



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

Ms. Sharon Ahearn, Administrator/Owner  
44 Broad Street  
Pittston, Pennsylvania 18640


RE: Adult Personal Care Home  
License #: 243860

Dear Ms. Ahearn:

As a result of the Department of Human Services' annual licensing inspections on October 29, 2015 and December 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.

Sincerely,

  
Matthew J. Jones  
Director <sup>SH</sup>

Enclosure  
License Inspection Summary



Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

**2a. DESCRIPTION OF VIOLATION**

The Medication Administration Record was left on the top of the locked medicine cabinet in an unlocked room off of the kitchen. The MAR was unlocked and accessible to unauthorized persons.

**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 55 Pa. code 2600- 2600.17 was violated because All confidential information must be kept in a confidential area. The Medication Admin Record was in an unlocked room off of the kitchen. This regulation is important in order to meet requirement that insure that all confidential information is secure. This violation will be fixed immediately by locking the MAR in the locked medication cabinet.*

*The administrator shall monitor and assure ongoing compliance.*

*12/21/15*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sharon Ahearn*

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

Sharon Ahearn

Date

11/20/2015

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

The above plan of correction is approved as of

*12/21/15*  
 (Date)

Plan of correction implementation status as of

*12/22/15*  
 (Date)

The above plan of correction was approved by

*[Signature]*  
 (Initials)

- Fully Implemented.
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented *Cy*

Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
 Staff person A, the home's administrator, completed only 21 hours of annual training in the training year 2014.

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 55 Pa. Code 2600, 2600.64(c) is important so the Administrator is up to date with training related to job duties. This regulation was violated because administrator, Staff A, thought all 24 hours were completed instead of the 21 found in the inspection. The cause was a miscalculation of hours collection and will be fixed right away by completing the missing 3 hrs as soon as possible.

On 11/17/2015 the CPR and First Aid was added to my 2015 training. I now have 28 hours and will use the overage hrs. to complete 2014 training.

*The administrator shall monitor and assure ongoing compliance.*

*[Signature]*  
 12/21/15

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

Signature of Legal Entity Representative (Required on EVERY Page)      *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Sharon Ahearn      Date      11/20/2015

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 24388 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff Person B, date of hire [redacted] 15, who is a volunteer, did not complete the required 40 hour scheduled work orientation. This staff person works independently with residents.

**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 55 Pa. Code 2600, 2600.65(b) is important to insure that all direct care staff have completed all orientation pieces. This regulation was violated because proper documentation was not found for Staff Person B, however all orientation was completed prior to providing direct care. Administrator will fix this documentation immediately in order to meet the regulation requirements.*

*The administrator shall monitor and assure ongoing compliance*

*12/21/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Date 11/20/2015

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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Person C, date of hire 2012, who is a volunteer, received only 10 hours of annual training in the training year 2014.

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 55 Pa. code 2600- 2600.65(e) was violated because direct care staff member C 12 hrs of training was shown in documentation. This regulation is important to prove that all direct care staff has been updated annually with required. Training for the missing 2 hrs will be completed and will be documented asap to show proof of training.*

*The Administrator shall monitor and assure ongoing compliance.*

*12/21/15*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCGH Name: ADULT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

**2a. DESCRIPTION OF VIOLATION**

Direct Care Staff Person C, date of hire 2012, who is a volunteer, did not have receive any training in the following areas for training year 2014: Older Adults Protective Services Act, Falls and Prevention, and serving New Populations.

**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 55 Pa. code 2600- 2600.65(g) was violated because documentation was not presented to show that all annual training for regular and volunteer personnel was completed for Direct Care Staff member C the above 4, 5 and 6 training areas. This regulation is important to prove that all staff are reminded annually of these training that will insure safety for all residents. This will be updated immediately in order to prove adherence.*

*The administrator shall monitor and assure ongoing compliance.*

*[Signature]*  
 12/21/15

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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

**2a. DESCRIPTION OF VIOLATION**

The bathroom with the tub, on the second floor of the home, had a container of Ajax cleanser and an aerosol can of Lysol under the sink. In the cupboard, above the toilet, was a 3oz. bottle of Flexall pain relieving gel. All of these items state harmful if swallowed and to call a physician. All of the residents of the home have not been assessed capable of recognizing and using poisons safely.

