



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 09 2015

Mr. James Ciocarello, Administrator
Wilbri, Inc.
206 Lane Avenue
Punxsutawney, Pennsylvania 15767

RE: Lane Avenue Personal Care Home
License #: 424090

Dear Mr. Ciocarello:

As a result of the Department of Human Services' licensing inspection on November 20, 2014 and November 21, 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 21, 2014 to December 21, 2015 was issued on September 5, 2014. Your regular license remains in good standing.

Sincerely,

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

Matthew J. Jones
Director

Enclosure
License Inspection Summary

Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST PHILADELPHIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired 4/22/14, did not hold permanent residency in Pennsylvania for two consecutive years prior to employment; however, a Federal Bureau of Investigation (FBI) background check was not completed.

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.

ON 11-21-2014 WE APPLIED FOR STAFF PERSON A'S FBI BACKGROUND CHECK TO SECURE CLEARANCE FOR HER TO WORK WITHOUT SUPERVISION. ATTACHED IS A COPY OF HER CLEARANCE.

EFFECTIVE IMMEDIATELY THE ADMINISTRATOR/OWNER WILL CHECK MORE CLOSELY TO BE CERTAIN THAT ALL EMPLOYEES WHO HAVE NOT HELD PERMANENT RESIDENCY IN PENNSYLVANIA FOR TWO CONSECUTIVE YEARS PRIOR TO EMPLOYMENT DOES NOT WORK UNTIL THE CLEARANCE IS RECEIVED.

Staff person A has met the criteria for employment under the Older Adult Protective Services Act, effective 11/21/14. *fr*

See page 2A of 8

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JAMES J. CICCARIELLO, ADMINISTRATOR Date 1-28-2015

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

The above plan of correction is approved as of 2/23/15
(Date)

Plan of correction implementation status as of 2/23/15
(Date)

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

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

Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
 PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
 2800.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired 4/22/14, did not hold permanent residency in Pennsylvania for two consecutive years prior to employment; however, a Federal Bureau of Investigation (FBI) background check was not completed.

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.

(Immediately: A designated staff person shall review all staff records to ensure a criminal background check has been completed through the Pennsylvania State Police, as well as a FBI background check for any employee who has not been a resident of Pennsylvania for 2 consecutive years. The criminal background checks shall be reviewed to ensure each staff member meets the criteria for employment in accordance with the Older Adult Protective Services Act. Copies of background checks shall be maintained in the staff records.

(Immediately: Any employee hired prior to completion of a criminal history background check will be directly supervised until criminal background check and/or a FBI background check, for employees who have not been a resident of Pennsylvania for 2 consecutive years, are returned and shows no prohibitive offenses and meet the following requirements:
 The applicant shall have applied for a criminal history report and provided the home with a copy of the completed request forms.
 The home shall have no knowledge about the applicant that would disqualify him or her from employment.
 The applicant shall swear or affirm in writing that the applicant is not disqualified from employment under the Older Adult Protective Services Act.
 The home shall keep a log in the employee record of employee's supervision.

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

Signature of Legal Entity Representative (Required on EVERY Page) *James T. Ciocarella*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMES T. CIOCARRELLA* Date *2-23-2015*

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

Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
 PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired 4/22/14, did not hold permanent residency in Pennsylvania for two consecutive years prior to employment; however, a Federal Bureau of Investigation (FBI) background check was not completed. Staff person A worked unsupervised on the following occasions:
 * 11/13/14 - 3:00 p.m. - 10:30 p.m.
 * 11/15/14 - 6:30 a.m. - 10:30 p.m.
 * 11/18/14 - 3:00 p.m. - 10:30 p.m.

WEST REGION FIELD OFFICE
 Human Services Licensing

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.

Attached is staff person A's FBI clearance, effective immediately. The administrator/owner will be sure that the staff person's clearance is received prior to their first day of employment. Staff person A has met the criteria for employment under the Older Adult Protective Services Act, effective 11/21/14.

