



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 10, 2016

Ms. Wendy Peace, Owner/Administrator
Wendy Jo Peace
P.O. Box 536
429 Union Street
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home
Certificate #406550

Dear Ms. Peace:

As a result of the Department of Human Services' licensing inspection on September 24, 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 cursive script that reads "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 40655 - 09/24/2015 - Whitney, Diane
PCH Name: PEACE S 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 3-11-15, at approximately 4:00 A.M., resident #1 went outside of the home to smoke a cigarette. The resident became disoriented and was found on the side of the road by a garbage crew, who called the local ambulance service. Resident #1 was transported to Punxsutawney Area Hospital where he/she was treated for hypothermia.

The home did not report this incident 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.

A training will be done on 3-12-16 we will go over Regulation 16c and over all reportable incidents when to report is what time frame and over reportable incident form how to fill it out and where to Fax them.

WP

* Attached is copy of training sheet and training info.

WP

Home will update policy/procedures to add unexplained absence of a resident for 24 hrs or more, or when the support plan so provides a period of less than

* Also a late copy of incident report is attached was Faxed to DPW on 3-8-16

24hrs
or
less than
4/7/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Whitney J Deane

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

Whitney Deane administrator

Date

3-8-16

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

The above plan of correction is approved as of 4-7-16
(Date)

Plan of correction implementation status as of 4-7-16
(Date)

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

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

MAR 24 2016

Violation Report: 40855 - 09/24/2015 - Whitney, Diane
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 March 2015 medication administration record for resident #1 does not include a diagnosis or purpose for the medication Bupropion HCL.

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 training will be done on 3-12-16 we will go over regulation 187a. What all needs to be on a MAR and especially any handwritten additional medications. MARs will be checked and reviewed monthly. Immediately, the personal care home WP adminstrator will audit all MARs to ensure all information is correct and up to date. CA 4-7-16
* Attached is a copy of Training Sheet and training info.
WP

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Wendy J. Dance</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Wendy J. Dance, administrator	3-8-16

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The above plan of correction is approved as of 4-7-16
(Date)

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

Plan of correction implementation status as of 4-7-16
(Date)

- Fully Implemented
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- Not Implemented

MAR 14 2016

Violation Report: 40855 - 09/24/2015 - Whitney, Diane
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 85 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 was prescribed oxygen and, according to staff interviews, was noncompliant with its use. The support plan, dated 7-18-14, for resident #1, does not include a plan to address this behavior.

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 #1 was discharged on 3.14.15. on 4-7-16
Staff does not fill out Support Plan only administrator does, as administrator I will review regulation 227D and will review support plans monthly to be sure that any needed documentations are be done.

WP
within 30 days of receipt of this plan of correction, the Personal Care Home Administrator will review all resident support plans to ensure all medical, dental, vision, hearing, mental health, or other behavioral needs are documented and all needs are being met. on 4-7-16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy J. Deane*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy J. Deane* Date *3-8-16*

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MAR 14 2016

Violation Report: 40655 - 09/24/2015 - Whitney, Diane
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2800.252 - Each resident's record must include the following information: (1) through (28)

2a. DESCRIPTION OF VIOLATION

Resident #1's record does not include the reason for the termination of services or transfer of the resident and the destination.

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 #1 was discharged on [redacted] 15. CA 4-7-16

As Administrator I will be sure to from now on give reason for termination and where resident went to and will be documented in residents chart for future reference if needed.

WP
Immediately, Personal care Home Admin is to document the termination of services or transfer of the resident and destination. CA 4-7-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy J. Peace

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

Wendy J. Peace

Date

3-8-16

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