



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 30 2016

Mr. Robert Getz, President  
Getz Personal Care Home Inc.  
1026 Scenic Drive  
Kunkletown, Pennsylvania 18058

RE: Getz Personal Care Home  
License #: 240500

Dear Mr. Getz:

As a result of the Department of Human Services' annual licensing inspection on December 1, 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 Jones".

Matthew J. Jones  
Director */s/*

Enclosure  
License Inspection Summary

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

|   |  |  |
|---|--|--|
| PCH Name: GETZ PERSONAL CARE HOME   |  | License Number: 24050                  |
| Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058  |  | County: Monroe                         |
| Administrator: Erin Hnat  |  | Region: NORTHEAST                      |
| Legal Entity Name: GETZ PERSONAL CARE HOME INC  |  |  |
| Legal Entity Address: 1026 SCENIC DRIVE, KUNKLETOWN, PA 18058   |  |  |
| <b>Certificate(s) of Occupancy</b>  |  |  |
| C-2 LP<br>01/03/1992<br>PA Dept. of L&I   | C-2 LP<br>08/10/1993<br>PA Dept of L&I   | C-2 LP<br>09/20/1996<br>PA Dept of L&I |
| <b>Staffing Hours</b>   |  |  |
| Resident Support: 0   | Total Daily Staff: 50  | Waking Staff: 38                       |
| Type of Inspection: Full  | BHA Docket Number:   | Notice: Unannounced                    |
| <b>Reason(s) for Inspection(s)</b><br>Renewal, Indicator  |  |  |
| <b>On-Site Inspections Dates and Department Representatives On-Site</b><br>12/01/2015: Yellenic, Cindy; Foulkes, Kimberli   |  |  |
| <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: 60<br>Number of Residents Served: 50<br>Secured Dementia Care Unit in Home: No<br>Area:<br>Secured Dementia Unit Capacity, if Applicable:<br>Number of Residents Served in Secured Dementia Care Unit, if applicable:<br>Number of Current Hospice Residents: 1<br>Number of Hospice Residents in past year: 4 | <b>Number of Residents who:</b><br>Receive Supplemental Security Income: 8<br>Are 60 Years of Age or Older: 49<br>Have Mental Illness: 0<br>Have an Intellectual Disability: 0<br>Have a Mobility Need: 0<br>Have a Physical Disability: 1 |  |

Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

**2a. DESCRIPTION OF VIOLATION**

An internal incident report revealed that on 6-2-15, Staff Person A gave the wrong medication to a resident - (name unknown). The medication error was not reported to the Department.

**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.*

Documentation was located that physician was notified by telephone on 6-1-15 + gave med tech instruction, was faxed on 6-2-15 + then saw resident in home on 6-4-15. Between 12-1-15 + 12-11-15 all medication administration staff were re-educated on importance of proper medication dispensing + the importance of proper reporting + completion of all incident reports to Administration, Physicians + Department of Human Services. Administrator + Director of Nursing will be responsible for ensuring all steps are taken to report any future medication related errors + training will be given on the subject to all newly trained medication administrators + annually to existing staff.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Handwritten Signature]*

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

Robert Getz President

Date

12-24-15

**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

1/7/16  
 (Date)

The above plan of correction was approved by

[Initials]  
 (Initials)

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

Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**  
 2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

**2a. DESCRIPTION OF VIOLATION**  
 Staff Person B, date of hire [redacted]-15, moved from Utah to Pennsylvania in April 2015. The home did not complete an FBI check as required for this staff person.

**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.

12-1-15 Staff person B provided documentation that fingerprinting has been completed + waiting on results. Staff person is observed during working hours + had previously signed a form stating she has not been convicted of any prohibitive offenses + a PA criminal record check was completed with no record. Upon receiving results of fingerprinting, Administrator will forward a copy to Department of Human Services.

Any future, newly hired staff who require fingerprinting + FBI Clearance will also sign attached form + be required to provide documentation that fingerprinting has been completed within first 72 hours of training period or they will not be placed on the schedule until documentation is received. Staff person will continue to be observed by nursing staff + documentation until FBI Clearance is received. Administrator will ensure paperwork is all completed + proper documentation is done.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert B. Getz*

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

Robert Getz President

Date

12-24-15

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The above plan of correction is approved as of

11/7/16  
 (Date)

Plan of correction implementation status as of

11/7/16  
 (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: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

**2a. DESCRIPTION OF VIOLATION**

The 2014 annual training for Direct Care Staff Persons A, C, and D did not include the following required topics:

- Medication self-administration training
- Care for residents with dementia and cognitive impairment
- Safe Management techniques

**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.

Administrator has created new training year training plan to include all of the above topics for Direct Care Staff. To ensure no topics are missed in the future.

- Administrator will use format created + attached as an annual template for creating the yearly training plan.
- The administrator shall monitor and assure ongoing compliance - *M* 1/7/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert Getz*

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

Robert Getz Resident

Date

12-24-15

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1/7/16  
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 (Date)

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*M*  
 (Initials)

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Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.102(f) - An individual towel, washcloth and soap shall be provided for each resident.

