



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to MILLETT PINES LLC
LEGAL ENTITY

To operate THE PINES AT CLARKS SUMMIT
NAME OF FACILITY OR AGENCY

Located at 1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 72
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 5, 2015 until November 5, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 226120

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 05 2015

Mr. Daniel Millett, Member
Millett Pines LLC
1300 Morgan Highway
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit
License #: 226120

Dear Mr. Millett:

As a result of the Department of Human Services' licensing inspection on September 22, 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.

A regular license is being issued based on the enclosed License Inspection Summary. Your license is enclosed.

Sincerely,

A handwritten signature in black ink that reads "Matthew J. Jones".

Matthew J. Jones
Director *SH*

Enclosures
License
License Inspection Summary

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

PCH Name: THE PINES AT CLARKS SUMMIT		License Number: 22612
Address: 1300 MORGAN HIGHWAY, CLARKS SUMMIT, PA 18411		County: Lackawanna
Administrator: Tim Millett		Region: NORTHEAST
Legal Entity Name: Millett Pines LLC		
Legal Entity Address: 101 Old Lackawanna Trail, Clarks Summit, PA 18411		
Certificate(s) of Occupancy I-1 03/02/2015 South Abington Township		
Staffing Hours Resident Support: 0 Total Daily Staff: 12 Waking Staff: 9		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 09/22/2015: 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: 72	Number of Residents who:	
Number of Residents Served: 12	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit in Home: No	Are 80 Years of Age or Older: 12	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

Tim Millett
Executive Director

Tim Millett
10/09/2015

Violation Report: 22612 - 09/22/2015 - Yellenic, Cindy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.


2a. DESCRIPTION OF VIOLATION
 On 9-22-2015 at 1:30pm there was no thermometer in the refrigerator located in the dining room.

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.

Regulation 2600.103(f) is important to the safety of residents because thermometers inside refrigerators and freezers help monitor food requiring refrigeration at or below 40 degrees Fahrenheit and frozen food at or below 0 degrees Fahrenheit. The demonstration kitchen adjacent to the dining room is available for resident use and cooking classes for residents are conducted at this location.

The Director of Food and Beverage placed a new thermometer inside the refrigerator at the time of inspection. The Director of Food and Beverage will use a daily log sheet to document the temperatures of all refrigerators and freezers in the facility's kitchens and include the demonstration kitchen on the daily log sheet. The Director of Food and Beverage will report, to the Executive Director, a weekly report of the temperature log sheet and the Executive Director will monitor safe temperatures for all food requiring refrigeration and all frozen food.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tim Millatt <i>Exec. Director</i>	Date October 6, 2015
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 10/13/15
 (Date)

Plan of correction implementation status as of 10/13/15
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 22612 - 09/22/2015 - Yellenic, Cindy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa. Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION

On 9-22-2015 at 1:40pm, there were 12 bags of chicken fingers in the freezer in the kitchen, that were not labeled or dated.

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.

Regulation 2600.103(i) is important to the safety of the residents because it ensures that food is safe for resident use. Although the individual bags of chicken fingers were placed in a dated stainless steel pan, the date the chicken was placed in the individual bags was not labeled on each bag, therefore the individual bags of chicken did not indicate the food was safe.

The Director of Food and Beverage removed the twelve bags of chicken fingers from the freezer and discarded them in the facility dumpster so the product would not be used by residents. The Director of Food and Beverage will properly label each individual bag then put the individual bags in a container. All stored food requiring a date for use will be checked each week by the Director of Food and Beverage. A log documenting the food is dated will be sent to Executive Director each week for review.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 22612 - 09/22/2015 - Yellenic, Cindy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION
 The home's fire drill records indicate the home is not rotating exits during monthly drills. The home used the "main front" entrance during the drills conducted on 4/2/15, 5/29/15, and 6/19/15.

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.
 Regulation 2600.132(f) is important to the safety of the residents and staff because it requires a home to alternate exit routes during fire drills which helps ensure that residents and staff are prepared to respond to varying fire scenarios. In the fire drills we conducted, we used the same exit and did not alternate exits. The Director of Maintenance and the Executive Director reviewed this regulation and discussed the different exits in the home. The Executive Director will review the fire drill immediately after it is executed and compare the exit to the past fire drills to make sure different exit routes are being practiced.

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) Tim Millett Executive Director Date October 6, 2015

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Violation Report: 22612 - 09/22/2015 - Yellenic, Cindy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa. Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Until approximately 3 weeks ago, Staff Person A routinely administered medication. Staff person A completed the initial medication administration test on 4/28/15 and scored 85%. An individual must score 90% or higher and therefore, the staff person was not properly trained to administer medication.

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.

Regulation 2600.182(b) is important to the safety of the resident because it ensures that medication is administered safely with best practices by trained professionals.

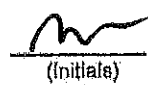
Staff person A was administering medication approximately three weeks before the Department inspection. This staff person no longer administers medication but continues to work as a resident aide. The Director of Wellness will audit all training completed by staff thus far to ensure each course meets the requirements of the Department. Any training that was not completed to the standard required by the Department will be immediately flagged and the staff person will not perform the duties related to the training until they are properly retrained and receive a passing score on the testing. The Executive Director will review the yearly training calendar and review the instructors credentials for each training topic to ensure a quality training course. The scores for testing will be checked by Director of Wellness and reported to the Executive Director for review.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tim Miller Exec Director Date 10/9/2015

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The above plan of correction is approved as of <u>10/13/15</u> (Date)	Plan of correction implementation status as of <u>10/13/15</u> (Date)
The above plan of correction was approved by  (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: 22612 - 09/22/2015 - Yellenic, Cindy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 The storage policy for medication in the home's resident contract states (pg. 9 of 25) all medication must be administered with the assistance of the home's staff and no medication, including over-the-counter medication, may be kept in the Resident's room. Resident #1, self administers medication and has the medication in his/her room.

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.
 Regulation 2600.185(a) is important to the safety of the resident because it reduces the risk that medications and medical equipment will be misplaced, lost, or misused by another resident. In the Home's resident contract, section 6(a) sub section X, regarding the Resident utilizing their own pharmacy, statement 4 states that all medication must be administered with the assistance of the Home's staff and statement 5 states that no medication, including over-the-counter medication, may be kept in the Resident's room. The Home is in conflict with those statements because it allows Resident #1 to self administer medication and store the medication in their room. The Resident's Documentation of the Medical Evaluation (DME) indicates that the Resident is capable of self administration of medications.
 As of October 9, 2015 the Home removed statement 4 and statement 5 to sub section X and added sub section XI to section 6(a). The Home notified all Residents this change will take effect thirty days from the date of notification as outlined in Section 23 of the Home's Contract. Resident #1 signed an Amendment to Resident Agreement and a copy is attached to this document. Any new Residents that self administer medication and store the medication in their room will sign an updated agreement.
 The Director of Wellness and Executive Director will continue to monitor proper medication administration and medication storage to ensure all Residents' safety.
 Please see attached page that includes the addition of Sub Section XI.

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
Jim Miller, Exec. Director			10/9/2015

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 (Date)

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

Plan of correction implementation status as of 10/13/15
 (Date)

Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
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Violation Report: 22612 - 09/22/2015 - Yellenic, Cindy
 PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #2 has the following errors noted from the resident's blood glucose tests. The blood glucose (BG) test administered on 9/14/15 at 8:30am was 157, recorded on the MAR was 154. On 9/19/15 @ 8:30pm the BG# was 181, 135 was recorded on the MAR, and on 9/22/15 @ 8:30am the BG# was 84, and 88 was recorded on the MAR.

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.

Regulation 2600.187(a) is important to the safety of the resident because it enables the Home's staff to track all medications a resident receives and ensures all medications are administered as prescribed.

The Director of Wellness spoke to each staff member about the importance of proper documentation and reviewed with all staff the potential risks associated with improper documentation.

The staff administering the blood glucose machine are required to do three comparisons of the reading on the machine to the number documented in the Home's EMAR (Quick Mar). First, staff will look at the reading from the machine and record the number manually in the EMAR. Second, the staff will look at the machine's reading and compare it to the number entered into the EMAR. Third, the staff will hold machine next to computer screen and compare the numbers side by side for accuracy. These three steps will occur each time staff monitors blood glucose levels. The results will be monitored by the Director of Wellness on a weekly basis. Any discrepancies in readings will be reported to the Executive Director for review. Monitoring and training with this will be an ongoing task.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Tim Miller, Executive Director Date 10/9/2015

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented