



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: July 31, 2015

Ms. Audrea Leonard, Owner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038
License #214770

Dear Ms. Leonard:

As a result of the Department of Human Services' licensing inspection on July 23, 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,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: LIZA S HOUSE		License Number: 21477
Address: 1357 BLUE MOUNTAIN DRIVE, DANIELSVILLE, PA 18038		County: Northampton
Administrator: Allison Heffelfinger		Region: NORTHEAST
Legal Entity Name: ELITE CARE GROUP LLP		
Legal Entity Address: 125 TREYMORE COURT, PENNINGTON, NJ 8534		
Certificate(s) of Occupancy		
C-2 LP 10/19/1995 PA Dept of L&I	C-2 LP 03/04/1999 PA Dept of L&I	C-3 SP 05/13/1992 PA Dept of L&I
Staffing Hours		
Resident Support: 3	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Complaint		
On-Site Inspections Dates and Department Representatives On-Site		
07/23/2015: Yellenic, Cindy; Patton, Leslie		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 20 Number of Residents Served: 9 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: 2 Number of Hospice Residents in past year: 3	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 9 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 0	

Violation Report: 21477 - 07/23/2015 - Yellenic, Cindy
PCH Name: LIZA S HOUSE

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

Resident #1 did not receive Tramadol APAP 325mg at 8:00am on 7/6/15. The home did not report the medication error to the Department's regional office.

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 missed dose of Tramadol was not reported to the Administration. The employee who made the error no longer works for the facility. A reportable incident was faxed to the DHS on 7/23/2015. The resident's Physician and POA was notified on 7/23/2015. Staff was educated on what they need to do if an error is found. And who they need to report the error to. Moving forward all future errors will be reported to the DHS.
Administrator/Designer will continue to monitor

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Alison Heffel Finger LPA Administrator

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

Alison Heffel Finger

Date *7/30/15*

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

The above plan of correction is approved as of

7/31/15
(Date)

Plan of correction implementation status as of

7/31/15
(Date)

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

The above plan of correction was approved by

M
(Initials)

Violation Report: 21477 - 07/23/2015 - Yellenic, Cindy.
PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 7/23/15, at 1:00pm, the medication administration record was open, laying on top of the medication cart, and was unlocked and accessible to unauthorized persons.

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 Medication Administration record was left open. Staff was in the process of changing the records to another Medication Record. The staff person was called away and forgot to close the MAR. The Staff was educated on the importance of confidentiality. Moving forward Administration is looking into a possible electronic record system. Please see attached Educational Form. • ongoing monitoring will be conducted by the Administrator of Designee

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
Alison Heffelfinger			7/30/15

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The above plan of correction is approved as of 7/31/15
(Date)

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

Plan of correction implementation status as of 7/31/15
(Date)

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- Partially Implemented - Inadequate Progress
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Violation Report: 21477 - 07/23/2015 - Yellenic, Cindy
 PCH Name: LIZA S HOUSE

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, date of hire 6/12/15, did not complete their first day orientation.

Staff Person B, date of hire 11/25/14, did not complete their first day orientation.

Staff Person C, date of hire 6/12/15, did not complete their first day orientation.

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.

Previous Administration failed to complete the first day orientation form. Moving forward, new orientation form was implemented and Administrator to educate all new employees as per regulations. Please see attached form. Ongoing monitoring will be completed by the Administrator.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Alison Heffelfinger LPA Administrator</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Alison Heffelfinger</i>		Date	<i>7/30/15</i>

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The above plan of correction is approved as of <u>7/31/15</u> (Date)	Plan of correction implementation status as of <u>7/31/15</u> (Date)
The above plan of correction was approved by <u>M</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

Violation Report: 21477 - 07/23/2015 - Yellenic, Cindy
PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

The home did not notify the prescribing physician that Resident #1 did not receive Tramadol APAP 325mg at 8:00am on 7/6/15.

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 medication error was not reported to the administration. The employee the employee that made the error no longer works for the facility. The day of the violation administration contacted her Physician and her responsible party. Staff educated on the importance of reporting errors. Please see attached educational form.
Please see Attached Documents

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Alison Heffelfinger Lpn Administrator*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Alison Heffelfinger Lpn* Date *7/30/15*

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The above plan of correction is approved as of 7/31/15
(Date)

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

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented