



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 27 2015

Ms. Sharon Ahearn, Administrator/Owner
44 Broad Street
Pittston, Pennsylvania 18640

RE: Adult Personal Care Home
License #: 243860

Dear Ms. Ahearn:

As a result of the Department of Human Services' licensing inspection on November 19, 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 8, 2015 to February 8, 2016 was issued on October 20, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director *SH*

Enclosure
License Inspection Summary

Violation Report: 24386 - 11/19/2014 - Dumas, Gerald
 PCH Name: ADULT PERSONAL CARE HOME

~~1. REGULATION 55 Pa. Code §2600~~
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident # 1's annual medical evaluation (D.M.E.), signed by the resident's physician on 3/27/14 did not include the date resident was evaluated, date form was completed , height, weight, pulse rate or temperature.
 Former resident # 4 did not have a completed annual DME due by 2/20/13.

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 violation is important in order to keep track of the residents annual evaluations for continued health and safety reasons. This regulation was violated because the DME was not signed by the physicians for resident #1 as well as not including the date the resident was evaluated, the form completion including ; height, weight, pulse rate or temperature. This violation will be fixed immediately by calling the providers office and having the evaluation information faxed to the personal care home to be filed. Sharon, as the administrator, will be responsible for obtaining this information as well as tracking the information for file adherence.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn, Administrator	Date 12/18/14
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>2-13-15</u> (Date)	Plan of correction implementation status as of <u>2-13-15</u> (Date)
The above plan of correction was approved by  (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: 24386 - 11/19/2014 - Dumas, Gerald
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

A one gallon cigarette butt can, located to the rear of the home and in the home's designated smoking area, contained several sheets of paper towels mixed with cigarette butts. Additionally, several single sheets of paper towels were strewn about on the 2nd shelf just under the cigarette butt can and lastly, dried leaves were found within the designated smoking area. The paper towels and dried leaves pose a potential fire 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.

This regulation is important in order to provide fire safety to all residents. This regulation was violated because a resident left paper towels in the cigarette butt container. This violation was fixed immediately by removing the paper towels and reviewing the rules and regulations with the residents that use the smoking area. I Sharon, as the administrator, will ensure visual sweeps of the smoking area are conducted daily as well as continuous fire safety reminders are done with the residents that smoke and use that area.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sharon Ahearn

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sharon Ahearn, Administrator

Date

12/18/14

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(Date)

Plan of correction implementation status as of

2-13-15
(Date)

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[Signature]
(Initials)

Violation Report: 24386 - 11/19/2014 - Dumas, Gerald
 PCH Name: ADULT PERSONAL CARE HOME

~~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
 1 bottle of Novolin insulin 70/30 for resident # 1, stored in a locked container in the home's refrigerator, was not dated when first opened.

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 was violated because a bottle of insulin for resident #1 was not dated when opened. This is important to make sure that the medication being used is within the active dates of medication safety dates. This will be fixed right away by the Administrator, Sharon, verifying the dates are noted on the medication as well as reviewing the re- reviewing the regulations on specific medications to ensure accurate storage procedures.

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Violation Report: 24386 - 11/19/2014 - Dumas, Gerald
 PCH Name: ADULT PERSONAL CARE HOME

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

The medication administration record for resident # 2 indicated that Oxycodone was administered at 8 a.m. and 8 p.m. on 11/1/14, 11/2/14, 11/3/14, 11/4/14, 11/5/14, 11/6/14, 11/7/14, 11/8/14, 11/9/14 and on 11/10/14 at 8 a.m. and 8 p.m. Adminsitrator A stated the medication was destroyed on 10/31/14 and then was mistakenly initialed as administered. Nystatin powder for resident # 3 apply topically to affected area twice daily as needed. (P.R.N.) was initialed as administered daily and then crossed out from 11/1/14 through 11/19/14 at 8:00 a.m. and 8:00 p.m. Adminsitrator A acknowledged that in fact the powder was not administered on the above dates and times. On the day of the inspection, Adminsitrator A wrote error further acknowledging that the powder was not administered as a straight order and should not have been initialed as such.

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 was violated because the medication documentation sheet was initialed in error when prn medication was not administered. This violation was caused in error by signing the sheet after all medication was administered rather than at the time of each individual medication delivery. This was fixed immediately by changing the practice of signature times. All signatures will be done at the exact time of medication delivery. This will ensure future violations and the administrator, Sharon, will do continuous medication review practices with all staff members.

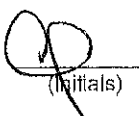
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Violation Report: 24386 - 11/19/2014 - Dumas, Gerald
 PCH Name: ADULT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION
 On 10/31/14, Adminsitrator A stopped administrating prescribed Oxycodone 5 mg tablet for resident # 2 on 10/31/14. Adminsitrator A stated that he/she misunderstood resident # 2's Pain Management Office to discontinue the medication as resident # 2 received an injection for pain instead. 50 Oxycodones were then destroyed by the Adminsitrator A.

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 in order to comply with prescriber directions as well as decreasing any liability to the home. This regulation was violated by not giving the resident the medication dose as prescribed by the provider. This violation occurred because the medication dosing was not followed. This was fixed immediately by understanding the regulation. The Administrator, Sharon, will make sure to obtain prescriber approval and follow up documentation anytime dosing is changed.

Adm/ Designee will review dr. orders on a monthly basis to ensure on-going compliance.
Sh
2-13-15

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