette butts in it. The 2 cans were not located in the home's designated smoking area.

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 containers were removed immediately. The administrator sent a memo as a reminder to all residents reiterating the location of the only approved smoking area (See Attached). Observation of all exits and outdoor lounge areas will be increased during security rounds. Security will document any smoking violation findings on their daily report (See Attached Example).

Repeat Violation; No	Date(s) of Previous Violation(s):			
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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
JEFF JABLON ADMIN	11/7/11

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Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600
 2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION
 The first aid kit in the Ford Bus that the home uses to transport residents did not have a thermometer.

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.

A Thermometer has been added to the first aid kit immediately by the Facility Maintenance Manager. Vehicles are inspected monthly. During the vehicle inspection, first aid kits will be reviewed to ensure all required items are in place and not expired.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JEFF JABLON ADMIN</i>	Date <i>11/7/14</i>
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Violation Report: 34360 - 09/24/2014 - Rouse, McKinley
 PCH Name: HOLLIDAYSBURG VETERANS' HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION
 The medication administration record for Resident #4's Lisinopril HCTZ 20/12.5, 1 tablet by mouth at 9:00 AM, was not initialed as having been given for 09/18/2014 and 09/19/2014.

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 Registered Nurse Instructors will reeducate all Licensed Staff regarding the Medication Administration Policy, with emphasis on the Medication Administration Record and the Treatment Administration Record must be initialed after medications/treatments are administered. The Registered Nurse Supervisors will monitor that the Medication administration record and the Treatment Administration Record is initialed by licensed staff after medications/treatments are administered by performing Quality Assurance Checks for three residents MARs/TARs per day times five days, then five resident MARs/TARs per week times five weeks. Any further reeducation required will be completed on an individual basis, as needed.(Monitoring tool is attached.)

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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
JEFF TABLON Admin	11/7/14

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