See page 3A of 8

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *James T. Ciccarello*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JAMES T. CICCARIELLO, ADMINISTRATOR* Date *1-28-2015*

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Violation Report: 42409 - 11/20/2014 - Garrigan, Laura
 PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A, hired 4/22/14, did not hold permanent residency in Pennsylvania for two consecutive years prior to employment; however, a Federal Bureau of Investigation (FBI) background check was not completed. Staff person A worked unsupervised on the following occasions:
 * 11/13/14 - 8:00 p.m. - 10:30 p.m.
 * 11/15/14 - 8:30 a.m. - 10:30 p.m.
 * 11/18/14 - 3:00 p.m. - 10:30 p.m.

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.

Immediately: A designated staff person shall review all staff records to ensure a criminal background check has been completed through the Pennsylvania State Police, as well as a FBI background check for any employee who has not been a resident of Pennsylvania for 2 consecutive years. The criminal background checks shall be reviewed to ensure each staff member meets the criteria for employment in accordance with the Older Adult Protective Services Act. Copies of background checks shall be maintained in the staff records.

Immediately: Any employee hired prior to completion of a criminal history background check will be directly supervised until criminal background check and/or a FBI background check, for employees who have not been a resident of Pennsylvania for 2 consecutive years, are returned and shows no prohibitive offenses and meet the following requirements:
 The applicant shall have applied for a criminal history report and provided the home with a copy of the completed request forms.
 The home shall have no knowledge about the applicant that would disqualify him or her from employment.
 The applicant shall swear or affirm in writing that the applicant is not disqualified from employment under the Older Adult Protective Services Act.
 The home shall keep a log in the employee record of employee's supervision.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *James T. Ciocarello*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *JAMES T. CIOCARIELLO* Date *2-23-2015*

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Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
PCH Name: LANE AVENUE PERSONAL CARE HOME

JAN 30 2015

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired 9/25/14, does not have a high school diploma, GED diploma or active registration status on the Pennsylvania nurse aide registry. Staff person B, provided direct care services to the residents on the following occasions:

- * 11/5/14 - 4:00 p.m. - 8:00 p.m.
- * 11/8/14 - 4:00 p.m. - 8:00 p.m.
- * 11/12/14 - 4:00 p.m. - 8:00 p.m.
- * 11/15/14 - 6:30 a.m. - 12:30 p.m. and 4:00 p.m. - 8:00 p.m.

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 PERSON B'S SCHEDULE HAS BEEN CHANGED UNTIL SHE GRADUATES SO THAT NOW SHE WORKS ONLY ONE (1) SHIFT ON SATURDAY MORNING UNDER DIRECT SUPERVISION. THIS SHIFT DOES NOT DO RESIDENT SHOWERS BUT DOES CLEANING AND HELPING WITH SERVING BREAKFAST AND LUNCH.

THE OWNER/ADMINISTRATOR WILL BE SURE NO ONE WORKS WITHOUT A DIPLOMA/GED OR IS ON THE PA NURSE AIDE REGISTRY.

Immediately: A designated staff member shall review all direct care staff records to ensure each staff member is qualified in accordance with 2600.54a, to include having a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry. Documentation of education shall be maintained in each staff member's record. PM

Immediately: The administrator shall develop and implement a system to ensure all direct care staff meet the minimum requirements as specified in 2600.54a before providing any direct care services to residents.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Ciccarello

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

JAMES T. CICCARELLO, ADMINISTRATOR

Date

1-28-2015

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(Date)

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2/23/15
(Date)

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R
(Initials)

WEST VIRGINIA UNIVERSITY
HUMAN SERVICES LICENSING

11/20/2014

Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST VIRGINIA UNIVERSITY
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 11/20/14, the base board heater in the smoke room was in disrepair. Half of the cover was off and lying on the floor in front of the unit, exposing sharp edges and posing a tripping hazard to the 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.

