



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: December 31, 2015**

Ms. Brenda Campbell, Administrator  
Chicora Medical Center, LP  
160 Medical Center Road  
Chicora, Pennsylvania 16025

RE: Chicora Medical Center  
#405530

Dear Ms. Campbell:

As a result of the Department of Human Services' licensing inspection on August 24, 2015 and September 15, 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, appearing to read "Jon Kimberland".

Jon Kimberland  
Regional Licensing Administrator

Enclosure  
Licensing Inspection Summary

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

PCH Name: CHICORA MEDICAL CENTER		License Number: 40553
Address: 160 MEDICAL CENTER ROAD, CHICORA, PA 16025		County: Butler
Administrator: Brenda Campbell		Region: WEST
Legal Entity Name: CHICORA MEDICAL CENTER LP		<b>RECEIVED</b> DEC 21 2015 WEST REGION FIELD OFFICE Human Services Licensing
Legal Entity Address: 160 MEDICAL CENTER ROAD, CHICORA, PA 16025		
<b>Certificate(s) of Occupancy</b> C-1 02/05/1992 DOH		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
08/24/2015: McConnell, Deb		
09/15/2015: McConnell, Deb		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
09/09/2015: McConnell, Deb		
09/18/2015: McConnell, Deb		
11/19/2015: McConnell, Deb		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 26 Number of Residents Served: 17 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: 1	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 17 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 1	

DEC 21 2015

Violation Report: 40553 - 08/24/2015 - McConnell, Deb  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 8/19/15, at 11:00 a.m., staff person C, the home's administrator, became aware of an allegation that a staff person grabbed resident #1 tightly around the shoulders and neck/jaw and roughly dug dentures out of the resident's mouth with their fingers, causing a small red mark on the resident's right jaw line. Staff then proceeded to grab the resident's right leg and lift it high into the air, causing the resident to yell at the staff person to stop because he/she would break it. The home did not report the allegation to the local area agency on aging until, 9/19/15, at 3:00 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.

The Administrator has reviewed (12-16-15) with staff that suspected or witnessed abuse must be reported immediately to Protective Services by the staff member at the time of the incident. They are not wait to let the supervisor know they are to report first then let the supervisor know then the supervisor will suspend the staff person pending the investigation and will follow steps to comply with the regulations.

Administrator will monitor that any suspected abuse will be reported immediately and will do follow up review of reporting with staff as a yearly inservice.

A inservice has been set up with Protective Services and the Ombudsman to come to the facility on 1-11-16 at 2:00pm to educate the staff on the signs and symptoms of abuse and the reporting structure that is to be followed along with the time frame per regulation 2600.15(a)

will send signature sheet showing education completed on 1-11-16

(3 attachments)

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brenda Campbell PC Administrator* Date *12-17-15*

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

The above plan of correction is approved as of _____ (Date)	Plan of correction implementation status as of _____ (Date)
The 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: 40553 - 08/24/2015 - McConnell, Deb  
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DEC 24 2015

WEST REGION FIELD 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 D started working in the home on 6/12/12 and provides unsupervised care to residents in the home including: 9/3/15, 9/4/15, and 9/10/14 during the 3:00 p.m.-11:00 p.m. shift and on 9/13/15 during the 11:00 p.m.-7:00 a.m. shift. The home has not completed a criminal history background check for staff person D.

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.

Our Human Resource does a Criminal History check on every new hire and will continue to do so with the hiring Process

The Direct care staff was assisting our community from a sister Community, at the time of her hire there was a background check done that stated under review the sister Home HR Director had the check redone for our facility on 9-15-15 The background check came back no record (both enclosed) one is married name one is maiden name.

As of this date the Administrator will monitor this Process with the HR Director during the hiring Process of any new hires

Immediately: The administrator or designee will review the records of all current staff members to ensure that a PA State Police criminal background check has been completed, that each record does not contain any prohibited offenses, and that an FBI background check has been completed for employees who were not residents of Pennsylvania for the past two consecutive years prior to the date of hire. Documentation shall be kept in the staff records 12-28-15

Within 30 days of receipt of the accepted plan of correction: The administrator and any staff person involved in the hiring and retention of staff will complete the on-line Older Adult Protective Services Act training. Documentation of training shall be kept in the staff record. 12-28-15

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PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 8/6/15 and 8/24/15, the home served 17 residents and has identified 5 residents physically immobile requiring the assistance of 2 persons to transfer including: residents #1, #3, #4, #5, and #6. The home's staffing schedule indicates that only 1 staff person works the 3:00 p.m.-11:00 p.m. shift and the 11:00 p.m.-7:00 a.m. shift. In an event of an emergency evacuation, the home's evening and night staffing is inadequate to meet the evacuation needs of 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.