**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 55 Pa. code 2600- 2600.82(c) was violated because ajax and a can of Lysol was found under the sink. A bottle of flexall pain relieving gel was found above the toilet in a cabinet. The regulation of keeping all poisonous materials locked is important to prevent accidental consumption. These items will be removed immediately by administrator.


The administrator shall monitor and assure ongoing compliance  
 12/21/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Sharon Ahearn	Date	11/20/2015
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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION  
 The refrigerator in the kitchen had a 4oz. single-serve applesauce opened not completely covered or dated, and a piece of cheesecake 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 55 Pa. code 2600- 2600.103(e) was violated because 2 items were found in the refrigerator not completely covered or labeled. This regulation is important in order to prevent re-serving as well as dating and labeling all leftovers. This regulation will be fixed by insuring adherence to documentation/labeling regulations.*

*The administrator shall monitor and assure ongoing compliance.*

*12/21/15*

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

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 10-29-15, in the refrigerator in the kitchen were the following items: a package of bologna dated 10/20/15, a package of swiss chees not completely sealed and dried out, and 1/2 a tomato with mold on it.

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 55 Pa. code 2600- 2600.103(1) was violated because a package of bologna was outdated by 9 days, a package of Swiss cheese was dried out because the package was not sealed all of the way and 1/2 tomato was found with mold. This regulation is important in order to properly discard outdated or spoiled food. This regulation will be fixed immediately by throwing away those items as well as checking all food items on a daily basis and discarding items that are outdated or spoiled.

The administrator shall monitor for ongoing compliance. *Sharon Ahearn*  
 12/21/15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sharon Ahearn*

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

Sharon Ahearn

Date

11/20/2015

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*Sharon Ahearn*  
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- Not Implemented

*eg*

Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.132(b) - A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The last fire safety inspection and drill observed by a fire safety expert was conducted on 10-22-14.

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 55 Pa. code 2600- 2600.132(b) was violated because there was no documentation showing the annual fire drill was completed in 2015 as of inspection date. The regulation is important in order to insure fire safety drills are conducted. This will be fixed by scheduling the fire drill with the local fire department.*

11/04/2015 A drill was performed and the assistant chief of the Fire Department completed a alarm check as well as a fire safety inspection.

*The administrator shall monitor and assure ongoing compliance.*  
*ms*  
*12/21/15*

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

Signature of Legal Entity Representative (Required on EVERY Page)      *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Sharon Ahearn      Date      11/20/2015

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- Not Implemented

Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800  
 2600.133(a)(1) - If the home serves nine or more residents, signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.

2a. DESCRIPTION OF VIOLATION  
 There are no exit signs by the stairways, second floor landing, directing residents on where to go in an emergency. The only exit sign upstairs is in the bathroom in the back left corner of the home where the exit door is. The home currently serves 7 residents.

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 55 Pa. code 2600- 2600.133(a)(1) was violated because the exit signs were not seen near the stairways, second floor landing directing residents on where to go in an emergency. This is important in order to assist resident in event of emergency requiring a quick exit. This regulation was violated because the signs were removed for updating and not replaced. This will be fixed immediately by posting all Exit signs in required areas.

The administrator shall monitor and assure ongoing compliance.

12/21/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Sharon Ahearn	11/20/2015

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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and OAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 had a box of Debrox available in the medication cabinet. The over-the-counter medication expired on 9/2014 and is not listed as a current medication on the resident's MAR.

Resident #2 had a box of Mucus DM Relief available in the medication cabinet. The over-the-counter medication is not listed as a current medication on the resident's MAR.

Resident #3 has a physician's order for an Advair diskus. The Advair has an expiration of 30 days after being opened and was not dated when it was opened.  
 Resident #3 had a ProAir HFA 90 mcg inhaler in the medication cabinet. The medication is not listed on the resident's current MAR.  
 Staff person A, who is the administrator, did not have a discontinued order for the 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 55 Pa. code 2600- 2600.183(d) was violated because Resident 1 had an expired medication item in the medication cabinet not listed as a medication MAR sheet. Resident #2 had an OTC item in the medicine cabinet and not listed on the MAR and Resident #3 had a prescribed medication that needs to be discarded 30 days after opening and was found without "open" date. Resident # 3 also had a medication missing from the MAR and not dated with a discontinued date. Medication records documentation is important to properly store and record. This regulation will be fixed immediately by the administrator by insuring all OTCs are documented in the MAR, not outdated and all prescription medication are listed on the MAR to include d/c date.

