



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: December 31, 2015

Ms. Misty Flemming, Administrator
Jeffco Health Services, Inc.
Jefferson Court
417 Route 28
Brookville, Pennsylvania 15825

RE: Jefferson Court
#406240

Dear Ms. Fleming:

As a result of the Department of Human Services' licensing inspection on November 5, 2015 and November 6, 2015, 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 "Janine Wenzig".

Janine Wenzig
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 40624 - 11/05/2015 - Barry, Courtney

DEC 28 2015

PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 11/3/15, at approximately 3:30 p.m., Staff person A received an allegation of verbal abuse regarding staff person B, toward residents #1, #2, and #3. This allegation was not reported to the local Area Agency on Aging.

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.

Staff were in serviced by 12/07/2015 on Abuse Prevention and reporting. Staff person A is aware of the regulations regarding abuse reporting and reporting to the local Area Agency on Aging. This allegation was reported to the local Area Agency on Aging on 11/20/15. The Administrator and/or designee will be responsible to ensure that all reports of suspected abuse are immediately reported to the proper agencies, and will review all unusual incidents daily.

[Signature]
12/29/15

Repeat Violation: Yes

Date(s) of Previous Violation(s):

11/13/2014

Signature of Legal Entity Representative
(Required on EVERY Page)

[Signature]

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

Misty S. Fleming, Administrator

Date

12/23/2015

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The above plan of correction is approved as of

12/25/15
(Date)

Plan of correction implementation status as of

12/29/15
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 40624 - 11/05/2015 - Barry, Courtney
PCH Name: JEFFERSON COURT

DEC 28 2015

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

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Human Services Licensing

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

On 10/28/15, direct care staff person C began working at 6 a.m. According to multiple staff and resident interviews, while performing direct care duties, including medication administration, staff person C was observed stumbling and bumping into walls, had slurred speech, was confused, and appeared to be impaired. Staff person C was not sent home until approximately 8:30 a.m.

According to multiple staff and resident interviews, staff person C appeared to be impaired on prior dates, including on 10/28/15 when he/she was stumbling, and had slurred speech.

The home failed to ensure that staff person ^CA was free from a medical condition, including drug or alcohol addiction, that limited his/her ability to provide necessary personal care services, including medication administration, with reasonable skill and safety.

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.

Staff person C has been terminated from employment at Jefferson Court for inappropriate behavior on 10/28/15. The policy on reasonable suspicion and random drug testing is implemented by the facility when appropriate. The Administrator will be responsible to ensure that the policy is implemented when necessary.

Immediately - The administrator or supervisor on duty on each shift will immediately intervene if an employee is judged as incapable of providing personal care services with reasonable skill and safety.

Repeat Violation: No Date(s) of Previous Violation(s): 12/29/15

Signature of Legal Entity Representative (Required on EVERY Page) *Misty S. Fleming*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Misty S. Fleming Administrator* Date *12/23/2015*

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The above plan of correction is approved as of 12/29/15 (Date)

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

Plan of correction implementation status as of 12/29/15 (Date)

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Violation Report: 40624 - 11/05/2015 - Barry, Courtney
PCH Name: JEFFERSON COURT

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Simvastatin 40mg, Donepezil 10mg, Namenda 10mg, Ranitidine 150 mg daily at 8:30 p.m., and is ordered Mirtazapine 15 mg, daily at 8 p.m. However, on 11/1/15, staff person B administered all of the medications at approximately 6:15 p.m. and recorded the time of administration for each of the medications as 7:38 p.m.

Resident #4 is ordered Benazepril 10mg, Lantus 100/ml, injection, Melatonin 3mg daily at 8:30 p.m., and is ordered Trazodone 50 mg, and Carafate 1gm/10ml, suspension daily at 8 p.m. However, on 11/1/15, staff person B administered all of the medications to resident #4 on 11/1/15, at approximately 6:30 p.m. and recorded the time of administration of each of the medications as 7:55 p.m.

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.

