



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED

MAILING DATE: MAY 05 2016

Mr. Larry Liang, Owner
Pennstate Best Care, Inc.
347 73rd Street
Brooklyn, New York 11209

RE: Haskins House
1009 Rhoads Avenue
Secane, Pennsylvania 19018
License #: 138550

Dear Mr. Liang:

As a result of the Department of Human Services' licensing inspection on September 28, 2015, October 29, 2015 and November 10, 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 "Patricia Adams", with a long horizontal flourish extending to the right.

Patricia Adams
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 13855 - 09/28/2015 - McIlvain, Shawn

PCH Name: Haskins House

1. REGULATION 55 Pa.Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 9/30/15, an agent of the Department, requested access to the license of the Hospice agency providing services in the home. It was not accessible.

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 obtained the Hospice Agency license on 10/1/15 and added to file.

Administrator will ensure that our facility obtains the license of any outside agency that enters the facility.

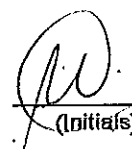
Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) SURAYA MIKER, Administrator / SW Date 4/14/16

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

The above plan of correction is approved as of 4/20/16 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 4/20/16 (Date)

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

Violation Report: 13865 - 09/28/2015 - McIlvain, Shawn

PCH Name: Haskins House

1. REGULATION 55 Pa.Code §2800

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

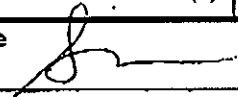
On 7/19/15, resident #1 was sent out to the hospital for a fall that occurred on 7/18/15. The home did not submit an incident report to the Department.

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.


I disagree with this violation. There was an in-house reportable written at the time of fall. The resident was taken to the hospital by her son and told to follow up with Ortho., which he scheduled and took her to appointment. 911 was not called for this fall. Administrator will ensure that an incident report is completed in the future for any instance that is stated in the regulations.

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) Sonya Maken Administrator/owner Date 4/14/16

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The above plan of correction is approved as of <u>4/20/16</u> (Date)	Plan of correction implementation status as of <u>4/20/16</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: 13855 - 09/28/2015 - McIlvain, Shawn

PCH Name: Haskins House

1. REGULATION 65 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

On 9/30/15, the home did not have criminal background records for the employees of the hospice agency assigned by the agency to provide care.

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.

Criminal background records were obtained on 10/1/15 for all employees from the hospice agency assigned to provide care.

Administrator will ensure that criminal background records are obtained immediately from agency for all that are assigned to provide care.

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) <i>Sandra Baker Administrator</i>	Date <i>9/14/16</i>
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Plan of correction implementation status as of 4/20/16 (Date)

The above plan of correction was approved by (Initials)

- Fully Implemented
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Violation Report: 13855 - 09/28/2015 - McIlvain, Shawn

PCH Name: Haskiris House

1. REGULATION 55 Pa.Code §2600

2600.141(b)(2) - A resident shall have a medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.

2a. DESCRIPTION OF VIOLATION

Resident #1 was discharged to hospice care [redacted] 15. There was no documentation a medical evaluation was completed to reflect the resident's current condition.

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's yearly medical evaluation was done on 7/17/15. Resident did not have a change in diagnosis from the physician and her status did not change to actively dying. The administrator made a change to her care plan noting the hospice. Administrator will ensure that a new medical evaluation be complete if a resident is put on hospice.

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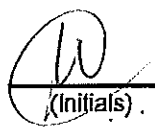
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonia Miller Administrator</i>	Date <i>4/24/16</i>
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The above plan of correction is approved as of 4/26/16 (Date)

Plan of correction implementation status as of 4/26/16 (Date)

The above plan of correction was approved by  (Initials)

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

Violation Report: 13855 - 09/28/2015 - McIvain, Shawn
 PCH Name: Haskin's House

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

- The assessment dated 1/30/15, for resident #1, was not completed. Page 4 of the RASP was incomplete.
- The assessment dated 1/30/15, for resident #1, did not include a level of supervision.

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.

Page four of Rasp was missed by error. Administrator completed page four on 10/1/15.

The level of supervision box was not checked off on sheet. The administrator checked off appropriate box on 10/1/15.

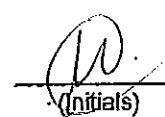
Administrator will ensure that care plans are fully completed.

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) *Suzanne M. Administration* Date *4/14/16*

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