



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail [REDACTED]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 20, 2015

Mr. Daniel Caffrey, CEO
Zerbe Sisters Nursing Center, Inc.
2499 Zerbe Road
Navron, Pennsylvania 17555

RE: Zerbe Sisters Nursing Center
Certificate #: 322370

Dear Mr. Caffrey:

As a result of the Department of Human Services' licensing inspection on October 8, 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.

The 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 "Brett Swanger".

Brett Swanger
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 32237 - 10/08/2015 - McCloskey, Jason
 FCH Name: ZERBE SISTERS NURSING CENTER

1. REGULATION 55 Pa.Code 52690
 2300.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

According to Staff Person A, the liquid contained in the generic pump sprayer located in the fire suppression room at the end of the short hallway adjacent to bedroom #126 is Johnson Diversey Heavy Duty Prespray Plus. The pump sprayer did not have a manufacturer's label identifying the material within. The original product labeling for the cleaning product identifies the product as a poisonous material, stating "Swallowed: give a cupful of water or milk then immediately contact a physician or poison control center."

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.

On 10/8/15, the generic pump sprayer was removed from the unit. All other bottles were checked for compliance. Staff was interviewed regarding this violation and instructed not to use any unlabeled containers. Any bottles/containers in question will be returned to the Maintenance Supervisor. Maintenance Supervisor will monitor the unit routinely for compliance.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **RENE MATHEWSON, PC Admin.** Date **10/14/15**

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The above plan of correction is approved as of 10/20/15
 (Date)

Plan of correction implementation status as of 10/20/15
 (Date)

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

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

Violation Report: 32237 - 10/08/2015 - McCloskey, Jason
 FCH Name: ZERBE SISTERS NURSING CENTER

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The two telephones located in the room occupied by Resident 1 do not have emergency service numbers posted nearby.

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.

Emergency phone numbers were placed on phones prior to Exit meeting on 10/12/15.

All Apts will now have emergency numbers posted on the back of the front Doors. This process will eliminate the possibility of a violation if a family member brings a phone and does not notify staff.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) RENE MATHEWS, LPA PC Admin Date 10/14/15

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The above plan of correction is approved as of 10/20/15
(Date)

Plan of correction implementation status as of 10/20/15
(Date)

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

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