



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 6, 2015

Mr. Dustin C. Miller, Owner
Rebecca S Personal Care Home, Inc.
118 Masters Avenue
Everett, Pennsylvania 15537

RE: Rebecca's at Everett
License #: 324070

Dear Mr. Miller:

As a result of the Department of Human Services' licensing inspections on August 18, 2015 of the above facility, the violation with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The violation 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, appearing to read "Brett Swanger".

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: REBECCA S AT EVERETT		License Number: 324070
Address: 118 MASTERS AVENUE, EVERETT, PA 15537		County: Bedford
Administrator: Terushia Jackson		Region: CENTRAL
Legal Entity Name: REBECCA'S PERSONAL CARE HOME INC		
Legal Entity Address: 5865 LINCOLN HIGHWAY, MANN'S CHOICE, PA 15550		
Certificate(s) of Occupancy C-2 LP 06/21/1990 L&I		
Staffing Hours Resident Support: 48 Total Daily Staff: 79 Waking Staff: 59		
Type of Inspection: Partial BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 08/18/2015: Springs, Israel; Palermo, Michael		
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: 37 Number of Residents Served: 24 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: 5	Number of Residents who: Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 23 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 7 Have a Physical Disability: 0	

Violation Report: 32407 - 08/18/2015 - Springs, Israel
 PCH Name: REBECCA S AT EVERETT

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
 Staff person A, whose date of hire was 7/15/15, did not have a criminal background check completed within 30 days of the hiring date.

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 background check for staff person A was completed on 8/19/15. To prevent this violation from occurring again we will implement a weekly chart review for all new employees and a monthly chart review for current employees. To ensure trainings and all paperwork are current for new as well as current employees. This will be performed by the administrator, Terushia Jackson and submitted to owner Dustin Miller.

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 9-15-15

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

The above plan of correction is approved as of

10/6/15
 (Date)

Plan of correction implementation status as of

10/6/15
 (Date)

The above plan of correction was approved by

RTS
 (Initials)

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

Violation Report: 32407 - 08/18/2015 - Springs, Israel

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Two ceiling tiles were missing from the ceiling in the back hallway near resident rooms.

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 ceiling tiles were replaced with new on 8/19/15.
 A photo of said tiles is attached to the document.
 This was completed by Dustin Miller, the owner.

To prevent this in the future, if work is being done of the structural part of the home, all materials must be present to replace broken items. This must be done the same day of the service. All contractors will be notified upon start of service. Contractors must report any hazards that need replaced before they leave building.

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) *Terushia Jackson*

Date *9-15-15*

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

The above plan of correction is approved as of 10/6/15
 (Date)

Plan of correction implementation status as of 10/6/15
 (Date)

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

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

Violation Report: 32407 - 08/18/2015 - Springs, Israel
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION
 Last fire drill supervised by a fire safety expert was conducted on 7/14/14.

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.

Terushia Jackson, called [redacted] with Bedford County Emergency management team. He is to perform our fire safety inspection on October 22nd, 2015.

To prevent this in the future he will set October as a standing order month for their office to do our fire safety inspection.

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) *Terushia Jackson* Date *9-15-15*

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

The above plan of correction is approved as of 10/6/15
 (Date)

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

Plan of correction implementation status as of 10/6/15
 (Date)

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

Violation Report: 32407 - 08/18/2015 - Springs, Israel
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

The following five fire drills performed in 2015 exceeded the maximum evacuation time of 3 minutes, 15 seconds.

1. 2/12/15 - 3 minutes, 30 seconds
2. 3/8/15 - 3 minutes, 21 seconds
3. 5/19/15 - 3 minutes, 23 seconds
4. 6/20/15 - 3 minutes, 21 seconds
5. 7/14/15 - 3 minutes, 32 seconds

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.

From now on if a fire drill exceeds 3 minutes and 15 seconds a fire drill must be done weekly until the drill meets standard or is under the 3 minutes and 15 seconds.