AS of 12-14-2015 Chicora medical center will follow the recommended Staff / model pattern found in the DHS Regulations  
This pattern will be used with Residents with mobility needs determined by assessment.  
we will be compliant utilizing DHS Staffing pattern  
Administrator will monitor staffing hours per weekly schedule and any immobile residents

Immediately: The administrator or designated staff person shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate level of supervision to meet the health and safety needs of residents as identified in the residents' assessments and support plans. 12-28-15

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WEST REGION FIELD OFFICE  
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1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

On 8/24/15, at 9:10 a.m., Resident #2's prescribed prednisone, 10mg was unlocked, unattended, and accessible to residents on the desk in the front entrance area of the home.

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.

As of 12-14-15 the Administrator will review with each staff member that no medication or syringes is to be left unattended and accessible to residents at anytime. (attachment)

All medication is to be kept in locked medication cart

will be monitored by Administrator and staff each shift that there is no medication ~~is~~ left unattended

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(Date)

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(Initials)

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WEST REGION FIELD OFFICE  
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**1. REGULATION 55 Pa.Code §2600**

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

**2a. DESCRIPTION OF VIOLATION**

On 8/18/15, at 10:06 p.m., staff person A attempted to give resident #1 prescribed PRN Alivan, 0.5mg. Resident #1 refused to take the medication and spit the medication out. However, resident#1's August 2015, medication administration record indicates the resident received the Alivan, 0.5mg on 8/18/15, at 10:06 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.*

Administrator reviewed with all staff 12-15-15 that when giving a resident a medication they are to make sure the resident has swallowed the medication before making the documentation in the mar that the medication has been given (attachment)

Administrator will monitor mar Documentation monthly for the next 6 months

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WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.201 - The home shall use positive interventions to modify or eliminate a behavior that endangers the resident himself/herself or others. Positive interventions include improving communications, reinforcing appropriate behavior, redirection, conflict resolution, violence prevention, praise, deescalation techniques and alternative techniques or methods to identify and defuse potential emergency situations.

2a. DESCRIPTION OF VIOLATION

On 8/18/15, at approximately 9:25 p.m. resident #1 attempted to gain access to other resident rooms. Direct care staff person A attempted to redirect the resident. Resident #1 became upset and was taken to the lobby by direct staff person A and told he/she would have to stay in the lobby until he/she calmed down. At approximately 9:39 p.m., direct care staff person A took resident #1 to go to his/her bedroom against his/her will to calm down for the night and not disrupt the other residents with his/her "loud crying, yelling and weeping". Direct care staff person A did not use positive interventions to manage the resident's behavioral problems.

Resident #1 requires the use of a wheelchair and is diagnosed with anxiety and depression. The resident has behavioral problems with orientation, irritability, judgement, agitation, aggression, hallucinations, and understanding instructions.

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.

Administrator reviewed with staff Resident Rights.

The Ombudsmen is coming on 1-11-16 to do education for staff on resident rights

A behavior nurse from Family Home Health Services is coming 1-7-15 to educate staff in positive interventions, communication with behavior issues

will send signature sheet showing education completed once done

Immediately: The administrator or designee will monitor the care and services of for residents whom require mental health or behavioral care and services for at least two residents a week for three months and biannually thereafter to ensure the residents are receiving the care and services indicated in the resident's support plans and the use of positive interventions is implemented. Documentation of monitoring shall be kept. 12-28-15/

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WEST REGION FIELD 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 #1's support plan, dated 5/8/15, does not indicate the care and services the home will provide related to the resident's diagnosis of narcolepsy, depression, anxiety and dementia with behavioral disturbances.

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.

Administrator and Staff person will review residents support plans by 12-31-15 to ensure all required information is present along with the services that will be provided.

Administrator and Staff person will continue to monitor and audit periodically that information is being added or updated

Resident #1 no longer resides in the home. 12-28-15

Within 30 days of receipt of the accepted plan of correction: The administrator or designee will review newly completed support plans for accuracy and completion including the care and services the home will provide.

12-29-15

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