



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 23 2015

Mr. Thomas A. Scanga, Administrator/Owner
Pine View Personal Care Facility, Inc.
P.O. Box 150
Vandergrift, Pennsylvania 15690

RE: Pine View Personal Care Facility
1113 Pine View Lane
Vandergrift, Pennsylvania 15690
License #: 426690

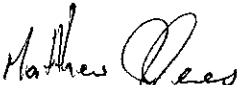
Dear Mr. Scanga:

As a result of the Department of Human Services' licensing inspection on October 6, 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 October 30, 2014 to October 30, 2015 was issued on August 29, 2014. Your regular license remains in good standing.

Sincerely,


Matthew J. Jones
Director
/SH

Enclosure
License Inspection Summary

Violation Report: 42669 - 10/06/2014 - Miller-Linhart, Alden
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There was no lighting outside the exit door at the end of the hallway with 10 bedrooms.

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 exit light at the end of the hallway (10 bedroom hall) outside was replaced immediately. In addition, our maintenance man does have a checklist - lightening is included on the list. He checks this list weekly to make sure all lights & bulbs are in working order. He does initial & date the list.

By 1/31/15. The administrator will monitor lighting at least monthly to ensure lighting is safe.

[Signature]
1/6/15

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) Thomas Seaman ADM Date 12/12/2014

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

The above plan of correction is approved as of <u>1/6/15</u> (Date)	Plan of correction implementation status as of <u>1/6/15</u> (Date)
The above plan of correction was approved by <i>[Signature]</i> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42669 - 10/06/2014 - Miller-Linhart, Alden
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There was a 7 inch slit in a section of the handrail on the deck located at the end of the hallway with 10 bedrooms. The split has sharp edges, posing a skin tear hazard.

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 handrail on the deck was replaced. It is in safe working order.

By 1/31/15 - The administrator or designee will monitor the exterior of the building and grounds, at least monthly, to ensure no hazards exist.

[Signature] 1/16/15

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) *Thomas Sweeney Admin* Date *12/16/2014*

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

The above plan of correction is approved as of <u>1/16/15</u> (Date)	Plan of correction implementation status as of _____ (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>2</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42669 - 10/06/2014 - Miller-Linhart, Aiden
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Residents #1 and #2 do not have a source of light that can be turned on/off from bedside. The residents had touch lights that were not operable.

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 batteries were replaced in these lights. The maintenance man will check these lights weekly. We are also looking in to buying bedside lights that don't require batteries.

By 11/21/15 - All staff persons will be educated on this requirement and instructed to monitor bedside lighting daily, as part of their regular duties, and to report inoperable lighting immediately.

By 11/21/15 - The administrator or designee will monitor the home at least weekly, to ensure safe lighting.

[Signature]
11/6/15

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) *Thomas Scaryn ADIR* Date *12/12/2014*

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The above plan of correction is approved as of <u>11/6/15</u> (Date)	Plan of correction implementation status as of <u>11/6/15</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>[Signature]</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42669 - 10/06/2014 - Miller-Linhart, Alden
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures are not posted in a conspicuous and public place in the home.

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.

We were in the habit of keeping the emergency procedure book in the mud room. We are now keeping it on the book shelf by the bulletin board - where all other information is posted. On the bulletin board there is a sign referring to the emergency book explaining to check the shelf.

By 1/31/15 - The administrator or designee will, at least monthly, monitor the postings, including emergency procedures, to ensure it remains posted in a conspicuous and public place in the home.

J
1/16/15

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/29/2013
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Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative *Henry Swanson ADM* Date *12/12/2014*
(Required on EVERY Page)

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Violation Report: 42669 - 10/06/2014 - Miller-Linhart, Alden
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.191 - The home shall educate the resident on the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

2a. DESCRIPTION OF VIOLATION

Resident #2 and resident #3 have not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

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

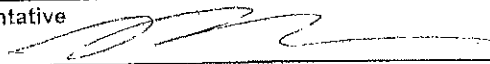
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Normally it is standard upon admission to discuss medications, colors of pills, - shapes etc. Reminding the resident they can ask questions re refuse medications - etc.

Unfortunately when admission packets were copied this form was left out. The administrator now has a checklist before putting a new file together to make sure no form will be overlooked.

Residents 2 + 3 - we went back over the form with residents explained their rights to question + refuse - they signed the form and put in the file.

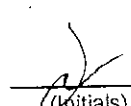
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) 


Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tommy Scaryn Date 12/12/2014

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The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 1/6/15 (Date)

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