Fire Drills are performed by Terushia Jackson Documentation will be made for all fire drills and all efforts made to correct them.

From September 2015 on Rebecca's PCH will no longer admitt any residents that are a two person assist due to the amount of staff on the floor and to meet our fire safety inspection requirements.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Terushia Jackson*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Terushia Jackson</i>	Date <i>9-15-15</i>
--	---------------------

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

The above plan of correction is approved as of 10/6/15 (Date)

Plan of correction implementation status as of 10/6/15 (Date)

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

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

Violation Report: 32407 - 08/18/2015 - Springs, Israel

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION

A sleep time fire drill was conducted on 9/14/14 and the next recorded sleep time drill was held 9 months later on 6/20/15.

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.

A sleep time fire drill was conducted on 6/20/15. The next sleep time fire drill will be conducted on November 13th 2015. The drill will be conducted on that night by Terushia Jackson. The night time drills will be done every five months, unless there's a problem and it will be done every month until issue is fixed. A set schedule has been set-up for fire drills. Not to be differed unless there are problems with the drill. These drills are unannounced to staff and residents.

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 9/15/15

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

The above plan of correction is approved as of

10/6/15
(Date)

Plan of correction implementation status as of

10/6/15
(Date)

The above plan of correction was approved by

BTS
(Initials)

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

Violation Report: 32407 - 08/18/2015 - Springs, Israel
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #4, date of admission 2/24/15, contained incomplete fields pertaining to Mobility Assessment, Ability to Self Medicate, and Height and Weight.

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 evaluation was fixed by contacting the signing physician on 8/21/15. We updated her evaluation w/ the physician's staff member over the telephone. A photo copy has been sent w/ this report.

Terushia Jackson, administrator will review all physical evaluation upon receipt to make sure all areas are complete and accurate.

* Administrator will conduct an audit of all medical evaluations for current residents to assure documents are completed in full. Date of completion, October 30th 2015.
 BAS

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) Terushia Jackson Date 9/15/15

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

The above plan of correction is approved as of 10/6/15
 (Date)

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

Plan of correction implementation status as of 10/6/15
 (Date)

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

Violation Report: 32407 - 08/18/2015 - Springs, Israel

PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2600.183(f) - Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person, if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.

2a. DESCRIPTION OF VIOLATION

Resident #1's Morphine syringes from the resident's hospice comfort pack were still being stored with the current medications eight days after the resident was discharged from hospice care on 8/10/15.

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.

[Redacted] resident care director, called AseraCare Hospice and got an order to destroy comfort pack for Resident #1. The nurse came in on 8/21/15 and destroyed meds with staff member.

From now on upon discharge from hospice services the nurse must destroy comfort pack on day of discharge or take meds to be destroyed by their pharmacy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Terushia Jackson

Date 9-15-15

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

The above plan of correction is approved as of

10/6/15
(Date)

Plan of correction implementation status as of

10/6/15
(Date)

The above plan of correction was approved by

BAS
(Initials)

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

Violation Report: 32407 - 08/18/2015 - Springs, Israel
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

Resident #3, date of admission 1/8/13, was prescribed Hydrocodone two times daily by mouth. The narcotic count sheet showed that the medication was given on 8/18/15. However, when compared with the actual number of doses remaining and the Medication Administration Record, it was found that the medication was not administered on 8/18/15. The narcotic count for Resident #3's Hydrocodone was being improperly tracked.

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 new narcotic count sheet was done on 8/18/15 by Terushia Jackson, in the presence of state inspectors.

A meeting with all med tech was had on 8/21/15. All staff that administer medication were reformed of the importance of the narcotic count and to never pre-fill out the sheet. It has to be counted and document at the beginning of each shift with the med tech and another staff member and signed. Any med tech found in violation of this rule risks termination.

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
Terushia Jackson			9-15-15

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

The above plan of correction is approved as of <u>10/6/15</u> (Date)	Plan of correction implementation status as of <u>10/6/15</u> (Date)
The above plan of correction was approved by <u>BOS</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