



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 15 2016

Ms. Tawny Myers, Designee  
Shirley Home for the Aged, Inc.  
17050 Country View Lane  
Shirleysburg, Pennsylvania 17260

RE: Shirley Home for the Aged  
License #: 343970

Dear Ms. Myers:

As a result of the Department of Human Services' annual licensing inspections on October 30, 2015 and November 2, 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 that reads "Matthew J. Jones".

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

Enclosure  
License Inspection Summary



Violation Report: 34397 - 10/30/2015 - McCloskey, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa.Code §2100

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-1025.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Staff Person A, hired 7/20/15, had a Criminal History Background Check completed 9/18/15, more than thirty days after the date of hire.

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 first day of hire application for criminal History Background Check will be completed & mailed.  
All new employee's file will be reviewed by Administrator to ensure report was filed and return in timely manner. This review will occur on the 30th day from hire to assure that the background check has been obtained.  
If the employee required an additional FBI background check, the record will be reviewed on the 90th day from hire to assure this check has been received.  
Administration will review the files for all current employees to assure background checks have been obtained.

BAS 12/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Valerie Thomas*

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

Valerie Thomas

Date

12-7-15

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

The above plan of correction is approved as of

12/15  
(Date)

Plan of correction implementation status as of

2/12/16  
(Date)

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

The above plan of correction was approved by

BAS  
(Initials)

Violation Report: 34397 - 10/30/2015 - McCloskey, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa.Code §2100

2600.65(f) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired on 2/9/15, did not have documentation for the successful completion and passing of the Department-approved direct care training course, as required in regulation 2600.65d, in the staff person's records.

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.

All direct care staff training course will be completed a "Certificate of completion" will be kept in their personal file.

Administrator will review file prior to the employee providing unsupervised direct care to assure proper training has been completed and documentation is on file.

Administration shall review all current Direct care staff files to assure documentation is on file.

BAS 12/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Valerie Thomas*

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

Valerie Thomas

Date

12-2-15

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

The above plan of correction is approved as of 12/15/15  
(Date)

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

Plan of correction implementation status as of 2/12/16  
(Date)

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

Violation Report: 34297 - 10/30/2015 - McCloskey, Jason  
FCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 56 Pa. Code §2106  
2600.86(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

A comparison of the actual glucometer readings on the glucometers assigned to Residents #2, #3, and #4 and the documented readings on the home's Daily Blood Sugar logs for these same residents found the following:

Resident #3's glucometer was used to test resident #2 on 10/1/15, 10/2/15, 10/2/15, 10/4/15, 10/5/15 and 10/6/15.  
Resident #3's glucometer was used to test Resident #4 on 10/9/15.  
Resident #2's glucometer was used to test Resident #3 on 10/18/15, 10/19/15, and 10/20/15.

The practice of sharing glucometers between residents presents a risk for the spread of infectious diseases.

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.

Each Diabetic Resident will have a flow sheet showing their daily readings as ordered by their physician.

Evening Shift will review each individuals glucometer history weekly (Fridays) to justify reading with a check (✓) mark and initial.

If a new admission does not own a glucometer, or a current resident is in need of a new glucometer, the Shirley Home will provide a new glucometer and this will become the sole property of that resident.

Each resident glucometer will be labeled with residents name and to be used specifically for that resident.

There will be a Diabetic Training for all LPN's + Med Techs on January 19, 2016 @ 1pm at the Shirley Home. In the event of inclement weather, Training will be rescheduled.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Kaliese Thomas

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

Villette Thomas

Date

12-7-15

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of

12/9/15  
(Date)

Plan of correction implementation status as of

2/12/16  
(Date)

The above plan of correction was approved by

BTB  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented

Violation Report: 34397 - 10/30/2015 - McCloskey, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa. Code §2600  
2600.101(c) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

Bedroom #16 located on the first floor of the home and occupied by Resident #4 and Resident #5 had a piece of plywood covering an area of the ceiling above Resident #4's bed and had an area of the ceiling with water damage stains from a leak on the second floor of the home.

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.

Ceiling in Room 15 will be reconstructed. Clean, free of any hazards, and in good repair at all times.

Projected time of completion will be by January 15, 2016

A photo of completed work will be sent to DHS.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Valerie Thomas*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Valerie Thomas*      Date *12-8-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 12/9/15  
(Date)

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

Plan of correction implementation status as of 2/12/16  
(Date)

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

Violation Report: 34397 - 10/30/2015 - McCloskey, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa. Code §2100

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

On 11/2/15 at 1:50pm, the refrigerators designated as #8 and #9 by the home had temperatures of 50 degrees Fahrenheit and 48 degrees Fahrenheit respectively.

The home's weekly Refrigerator Check log shows that refrigerators #8 and #9 are frequently out of compliance with the temperature requirements.

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.