Staff person B is no longer employed at Jefferson Court. All medication trained staff will be inserviced on the proper procedure for medication administration by 1/15/16. The Administrator or designee will review the medication records monthly and as needed to ensure that medication is administered as prescribed. Further errors of this nature will result in disciplinary action up to and including termination.

By 1/3/16 - The administrator or designee who is trained in medication administration will observe at least 2 medication passes by each staff person who administers medication to ensure proper procedures are followed. Documentation will be kept.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Misty S. Fleming

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

Misty S. Fleming, Administrator

Date 12/23/2015

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MS
(Initials)

12/29/15

Violation Report: 40624 - 11/05/2015 - Barry, Courtney
PCH Name: JEFFERSON COURT

DEC 28 2015

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Resident #1 is ordered Simvastatin 40mg, Donepezil 10mg, Namenda 10mg, Ranitidine 150 mg daily at 8:30 p.m., and is ordered Mirtazapine 15mg, daily at 8 p.m. However, on 11/1/15, staff person B administered all of the medications at approximately 6:15 p.m.

Resident #4 is ordered Benazepril 10mg, Lantus 100/ml, injection, Melatonin 3mg daily at 8:30 p.m., and is ordered Trazodone 50mg, and Carafate 1gm/10ml, suspension daily at 8 p.m. However, on 11/1/15, staff person B administered all of the medications to resident #4 on 11/1/15, at approximately 6:30 p.m.

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.

Staff person B is no longer employed at Jefferson Court. All medication trained staff will be in serviced on the proper procedure for medication administration by 01/15/2016. The Administrator or designee will review the medication records monthly and as needed to ensure that medication is administered as prescribed. Further errors of this nature will result in disciplinary action up to and including termination.

By 1/31/16 - The administrator or designee who is trained in medication administration will observe at least 2 medication passes by each staff person who administers medications to ensure proper procedures, including giving medication at prescribed times, are followed. Documentation will be kept.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	09/11/2014	09/20/2013	01/23/15
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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) *Misty S. Fleming, Administrator* Date *12/23/2015*

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.189(a) - If a resident has a suspected adverse reaction to a medication, the home shall immediately consult a physician or seek emergency medical treatment. The resident's designated person shall be notified, if applicable.

2a. DESCRIPTION OF VIOLATION

On 10/21/15, resident #5 was ordered an increase in pain medication. On that date, a new medication, Fentanyl Patch 25 mcg, every 72 hours was ordered, and on 10/24/15, resident #5 began a new order for Oxycodone/APAP 5-325, take 2 tablets every 4 hours as needed for pain, an increase from the previous order of Oxycodone/APAP 5-325, take 2 tablets every 6 hours as needed for pain.

A Fentanyl Patch was applied on 10/24/15, and on 10/25/15, staff person A administered 2 tablets of Oxycodone/APAP 5-325 at 6:12 a.m., and 2 tablets at 11:31 a.m to resident #5. At approximately 2 p.m., resident #5 was lethargic, pale, unable to respond in complete sentences, and slumped in his/her chair.

According to multiple staff interviews, staff suspected that the resident was having an adverse reaction to the increased pain medications; however, the home failed to immediately consult a physician or seek emergency medical treatment. At 4:50 p.m., resident #5 began to vomit and staff administered Prochlorper 5 mg for nausea.

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 #5's Care was being managed by hospice. Protocol is to contact hospice for orders related to care. Hospice then notifies the physician as needed to avoid confusion and double notification to the physician. Oxycodone was administered by staff person C not A and C has been terminated unrelated to this incident. Staff person C administered the medication as ordered. Prochlorper was administered by Staff person A at 4:50pm and was effective. Hospice was notified and stated that lethargy is normal when starting Fentanyl. Resident's family was present at this time. The fentanyl patch was discontinued per hospice on 10/29/15 due to continued lethargy. Facility will work with hospice to ensure that the physician is notified in the event of an adverse reaction as necessary.

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

By 11/31/16 - All direct care staff persons will be reeducated on this requirement.

Signature of Legal Entity Representative (Required on EVERY Page)

Misty S. Fleming

P 12/29/15

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

Misty S. Fleming Administrator

Date *12/23/2015*

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