The administrator shall monitor and assure ongoing compliance - *[Signature]* 12/21/15

Repeat Violation: Yes      Date(s) of Previous Violation(s): 11/19/2014

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn      Date 11/20/2015

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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #4 has a physician's prescription for Oxycodone take 1 tab orally every 8 hrs. as needed for pain. The medication is being given to the resident as a straight order every 8 hours.

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.

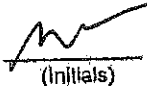
*Regulation 55 Pa. code 2600- 2600.187(d) was violated because Resident # 4 had physician orders to take 1 tab orally every 8 hrs as needed for pain but was given as every 8 hrs. This regulation is important in order to follow physician orders for proper medication indications and will be fixed immediately by administrator by providing medication when resident indicates pain as prescribed orders.*

*The administrator shall monitor and assure ongoing compliance.*

*12/21/15*

Repeat Violation: Yes	Date(s) of Previous Violation(s)	11/19/2014
Signature of Legal Entity Representative (Required on EVERY Page)		
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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION  
 There is no preadmission screening form for resident #3, date of admission [redacted] 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 55 Pa. code 2600- 2600.224(a) was violated because Resident # 3 did not have proper documentation showing pre-admission screening 30 days prior to admission. This regulation is important to identify that the residents needs can be met by the home. This violation will be fixed immediately by providing an assessment immediately and doing all preadmission assessments 30 days prior to admission.

The administrator shall monitor and assure ongoing compliance

*[Signature]*  
 12/21/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION  
 Resident #3's, date of admission [redacted] 15, initial Resident Assessment was completed on 8-14-15. The initial assessment is to be completed within 15 days of admission.

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 55 Pa. code 2600- 2600.65(e) was violated because Resident # 3's records didn't show the initial assessment was completed within 15 days of admission and wasn't completed until 30 days of admissions. This regulation is important to make sure the resident is assessed in a timely manner for safety reasons. The administrator will fix this violation immediately by indicating a check list for all new residents*

*The administrator shall monitor and assure ongoing compliance.*

*[Signature]*  
 12/21/15

Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Sharon Ahearn</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date	
Sharon Ahearn		11/20/2015	

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

The above plan of correction is approved as of <u>12/21/15</u> (Date)	Plan of correction implementation status as of <u>12/22/15</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 24386 - 10/29/2015 - Yellenic, Cindy  
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800  
 2600.251(b) - The entries in a resident's record shall be permanent, legible, dated and signed by the staff person making the entry.

2a. DESCRIPTION OF VIOLATION  
 Resident #3, hired [redacted] 15, his/her contract contained white-out.

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 55 Pa. code 2600- 2600.251(b) was violated because Resident # 3's contract had white out. The violation occurred because the administrator should have crossed out wrong information and initialed and dated error. This regulation is important to show all documentation even erogenous records. This regulation will be fixed immediately by throwing away the white out and following the guidelines of error documentation.*

*The administrator shall monitor and assure ongoing compliance.*

*[Signature]*  
 12/21/15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Date 11/20/2015

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

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The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>cy</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

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

PCH Name: ADULT PERSONAL CARE HOME		License Number: 24386
Address: 44 BROAD STREET, PITTSTON, PA 18640		County: Luzerne
Administrator: Sharon Ahearn		Region: NORTHEAST
Legal Entity Name: SHARON AHEARN		
Legal Entity Address: 44 BROAD STREET, PITTSTON, PA 18640		
<b>Certificate(s) of Occupancy</b> C-3 SP 09/30/1980 PA Dept of L&I		
<b>Staffing Hours</b> Resident Support: 0                      Total Daily Staff: 8                      Working Staff: 6		
Type of Inspection: Partial		BHA Docket Number:                      Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Monitoring		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/22/2015: Yellenic, Cindy		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b> Partial or Full Triggers:                      Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 8 Number of Residents Served: 8 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: 0 Number of Hospice Residents in past year: 0	<b>Number of Residents who:</b> Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 6 Have Mental Illness: 4 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 1	

Violation Report: 24386 - 12/22/2015 - Yellenic, Cindy  
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The Medication Administration record was left on the top of the locked medicine cabinet in an unlocked room off of the kitchen. The MAR was unlocked and accessible to unauthorized persons.

