



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 06 2015

Mr. Francisco Peters, Vice-President
Allied Services Personal Care Inc.
100 Terrace Lane
Scranton, Pennsylvania 18508

RE: Allied Terrace
License #: 200250

Dear Mr. Peters:

As a result of the Department of Human Services' licensing inspection on October 14, 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 December 8, 2014 to December 8, 2015 was issued on September 3, 2014. Your regular license remains in good standing.

Sincerely,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 10/10/2013 resident #7 reported to staff that he had fallen the previous day, his right arm and right knee was swollen and in pain. Resident #7 was sent out to the hospital on 10/10/14. The hospital notified the home that the resident had a fractured wrist on 10/10/2014. The home failed to notify the Department's regional office of the reportable incidents until 10/13/2014.

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.

In addition to the Plan of Correction submitted by the administrator, the following is added to the Plan of Correction (P.O.C.).

As the absence of either the Resident Care Coordinator and/or assistant Resident Care Coordinator, the administrator will be held responsible to ensure that all reportable incidents are submitted to the Department within 24 hours of the incident even if the reportable incident does occur over a weekend or a holiday. DCV 12-16-14

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) Date

FRANCISCA JETERS *11-12-14*

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

The above plan of correction is approved as of 12-16-14
 (Date)

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

Plan of correction implementation status as of 12-16-14
 (Date)

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

[Handwritten initials]

Correction for 16c

I, Francisco Peters, Administrator, met with the two individuals responsible for this task- [REDACTED] Resident Care Coordinator and [REDACTED] Assistant Resident Care Coordinator. I reiterated to them the importance of adhering to any and all regulations dictated by Reg 55 PA 2600. In addition, [REDACTED] Resident Care Coordinator has met with her entire clinical department and educated them to same. As of this date, any and all reportable incidents will be directed to the Resident Care Coordinator who shall be responsible for the adherence of this policy 16c. Finally both the Resident Care Coordinator and the Assistant Resident Care Coordinator who were responsible for this task have been disciplined and this document is in their personnel files.

This violation has been corrected as of October 15, 2014 and will be monitored on an ongoing basis.



11-12-14

*See violation report page 2 of 9
for additional regulatory compliance
requirements.*

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

- 1. REGULATION 55 Pa.Code §2600**
 2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:
- (1) Evacuation procedures.
 - (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
 - (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
 - (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
 - (5) The location and use of fire extinguishers.
 - (6) Smoke detectors and fire alarms.
 - (7) Telephone use and notification of emergency services.

2a. DESCRIPTION OF VIOLATION

Staff person A began working at the home on 2/4/14. The staff person did not receive the training required to take place on or before the first day of work until 2/7/14.

Staff person B began working at the home on 3/11/14. The staff person did not receive the training required to take place on or before the first day of work until 3/12/14.

Staff person C began working at the home on 9/19/14. The staff person did not receive the training required to take place on or before the first day of work until 9/25/14.

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.

In addition to the Plan of Correction submitted by the administrator, the following is added to the Plan of Correction (P.O.C.)
The administrator will be responsible to monitor orientation to ensure compliance with this regulation as it pertains to those types of employees and/or volunteers who are subject to the requirements of this regulation. The safety net that the Administrator has developed in conjunction with the Vice-President of Human Resources shall be in a written, programable format that will be accessible to agents of the Department to further measure compliance.
 DCV 12-16-14

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) **FRANCISCO PETERS** Date **11-12-14**

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

The above plan of correction is approved as of 12-16-14
 (Date)

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

Plan of correction implementation status as of 12-16-14
 (Date)

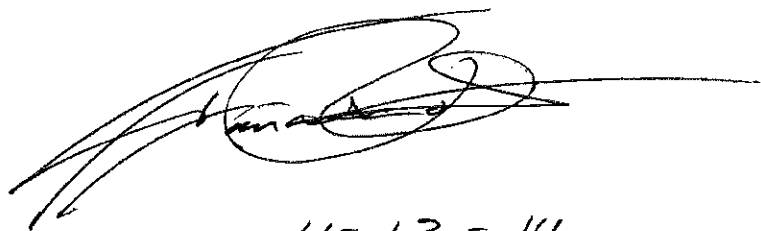
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