ATTACHED IS A PICTURE OF THE BASE BOARD HEATER COVER IN THE SMOKE ROOM. THE UNIT'S COVER HAS BEEN ATTACHED TO PREVENT ACCIDENTS.

THE ADMINISTRATOR/OWNER WILL CONDUCT DAILY INSPECTIONS OF THE BUILDING TO ASSURE FURNITURE AND EQUIPMENT ARE IN GOOD REPAIR, CLEAN, AND FREE OF HAZARDS.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James J. Ciccarello

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

JAMES J. CICCARIELLO, ADMINISTRATOR

Date: 2-28-2015

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J
(Initials)

Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION

On 11/20/14, the home served 31 residents, one of which requires assistance to evacuate the home in an emergency. The home has not notified the local fire department in writing of the address of the home, the location of resident bedrooms or the assistance needed to evacuate in an emergency.

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.

Attached is a copy of the letter sent to the
central fire Dept. in regard to Resident #1.
The administrator/owner will continue to keep
the fire company informed in the event that they
should change rooms. An updated letter shall be immediately
sent to the local fire department when there are any changes
to the location of bedrooms where residents reside who require
assistance to evacuate in an emergency. RM

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JAMES T. CIOVARELLO, ADMINISTRATOR Date 1-28-2015

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

WEST REGION FIELD OFFICE
 FLORIDA SERVICE LICENSING

Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
 PCH Name: LANE AVENUE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

On 11/20/14, there were two undated menus posted in the home's kitchen; however, the residents do not have access to the home's kitchen 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

A copy of the DATED MENU IS ATTACHED AND IS ALSO POSTED ON THE RESIDENT BULLETIN BOARD IN THE DINING ROOM AS WELL AS IN THE KITCHEN. PICTURE IS ATTACHED.

THE ADMINISTRATOR/COWNER WILL PERIODICALLY CHECK THE RESIDENT BULLETIN BOARD TO ASSURE THAT A RESIDENT HAS NOT REMOVED IT. IT WILL BE REPLACED IF TAKEN BY A RESIDENT.

Immediately: A designated staff person shall ensure that the posted menus are dated. Also, the designated staff person shall ensure a dated menu stating specific food being served at each meal, is posted 1 week in advance in a conspicuous and public place in the home. *fr*

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

Signature of Legal Entity Representative (Required on EVERY Page) *James T. Ciccarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMES T. CICCARIELLO, ADMINISTRATOR* Date *1-28-2015*

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 Partially Implemented - Adequate Progress *fr*
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 Not Implemented

Violation Report: 42409 - 11/20/2014 - Garrigan, Laurie
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST VIRGINIA STATE OFFICE
Human Services Licensing
1. REGULATION 55 Pa.Code §2600
2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION
Resident #4 has diagnoses of Edema, Chronic Bilateral Leg Wounds and Cellulitis and began receiving home health services on 8/14/14; however, the resident's support plan, dated 10/16/14, does not include the care needs and home health wound care services the resident is receiving.

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 MEDICAL, DENTAL, DIETARY AND SENSORY NEEDS...
MEDICAL DIAGNOSIS PHYSICAL HAS BEEN MODIFIED TO INCLUDE HIS EDEMA, CHRONIC BILATERAL LEG WOUNDS AND CELLULITIS. NOW INCLUDES THE HOME HEALTH SERVICES ADDED ON 8/14/14 AND HIS TREATMENTS.

THE OWNER/ADMINISTRATOR/DIRECTOR OF NURSING WILL PHASE THE ASSESSMENTS AS NEEDED.

Immediately: A designated staff person shall review all residents' support plans to ensure accuracy and completion, including all diagnoses and services being provided to residents.

Immediately: A designated staff person shall develop and implement a system to ensure residents' support plans are immediately updated to reflect any changes to services that are provided.

fw

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

Signature of Legal Entity Representative
(Required on EVERY Page) *James T. Coccone*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) JAMES T. COCCONE, ADMINISTRATOR Date 1-28-2015

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