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 completely understand the violation and the importance of having the Medication Record confidential. As administrator these records will only be available to the staff for the purpose of providing services to the residents. To comply with this regulation and to assure continued compliance to protect the residents privacy and after documenting the administration of the medication the record book will be in a locked drawer. Daily checks will be made as well to assure ongoing compliance.

*The administrator shall monitor and assure ongoing compliance.*

*M*  
*1/7/16*

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/29/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)      Sharon Ahearn      Date 1/06/16

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

The above plan of correction is approved as of 1/7/16 (Date)

Plan of correction implementation status as of 1/19/16 (Date)

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

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

Violation Report: 24386 - 12/22/2015 - Yellenic, Cindy  
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION

The bathroom on the second floor with the tub in it, had a container of Laxative Glycerin Suppositories in the cupboard above the toilet. The suppositories state on the container, harmful if swallowed and call the Poison Control Center immediately. The suppositories were unlocked and accessible to residents. All of the residents of the home have not been assessed capable of recognizing and using poisons safely.

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 2600.82 was violated because a jar of suppositories were in the bathroom cabinet. This item was removed immediately. All poisonous items are to be locked for the prevention of a accidental consumption. As administrator I will check the bathroom cabinets daily to ensure the safety of the residents and ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 10/29/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)



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

Sharon Ahearn

Date 1/6/2016

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

The above plan of correction is approved as of 1/7/16  
(Date)

Plan of correction implementation status as of 1/19/16  
(Date)

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

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

Violation Report: 24386 - 12/22/2015 - Yellenic, Cindy  
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION  
The refrigerator in the kitchen had a container of pea soup in it that was 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.

The home was in violation, 2600103e. because a small container of leftover pea soup was not labeled and dated. As administrator the food in the refrigerator will be monitored daily for dates and content to be in compliance.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 10/29/2015

Signature of Legal Entity Representative  
(Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Sharon Ahearn      Date 1/06/2016

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

The above plan of correction is approved as of 1/7/16  
(Date)

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

Plan of correction implementation status as of 1/19/16  
(Date)

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

Violation Report: 24386 - 12/22/2015 - Yellenic, Cindy  
PCH Name: ADULT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The refrigerator in the kitchen had the following expired items in it: Pork Loin, dated 12-13-15; Bologna, dated 11-28-15; Turkey, 11-25-15; Salami, 12-13-15; and, Turkey, 12-5-15.

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.

This regulation was in violation due to expired dates on the opened lunchmeats, etc. To ensure that the food is safe for use and ongoing compliance, the chart showing the time frame for foods stored that is in the regulations will be posted and used as a monitoring tool.

The administrator shall monitor and assure ongoing compliance.

M  
1/7/16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/29/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Sharon Ahearn*

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

Sharon Ahearn

Date

1/06/2016

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The above plan of correction is approved as of

1/7/16  
(Date)

Plan of correction implementation status as of

1/19/16  
(Date)

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

The above plan of correction was approved by

M  
(Initials)

Violation Report: 24386 - 12/22/2015 - Yellenic, Cindy  
PCH Name: ADULT PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

Resident #1 has a physician's order for Oxycodone to be given every 8 hrs. as needed for pain. The resident receives the medication at 8:00am, 2:00pm, and 9:00pm. There is not 8 hours between doses of the medication per prescriber's orders.

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 completely understand the regulation to follow the prescribers directions. The doctor who prescribed the medication will not state the time for the administration of the oxycodone specifically, but to state as needed every 8 hours. The resident agrees to the time frame of the directions and as Administrator I record the medication as a PRN for ongoing compliance.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

10/29/2015

11/19/2014

Signature of Legal Entity Representative  
(Required on EVERY Page)

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

Sharon Ahearn

Date

1/06/2016

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

The above plan of correction is approved as of

1/7/16  
(Date)

Plan of correction implementation status as of

1/9/16  
(Date)

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

The above plan of correction was approved by

(Initials)