[Handwritten initials]

Correction for 65a

I, Francisco Peters, Administrator met with [REDACTED] Dietary Manager, Executive Chef and the individual responsible for this task. I emphasized to [REDACTED] the importance of adhering to the Reg 55 PA.2600 as it pertains to the Dietary Department. In addition, I have met with the Vice President of Human Resources Department to create a safety net in an attempt to police this regulation. No new hires will be allowed to execute any task until there is proof that the 24 hour Orientation mandate has been met. Finally, [REDACTED] who is responsible for this task has been disciplined and this document is in his personnel file.

This violation has been corrected as of October 16, 2014 and will be monitored on an ongoing basis.

A handwritten signature in black ink, appearing to be "Francisco Peters", written in a cursive style.

11-12-14

See violation report page 3 of 9 for additional regulatory compliance requirements.

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:
 (1) Resident rights.
 (2) Emergency medical plan.
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Staff person A began working at the home on 2/4/14. The staff person did not receive the training required to take place within the first 40 hours of work until 3/5/14.
 Staff person C began working at the home on 9/19/14. The staff person did not receive the training required to take place within the first 40 hours of work until 10/7/14.

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.

In addition to the Plan of Correction submitted by the administrator, the following is added to the Plan of Correction (POC). The administrator will be responsible to monitor orientation required by this regulation to ensure compliance as it pertains to those types of employees and/or volunteers who are subject to the requirements of this regulation. The safety net that the administrator has developed in conjunction with the Vice-President of Human Resources shall be in a written or programable format that will be accessible to agents of the Department to further measure compliance.

DCV12-16-14

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) Date 11-12-14

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

The above plan of correction is approved as of 12-16-14
 (Date)

Plan of correction implementation status as of 12-16-14
 (Date)

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

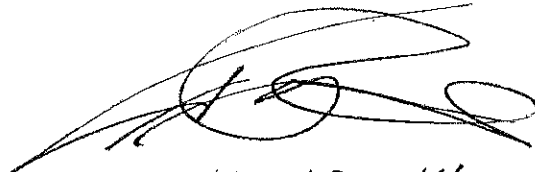
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

OP

Correction for 65b

I, Francisco Peters, Administrator met with [REDACTED] Dietary Manager, Executive Chef and the individual responsible for this task. I emphasized to [REDACTED] the importance of adhering to the Reg 55 PA.2600 as it pertains to the Dietary Department. In addition, I have met with the Vice President of Human Resources Department to create a safety net in an attempt to police this regulation. No new hires will be allowed to execute any task until there is proof that the 40 hour Orientation mandate has been met. Finally, [REDACTED] who is responsible for this task has been disciplined and this document is in his personnel file.

This violation has been corrected as of October 16, 2014 and on an ongoing basis.



11-12-14

See violation report page 4 of 9 for additional regulatory compliance requirements.

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION

Staff person D conducts the monthly fire drills. When interviewed, the staff person stated he/she sometimes tells the nursing supervisor 3-4 hours in advance of when the fire drill will be conducted resulting in the drill not being unannounced.

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.

In addition to the Plan of Correction submitted by the administrator the following is added to the Plan of Correction (P.O.C.)

The administrator shall provide to staff person "D" or to any other staff responsible for conducting unannounced fire drills, a copy of the Department's Regulatory Compliance Guide (RCG) with specific written instructions as to how compliance with Regulation 2600.132(a) is to be achieved.

The administrator will randomly interview staff after each unannounced monthly fire drill to ensure that all staff are compliant with this regulation.