Maintenance will monitor weekly thermometer checks on food requiring refrigeration to maintain temperature below 40°F. Frozen food shall be kept at or below 0°F at all times. A log book is used to record temps.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Valerie Thomas*

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

Valerie Thomas

Date

12-7-15

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

The above plan of correction is approved as of

12/1/15  
(Date)

Plan of correction implementation status as of

2/12/16  
(Date)

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

The above plan of correction was approved by

BAS  
(Initials)

Violation Report: 24387 - 10/30/2015 - McClonkay, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 56 Pa.Code §2100  
2000.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

On 11/2/15, the home had 29 residents, but only 43.2 gallons of emergency drinking water on site. The home's emergency water contract does not state a time frame for emergency delivery and that water will be delivered as a priority even in the event of a regional general emergency

2. 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.

Shirley Home will provide a 3 day supply of water at all times. by Strickler's

Strickler's is a manufacturer of packaged ice and bottled water. In case of an emergency Strickler's guarantee's to supply the Shirley Home with ice and 350-400 gallons of water within 24 hours as needed.

Strickler's also guarantee's that water will be delivered in the event of a Regional General Emergency.

\* The written agreement with Strickler's was amended to reflect these guarantees listed above.

BAS  
12/9/15

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Karen Thomas*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Valerie Thomas*      Date *12-07-15*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 12/9/15  
(Date)

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

Plan of correction implementation status as of 12/9/15  
(Date)

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

Violation Report: 34397 - 10/30/2015 - McCloskey, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa. Code §2100

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 11/2/15, the exit door located on the second floor near bedrooms #25 and #27 was stuck and unable to be forced open by Staff Member D.

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.

Exit Doors will be checked by maintenance daily Monday through Friday. Supervising staff who locks and unlock doors will do daily and report any problems.

The exit door listed in this violation was fixed by maintenance and is now able to be opened without problem.

BAS  
12/9/15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Valerie Thomas*

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

Valerie Thomas

Date 12-7-15

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

The above plan of correction is approved as of

12/9/15  
(Date)

Plan of correction implementation status as of 12/9/15  
(Date)

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

The above plan of correction was approved by

BAS  
(Initials)

Violation Report: 34307 - 10/30/2015 - McCloskey, Jason  
 PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa. Code §1600  
 2600.131(f) - Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

2a. DESCRIPTION OF VIOLATION  
 The fire extinguisher located in the hallway near the second floor sunroom has not been inspected by a fire safety expert since September of 2013.

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.

*Extinguisher discarded.*  
*Fire Extinguishers are inspected on a yearly basis.*  
*The extinguisher listed in this violation was not for use and thus was not inspected during the annual inspection conducted by the fire safety expert. All other extinguishers received proper inspection.*  
*BAS 12/9/15*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Valerie Thomas</i>	Date <i>12-7-15</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/9/15  
 (Date)

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

Plan of correction implementation status as of 12/9/15  
 (Date)

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

Violation Report: 34397 - 10/30/2015 - McCloskey, Jason  
FCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 58 Pa. Code §21-00

2600.133(a)(3) - If the home serves nine or more residents, exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

2a. DESCRIPTION OF VIOLATION

The letters on the exit sign over the kitchen exit door are less than 6 inches high and 3/4 of an inch wide. The home currently serves 29 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.

*Exit sign replaced over Kitchen Exit Door with proper measurement of sign and letters.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Valerie Thomas*

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

*Valerie Thomas*

Date

*12-7-15*

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

The above plan of correction is approved as of 12/9/15  
(Date)

Plan of correction implementation status as of 12/9/15  
(Date)

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

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

Violation Report: 34397 - 10/30/2015 - McCloskey, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa.Code §2100

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

2a. DESCRIPTION OF VIOLATION

A bucket containing cigarette butts was located outside the home by the exit door but not within the designated smoking area.

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.

*Bucket removed from outside Exit door  
All staff and resident that smoke reminded all containers used to extinguish cigarettes must stay inside the designated smoking Area.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Valerie Thomas*

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

*Valerie Thomas*

Date

*12-7-15*

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

The above plan of correction is approved as of

*12/9/15*  
(Date)

Plan of correction implementation status as of

*12/9/15*  
(Date)

The above plan of correction was approved by

*BHS*  
(Initials)

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

Violation Report: 34387 - 10/30/2015 - McCloskey, Jason  
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa. Code §21100

2600.157(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2. DESCRIPTION OF VIOLATION

Resident #1 refused administration of the prescribed insulin on the afternoons of 10/18/15, 10/19/15, 10/22/15, and 10/23/15. The home failed to notify the prescriber within 24 hours from the time of these refusals.

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.

All Med Tech's + LPN's will document in residents chart & Medication Record and notify the physician if at anytime a resident refuses any medication.

All Med Tech + LPN's should review Medication Records at end of their shift to ensure they have signed off all Medications.

The Med Tech or LPN on night shift is to review the Medication Records to ensure all Medications were signed off for that day.

Administration will reeducate staff regarding the home's policy and procedure regarding medication administration and refusal by 12/20/15.  
BAS

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Valerie Thomas

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

Valerie Thomas

Date 12-7-15

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

The above plan of correction is approved as of 12/9/15  
(Date)

Plan of correction implementation status as of 2/12/16  
(Date)

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

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