



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 16, 2015

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

RE: Lane Avenue Personal Care Home
#424090

Dear Mr. Ciocarello:

As a result of the Department of Human Services' licensing inspection on May 21, 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 "Jon Kimberland". The signature is fluid and cursive, with a large, sweeping flourish at the end.

Jon Kimberland
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 42409 - 05/21/2015 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 2/23/15, resident #1 was sent to the hospital from the home and ceased to breath later that day. The home did not submit an incident report to the Department.

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.

I WAS NOT AWARE THAT ALL RESIDENT HOSPITALIZATIONS NEEDED TO BE REPORTED TO DPW. EFFECTIVE IMMEDIATELY ALL RESIDENT HOSPITALIZATIONS WILL BE REPORTED TO DPW. OWNERS AND MANAGEMENT STAFF AT LANE AVE PCH HAVE BEEN MADE AWARE OF THIS MANDATE.

Immediately - The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

10-14-15

Within 30 days of receipt of the accepted plan of correction - All staff persons will be educated on the home's policy and procedures for reportable incidents and conditions including the reporting requirements. Documentation of education will be kept.

10-14-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Coccaello

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

JAMES T. COCCAELLO, ADMINISTRATOR

Date

9-22-2015

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

The above plan of correction is approved as of 10-14-15
(Date)

Plan of correction implementation status as of 10-14-15
(Date)

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

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

Violation Report: 42409 - 05/21/2015 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
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

There was an approximately 27" crack, with jagged edges, across the plastic foot board of the bed next to the door in bedroom #8, posing an injury hazard.

The support boards of the black leather recliner in the television room by bedroom #15 are broken causing the recliner to tilt to the left.

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 bed in Room #8 was owned by the resident [redacted] his family was contacted and they agreed to have the bed frame disposed of and it was replaced by a bed frame owned by Lane Ave PCH that is in good repair and free of hazards. As the administrator and owners make their daily rounds of the building, they will check to make sure all furniture and equipment is in good repair, clean and free of hazards.

The recliner was thrown away at the time of inspection. 10-14-15

Within 30 days of receipt of the accepted plan of correction - All staff persons will be educated on the requirements of regulation 2600.95 and reporting or repairing furniture and equipment that is not in good repair, not clean or is hazardous. Documentation of education shall be kept. 10-14-15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

James T. Ciccarullo

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

JAMES T. CICCARULLO, ADMINISTRATOR

Date 9-22-2015

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Plan of correction implementation status as of 10-14-15 (Date)

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Violation Report: 42409 - 05/21/2015 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 7/21/14, did not include a complete general physical examination. The weight, pulse, blood pressure and temperature sections were blank.

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 6-24-2015, DR. [REDACTED] COMPLETED A NEW MEDICAL EVALUATION (PME) ON [REDACTED] RESIDENT. THE NEW EVALUATION IS COMPLETE. THE DIRECTOR OF NURSING WILL WORK WITH THE DOCTOR TO BE SURE ALL FUTURE MEDICAL EVALUATIONS ARE COMPLETE. A COPY OF HIS CURRENT PME IS ATTACHED FOR YOUR REVIEW.

Within 30 days of receipt of the approved plan of correction – The administrator or designated staff person will review all current and newly completed medical evaluations to ensure accuracy completion. Incomplete medical evaluations will be returned to the physician for completion or new medical evaluations will be scheduled. 10-14-15

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. Ciocarello, Administrator

Date 9-22-2015

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(Date)

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(Initials)

Violation Report: 42409 - 05/21/2015 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

EST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #1's initial assessment, dated 12/23/14, was incomplete. The following sections were blank personal hygiene, managing health care, securing health care, securing and using transportation and making and keeping appointments.

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 following the inspection, the DIRECTOR of NURSING completed the FIVE(5) sections that were left blank. IN the future, the RASP will be REVISITED by the OWNERS or ADMINISTRATOR to be sure it is complete. A COPY of the CURRENT RASP is ATTACHED for your REVIEW.

Within 30 days of receipt of the approved plan of correction - The administrator or designee will review all resident assessments and support plans for accuracy and completion. Any incomplete or inaccurate assessments or support plans will be corrected immediately. 10-14-15

Within 30 days of receipt of the approved plan of correction - All staff persons completing assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including assessing and documenting all of the resident's needs. Documentation of education will be kept. 10-14-15

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 ADMINISTRATOR

Date

9-22-2015

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(Date)

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

SEP 25 2015

Violation Report: 42409 - 05/21/2015 - McConnell, Deb
PCH Name: LANE AVENUE 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

Resident #2 was sent to the hospital on 5/8/15 for treatment of a lower right leg wound. Resident #2 was discharged from the hospital on 5/12/15 with diagnoses of Cellulitis and Osteomyelitis of the right lower leg. Resident #2's assessment, dated 1/22/15, was not updated to include the residents needs related to the diagnoses or the use of a unna boot, wound care and the resident's behavior of picking his/her the skin due to anxiety.

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's [redacted] assessment, dated 1-22-15, has now been updated to include the resident's needs related to the diagnosis or the use of a unna boot, wound care and the resident's behavior of picking his skin due to anxiety. A copy is attached. In the future the Director of Nursing will update assessments as necessary. It will then be reviewed by the administrator and/or owner.

Within 30 days of receipt of the approved plan of correction - The administrator or designee will review all resident assessments and support plans for accuracy and completion. Any incomplete or inaccurate assessments or support plans will be corrected immediately. 10-14-15

Within 30 days of receipt of the approved plan of correction - All staff persons completing assessments and support plans will be educated regarding the completion and accuracy of assessments and support plans including assessing and documenting all of the resident's needs. Documentation of education will be kept. 10-14-15

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, ADMINISTRATOR* Date *9-22-2015*

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(Date)

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

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(Date)

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