DCV
12-16-14

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)

FRANCISCA PETERS

Date 11-12-14

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

The above plan of correction is approved as of 12-16-14
 (Date)

Plan of correction implementation status as of 12-16-14
 (Date)

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

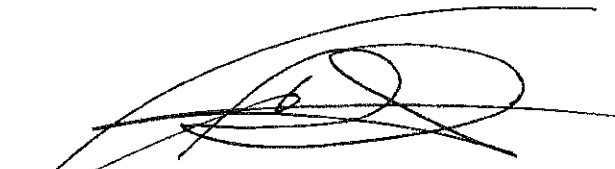
The above plan of correction was approved by [Signature]
 (Initials)

Dr
[Signature]

Correction for 132a

I, Francisco Peters, Administrator, have spoken to Bill Linnert in regards to this violation and have instructed him not to inform any staff member of his intention to execute a fire drill to meet Reg 55 PA.2600.

This task has been met as of October 15, 2014.



11-12-14

*See violation report page 5 of 9
for additional regulatory compliance requirements.*

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

2600.132(g) - Fire drills shall be held on different days of the week, at different times of the day and night, not routinely held when additional staff persons are present and not routinely held at times when resident attendance is low.

2a. DESCRIPTION OF VIOLATION

When interviewed, staff person D stated he/she conducts the monthly fire drills but will also assist staff with the evacuating of residents if needed. Staff person D is not routinely present at the home resulting in additional staff participating in the drill that would not normally participate when the staff person assists with the evacuation of residents.

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.

In addition to the Plan of Correction submitted by the administrator the following is added to the Plan of Correction (P.O.C.)
The administrator shall provide to staff person "D" or to any other staff responsible for conducting unannounced fire drills, a copy of the Department's Regulatory Compliance Guide (RCG) with specific written instructions as to how compliance with regulation 2600.132(g) is to be achieved. Per telephone conversation with Administrator Mr Peter, he will follow-up Allied Services Facilities Department regarding 132(g) compliance. This will ensure that the staff person who conducts the monthly fire drills will not participate or assist staff but that this individual will be ^{safely} responsible to time the fire drill accurately and observe staff in the performance of evacuating residents to fire safe areas per the facility's fire evacuation plan in the time allotted by the fire safety expert.

DEC 12-16-14

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) *FRANCISCO PETERS* Date *11-12-14*

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

The above plan of correction is approved as of 12-16-14
 (Date)

Plan of correction implementation status as of 12-16-14
 (Date)

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

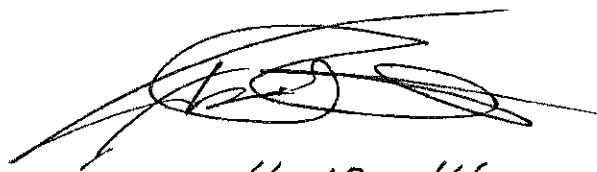
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Correction for 132g

I, Francisco Peters, Administrator, have spoken to [REDACTED] in regards to this violation and have instructed him not to assist Allied Terrace staff while performing a fire drill until further notice. Reason for (further notice) is because [REDACTED] is employed by Allied Services Facilities Department which is entrusted to execute and police any and all fire drills for the entire Allied Services Corporation. This includes the Rehabilitation Hospital, Skilled Nursing Facility, Personal Care Facility, the Mental Health Division etc.

I'm not sure that this is a violation since the protocol for all divisions mentioned is to contact facilities in an attempt to provide additional manpower to execute, adhere and accomplish this regulation.

This violation has been corrected as of October 15, 2014



11-12-14

See violation reports page 6 of 9 for additional regulatory compliance requirements.

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

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 admitted to the home on 8/14/2014, the medical evaluation indicates the resident was evaluated on 5/22/2014 more than 60 days before being admitted to the home.

Resident #2 admitted to the home on 9/2/2014, the medical evaluation indicates the resident was evaluated on 6/24/2014 more than 60 days before being admitted to 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.

