



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 12 2015

Mr. Francisco Peters, Assistant Vice-President/Administrator
Allied Services Personal Care Inc.
100 Terrace Lane
Scranton, Pennsylvania 18508

RE: Allied Terrace
License #: 200250

Dear Mr. Peters:

As a result of the Department of Human Services' annual licensing inspection on October 1, 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,

Matthew J. Jones
Director

Enclosure
License Inspection Summary

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

PCH Name: ALLIED TERRACE		License Number: 20025
Address: 100 TERRACE LANE, SCRANTON, PA 18508		County: Lackawanna
Administrator: Francisco Peters		Region: NORTHEAST
Legal Entity Name: ALLIED SERVICES PERSONAL CARE INC		
Legal Entity Address: 100 TERRACE LANE, SCRANTON, PA 18508		
Certificate(s) of Occupancy other 10/01/2015 City of Scranton		
Staffing Hours Resident Support: NA Total Daily Staff: 57 Waking Staff: 43		
Type of Inspection: Full BHA Docket Number: Notice: Unannounced		
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 10/01/2015: Palton, Leslie; Rushin, Julienne		
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: 84 Number of Residents Served: 57	Number of Residents who: Receive Supplemental Security Income: 0	
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: 1 Number of Hospice Residents in past year: 1	Are 60 Years of Age or Older: 57 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 3	

Violation Report: 20025 - 10/01/2015 - Patton, Leslie
PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 was prescribed Coumadin 4mg to be administered daily. On 9/28/15 the order changed to 8mg daily, or as directed by the MD. The pharmacy label indicates 4mg daily or as directed by the MD. The home did not follow the prescriber's orders and the resident was only receiving 4 mg of Coumadin daily and not 8mg as ordered.

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.

See Attached

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/14/2014

Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Francisco Peters, Adm.* Date *10-8-15*

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

The above plan of correction is approved as of *10/9/15*
(Date)

The above plan of correction was approved by *m*
(Initials)

Plan of correction implementation status as of *10/9/15*
(Date)

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

ALLIED TERRACE

Living at its Finest

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8 October 2015

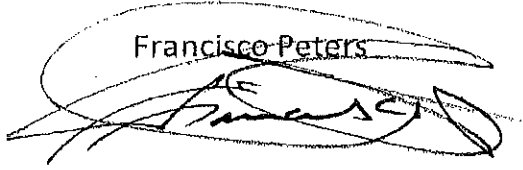
The Administrator, in conjunction with the resident care coordinator (nurse), will ensure that all medication labels provided by Allied Services Pharmacy are reflective of the prescriber's orders. In the event that these do not match, the Administrator in conjunction with the resident care coordinator (nurse), will contact the Vice President of Pharmacy to educate him of such discrepancy and will emphasize the importance of correcting it immediately to stay in compliance with Regulation 2600.187d.

Deficiency was corrected during the time of inspection. The label in question arrived during the inspection with corrected prescription directions/label.

Date of completion: complete

10/9/15

Francisco Peters



Administrator/AVP
Allied Terrace

Violation Report: 20025 - 10/01/2015 - Patton, Leslie
PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
The record of resident #2 does not specify the resident's identifying marks, if any.

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.

See Attached.

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

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

The above plan of correction is approved as of 10/9/15
(Date)

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

Plan of correction implementation status as of 10/9/15
(Date)

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

ALLIED TERRACE

Living at its Finest

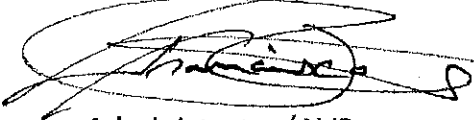
8 October 2015

The Administrator, in conjunction with the resident care coordinator (nurse), will review each and every Content of Resident Record to ensure that all 26 items mandated by Regulation 2600.252 are assessed and filled in appropriately without exclusion of any items.

[Handwritten signature]
10/9/15

Date of completion: ongoing

Francisco Peters



Administrator/AVP

Allied Terrace