



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL -- RETURN RECEIPT REQUESTED
MAILING DATE: February 17, 2016

Ms. Wendy Peace, Owner/Administrator
Wendy Jo Peace
P.O. Box 536
429 Union Street
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home
Certificate #406550

Dear Ms. Peace:

As a result of the Department of Human Services' licensing inspection on November 10, 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 "Jon Kimberland" followed by a stylized flourish.

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 40855 - 11/10/2015 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

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 10/23/15, at 4:30 a.m., Resident #1 kicked resident #2, who was crouched in the second floor hallway, in the face causing the resident to bleed from the nose and mouth. Resident #1 was pacing back and forth in the hallway and stated was yelling obscenities at resident #2. Both residents were hospitalized. Resident #2 was diagnosed with closed fractures of the face. The home did not report the incident to local area agency on aging until 11/10/15, at 1:30 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.

Area Agency On Aging is coming on Feb. 23rd, 2016 to do a training for myself and Staff a 1pm to go over what and when residents over 60 and under 60 should be reported attached is a confirmation of the scheduled date and time of class.

WP 2-9-16

Immediately: The administrator will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Older Adult Protective Services Act and the Department of Human Services regulations. 2-17-16

Immediately: The administrator will develop and implement a policy and procedures to ensure any allegations of abuse are reported in accordance with the Older Adult Protective Services Act. 2-17-16

Immediately: All staff persons will be instructed to directly report suspected abuse and reportable incidents to the Department in the absence of the administrator in accordance the Department of Human Services regulations. 2-17-16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace* Date *2-9-16*

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

The above plan of correction is approved as of 2-17-16 (Date)

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

Plan of correction implementation status as of 2-17-16 (Date)

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

Violation Report: 40655 - 11/10/2015 - McConnell, Deb

PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

On 10/23/15, at 4:30 a.m., Resident #1 kicked resident #2, who was crouched in the second floor hallway, in the face causing the resident to bleed from the nose and mouth. Resident #1 was pacing back and forth in the hallway and stated was yelling obscenities at resident #2. Both residents were hospitalized. Resident #2 was diagnosed with closed fractures of the face. The home did not report the incident to local area agency on aging until 11/10/15, at 1:30 p.m.

An administrator or employee who has reasonable cause to suspect that a recipient between the ages of 18-59 with a disability is a victim of abuse, neglect, exploitation or abandonment shall immediately make a report in accordance with Adult Protective Services (APA) Law (Act 70). Staff person A, the home's administrator, did not report the incident to Adult Protective Services until 11/10/15, at 1:30 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.

Adult Protective Services is coming on Feb 23rd, 2016 to do a training on Reporting procedures as to what and when we should be reporting for myself and staff at 1pm attached is a copy of confirmation of scheduled date and time of class.

Immediately: The administrator will review all reported incidents and any allegations of abuse at least weekly to ensure any allegations of abuse and reportable incidents are reported in accordance with the Adult Protective Services Act and the Department of Human Services regulations. 2-17-16

Immediately: The administrator will develop and implement a policy and procedures to ensure any allegations of abuse are reported in accordance with the Adult Protective Services Act. 2-17-16

Immediately: All staff persons will be instructed to directly report suspected abuse and reportable incidents to the Department in the absence of the administrator in accordance the Department of Human Services regulations. 2-17-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Jo Pence

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

Wendy Jo Pence

Date

2-9-16

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(Date)

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(Date)

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

Violation Report: 40655 - 11/10/2015 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

FEB 09 2016

1. REGULATION 55 Pa.Code §2800

WEST REGION FIELD OFFICE
Human Services Licensing

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual assessment, dated 8/1/15, does not include the resident's ongoing suicidal ideation. Crisis Intervention was called to the home five (5) times from 4/21/15 through 9/19/15 to provide service to resident #2 as follows:

- 4/21/15 - suicidal ideation
- 4/23/15 - suicidal ideation
- 5/29/15 - suicidal ideation
- 6/29/15 - suicidal ideation
- 9/19/15 - suicidal ideation

Resident #1's annual assessment, dated 8/1/15, indicates the resident can self-administer medications with assistance in remembering times and assistance in offering medications at prescribed times. However, the resident's medical evaluation, dated 8/4/15, indicates the resident cannot self-administer medications.

Resident #2's annual assessment, dated 6/3/15, indicates the resident can self-administer medications with assistance in offering medications at prescribed times. However, the resident's medical evaluation, dated 9/10/15, indicates the resident cannot self-administer medications.

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 # 1 was discharged from this facility day of incident

Resident # 2 annual assessment and Support Plan was updated on 11-10-15 when it was brought to my attention that it was marked that [redacted] could self-administer medications which was a mistake on my part because I don't permit anyone to self administer here at my Personal Care Home it was updated as an error and will check all other support plans and assessments and be sure they are marked correctly

Within 30 days of receipt of the accepted plan of correction: The administrator or designee shall develop and implement a system to ensure all resident assessments and support plans are immediately updated as resident care needs change. All direct care staff shall be educated on the new system. Documentation of education shall be kept in the staff record. 2-17-16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Jo Peace

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

Wendy Jo Peace

Date

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Violation Report: 40655 - 11/10/2015 - McConnell, Deb
PCH Name: PEACE S PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

Resident #1's support plan, dated 8/1/15, does not indicate the care and services the home will provide related to the resident's diagnoses of psychosis, anxiety, insomnia, depression, and bipolar disorder. The resident's support plan does not address the resident's ongoing suicidal ideation and the proper level of supervision to protect the resident and other residents in the home. The support plan indicates the resident requires minimal supervision "requires no supervision in the home".

Resident #2's support plan, dated 6/3/15, does not indicate the care and services the home will provide related to the resident's diagnoses of pace maker, seizure disorder, paranoid schizophrenia and bipolar disorder.

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 #1
Usually our Policy is that any resident having suicidal thought crisis is called immediately and if they feel resident will act on those thoughts they are admitted to a hospital. If they determine resident does not have a plan or will not act on their thoughts they won't admit them as in this case resident #1 never in the past has acted on any suicidal thought nor had he been violent in the past so therefore the support plan state this. But from now on if a resident has suicidal ideations Support Plans will be updated accordingly.

Resident #2
When I would do support plans I as administrator did not separate each individual diagnosis as to care and services with each individual diagnosis I would group them as a whole since December all new support plans are individual diagnosis are addressed on care and services the home will provide. WJP 2-9-16

Repeat Violation: No

Date(s) of Previous Violation(s):

home will provide. WJP 2-9-16

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Jo Deane

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

Wendy Jo Deane

Date

2-9-16

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