Additionally, the administrator will continue to monitor all new admissions to assure compliance with this regulation
 DCV 12.16.14


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) *FRANCISCA PETERS* Date *11-12-14*

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

The above plan of correction is approved as of 12-16-14
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 12-16-14
 (Date)

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

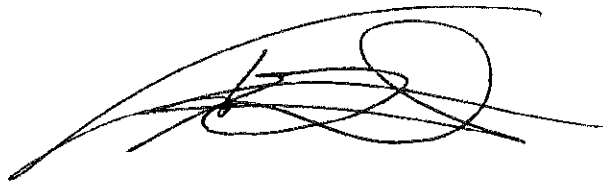
DK


Correction for 141a

I, Francisco Peters, Administrator , have met with [REDACTED] Resident Care Coordinator and [REDACTED] Assistant Resident Care Coordinator regarding the violation stated. We have come into an accord that any and all documents required in the clinical department's office shall be reviewed by the Resident Care Coordinator prior to being placed on the chart.

In an attempt not to duplicate this violation, the Admissions Office and the Clinical Department will instruct any and all visitors/inquiries as to the importance of having the potential resident examined by his/her attending physician, physician's assistant or certified registered nurse practitioner 60 prior to admission or 30 days after.

This violation has been resolved and monitored on an ongoing basis as of October 15, 2014.



11-12-14

See violation report page 7 of 9
for additional regulatory compliance requirements

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

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

Staff did not sign or initial the Medication Administration Record (MAR) of resident #3 to indicate Aricept 5mg was administered at 8:00pm on 10/10/14.

Staff did not sign or initial the MAR of resident #4 to indicate Tylenol with Codeine was administered at 4:00pm and 8:00pm on 10/4/14 and that Antivert 25mg was administered at 8:00pm on 10/4/14.

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.

The administrator will conduct periodic reviews along with the facility's Resident Care Coordinator and Assistant Resident Care Coordinator of resident Medication Administration Records to ensure on-going compliance. DCV 12-16-14

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)

FRANCISCA PETERS

Date 11-12-14

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

The above plan of correction is approved as of 12-16-14
 (Date)

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

Plan of correction implementation status as of 12-16-14
 (Date)

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

Dr. [Signature]

Violation Report: 20025 - 10/14/2014 - Harvey, Jason
 PCH Name: ALLIED TERRACE

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

2a. DESCRIPTION OF VIOLATION

Lidoderm 5% patch prescribed to resident #5 to be administered as needed, was not present at the time of the inspection.
 Lasix 20mg prescribed to resident #6 to be administered as needed was not present 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.

In addition to the Plan of Correction submitted by the administrator, the following is added to the Plan of Correction (P.O.C)

The administrator will meet with the Resident Care Coordinator and Assistant Resident Care Coordinator weekly to review the medication ordering process to ensure that medications are always available as prescribed to each resident and make adjustments to the Home's medication ordering process where necessary to remain in compliance with this regulation.

DCV 12.16.14

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) Date

FRANCISCO PETERS *11-12-14*

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

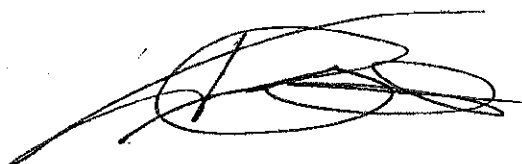
The above plan of correction is approved as of <u>12-16-14</u> (Date)	Plan of correction implementation status as of <u>12-16-14</u> (Date)
The above plan of correction was approved by <u>OP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Correction for 187d

I, Francisco Peters, Administrator, have met with [REDACTED] Resident Care Coordinator, [REDACTED], Assistant Resident Care Coordinator and Allied Services Pharmacy, who is one of our participating pharmacies.

The Resident Care Coordinator and the Assistant Resident Care Coordinator will ensure that all medications prescribed by physicians are on the premises. In an attempt to achieve this goal the Clinical Department has implemented a tool/form to ensure/track any and all PRN's (as needed) orders.

This violation has been resolved and monitored on an ongoing basis as of October 15, 2014.



11-12-14

*See violation report page 9 of 9
for additional regulatory compliance requirements*