



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 8, 2016

Mr. Ray Haverilla, Administrator
Haverilla Personal Care Home, Inc.
775 Stonetown Road
Rossiter, Pennsylvania 15772

RE: Haverilla Personal Care Home
#427930

Dear Mr. Haverilla:

As a result of the Department of Human Services' licensing inspection on January 8, 2015 and January 9, 2015, 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.

Sincerely,

A handwritten signature in black ink that reads "Jason Williams" followed by a stylized flourish.

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: HAVERILLA PERSONAL CARE HOME		License Number: 42793
Address: 775 STONETOWN ROAD, ROSSITER, PA 15772		County: Indiana
Administrator: Ray Haverilla		Region: WEST
Legal Entity Name: HAVERILLA PERSONAL CARE HOME INC		
Legal Entity Address: 775 STONETOWN ROAD, ROSSITER, PA 15772		RECEIVED
Certificate(s) of Occupancy Special Occupancy 07/28/1977 Labor & Industry		NOV 16 2015 WEST REGION FIELD OFFICE: Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 21	Waking Staff: 16
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/08/2015: Whitney, Diane 01/09/2015: Whitney, Diane		
Off-Site Inspection Dates and Inspectors, if Applicable 01/13/2015: Whitney, Diane		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 24 Number of Residents Served: 21 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: 0	Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 6 Have Mental Illness: 14 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

NOV 10 2015

Violation Report: 42793 - 01/08/2015 - Whitney, Diane

PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION

On 1-9-15, at approximately 9:15 A.M., two 7-day medication containers with morning, noon and evening medications for residents #1 and #2 were on the window sill in the medication room. According to staff interview, staff person A filled the medication containers in advance for staff to administer 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.

Resident #2 & #3 were at the time in a private home that had been condemned and they were used to living alone and were leary of everything. The medication containers belonged to them and were dirty and in correctly filled. But they insisted they wanted to use them and were, as I said, new and a little scared so, staff person A, also an administrator and medication trainer decided to clean the containers and supervise as they filled the containers themselves until their medications came in package from the pharmacy, to help ease them into their new home and way of living. The containers have been disposed and both residents have adjusted very well, I'm happy to say. This was a unique situation, but to avoid it in future, I would dispose of the containers & explain that our regulations have to be followed exactly. See page 2a of 3

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

Signature of Legal Entity Representative (Required on EVERY Page) *Kelli Haverilla*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Kelli Haverilla Administrator* Date *11.11.15*

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

The above plan of correction is approved as of _____ (Date)

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

Plan of correction implementation status as of _____ (Date)

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

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Page 2 of 3

Violation Report: 42793 - 01/08/2015 - Whitney, Diane
PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.183(a)(1) - Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration.

2a. DESCRIPTION OF VIOLATION
On 1-9-15, at approximately 9:15 A.M., two 7-day medication containers with morning, noon and evening medications for residents #1 and #2 were on the window sill in the medication room. According to staff interview, staff person A filled the medication containers in advance for staff to administer 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.

Within 30 days of receipt of plan of correction - All staff persons who administer medication will be educated on the requirement for prescription medications, OTC medications + CAM to be kept in their original labeled containers and not removed more than 2 hours in advance of the scheduled administration time, to include not pre-filling medication reminder containers 11/25/15, JW

The above training was completed on 12/1/15, JW, 12/2/15

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

Signature of Legal Entity Representative (Required on EVERY Page) Kelli Haverilla

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Kelli Haverilla Date 11/30/15

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

The above plan of correction is approved as of 12/2/15 (Date)

Plan of correction implementation status as of 12/2/15 (Date)

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

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

NOV 18 2015

Violation Report: 42793 - 01/08/2015 - Whitney, Diane

PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 1/10/14, for resident #1, was not updated with the diagnoses of pneumonia, fecal impaction, ascites, hypoglycemia, hyponatremia, or a fluid restriction to 1250cc/day following a hospitalization on 12/19/14.

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 assessment of resident #1 was immediately updated to include the new diagnosis at discharge from the hospital.

On going, when a resident is discharged, we now get out their folder (RASP) as we go over the discharge papers and make all updates immediately to the RASP.

Within 30 days of receipt of plan of correction - The administrator or designated staff person will review all current resident assessments for accuracy + completion including all current diagnoses. 11/12/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kelli Haverilla Administrator</i>	Date <i>11.11.15</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 12/2/15 (Date)

Plan of correction implementation status as of 12/2/15 (Date)

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

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