2a. DESCRIPTION OF VIOLATION  
 In bathroom B8, there was a unidentified body poof hanging in the shower.

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.

12-2-15 Signage was hung in all shared bathrooms to remind staff + residents to remove all personal hygiene items when leaving. Staff will continually + annually be trained on infection control. Direct care staff are responsible for ensuring all personal hygiene items are removed + stored properly + Administrator will discuss infection control at next resident council meeting with residents on 12-30-15.

The administrator shall monitor and assure ongoing compliance.

*M*  
 1/7/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert B. Getz*

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

Robert Getz President

Date

12-24-15

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*M*  
 (Initials)

Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.103(c) - Food shall be protected from contamination while being stored, prepared, transported and served.

2a. DESCRIPTION OF VIOLATION  
 In the walk-in cooler were two trays of rice pudding in dishes that were not covered.  
 In the walk-in cooler were two pans of orange jello uncovered.

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.

12-2-15 Signage was placed at walkin Refrigerator to remind staff that all items need to be covered. Dietary manager + Administrator spoke to all dietary staff regarding covering food + preventing cross contamination. Dietary manager will ensure that all staff are following regulations regarding food preparation + storage.

- The administrator shall monitor for ongoing compliance.

*[Signature]*  
 1/7/16

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Robert Getz President      Date 12-24-15

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|  |   |
|--|---|
| The above plan of correction is approved as of <u>1/7/16</u><br>(Date) | Plan of correction implementation status as of <u>1/7/16</u><br>(Date)  |
| The above plan of correction was approved by <u>m</u><br>(Initials)    | <input type="checkbox"/> Fully Implemented<br><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress<br><input type="checkbox"/> Partially Implemented - Inadequate Progress<br><input type="checkbox"/> Not Implemented |

Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a current certificate of rabies vaccination for Moon, the cat.

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.

12-8-15 moon's owner was contacted about needing papers. His owner ensured administration that she will bring papers upon next visit in January. Administrator stated that if she does have papers she will be asked to leave until papers are given. Administrator will do semi-annual checks on all therapy pets documentation to ensure all paperwork is up to date. Checks will be completed + documented on months of June + December + owners will be contacted if documentation is going to expire.

12-24-15 moon made an extra visit + owner provided documentation she stated vaccinations were given on 6-22-15 + due again 6-21-18 + expiration of actual medication is 9-20-18.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert B Getz*

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

Robert Getz, President

Date

12-24-15

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 (Date)

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1/7/16  
 (Date)

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- Not Implemented

The above plan of correction was approved by

*RG*  
 (Initials)

Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

Staff person A's last medication administration training was completed on 11/28/14. Staff person A is not a medical professional and has not completed the annual medication practicum for 2015.

Staff person C's, medication administration training from April 2015 is missing the signature from the medication trainer stating the staff person has finished and passed the course.

Staff person E's medication administration training from July 2015 is missing the signature from the medication trainer stating the staff person has finished and passed the course.

Staff person F's annual medication administration training was completed on 4/17/15, the previous one was more than a year prior on 1/10/14.

**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.*

12-21-15 Staff persons C + E training paperwork were signed by trainer. Staff person A's annual training paperwork was located in her file, completed. Staff person F was given a new initial training on 12-24-15 by trainer, this will now be annual training date. Director of Nursing will monitor all observations + completion of proper paperwork + Administrator will second check that all staff paperwork is completed properly + on time.

• The administrator shall monitor and assure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Robert B. Getz*

*M*  
1/7/16

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

Robert Getz, President

Date

12-24-15

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 (Date)

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1/7/16  
 (Date)

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- Partially Implemented - Inadequate Progress
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M  
 (Initials)

Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 has a physician's order to have a blood glucose test (BG) administered 4 x day. On 11-25-15 at 1:04pm, the resident had a BG#281 and it was recorded in the MAR as 281.

Resident #2 has a physician's order to have a blood glucose test (BG) administered 4 x day. On 11-24-15 at 8:00pm, the resident had a BG#345 and it was recorded in the MAR as 245. On 11-27-15 at 6:31pm, the resident had a BG#271 and it was recorded in the MAR as 217.

Resident #3 has a physician's order to have a blood glucose test (BG) administered 4 x day. On 11-30-15 at 7:18am, the resident had a BG#80 and it was recorded in the MAR as 84.

**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.

Between 12-2-15 + 12-11-15 all medication administration staff were re-educated on glucometer use + importance of proper reading of glucometer + recording in MAR. Director of Nursing + assistants will monitor readings are done properly by checking glucometers history weekly + comparing to MAR. Proper medication administration practices will continue to be monitored + addressed throughout the year. The administrator is responsible for monitoring and

Repeat Violation: No      Date(s) of Previous Violation(s):      *ongoing compliance*

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Robert B Getz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Robert Getz Resident*

Date *12-24-15*

**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 *M*  
 (Initials)

Plan of correction implementation status as of 1/7/16  
 (Date)

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

Violation Report: 24050 - 12/01/2015 - Yellenic, Cindy  
 PCH Name: GETZ 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 #2 has a physician's order to have a blood glucose test (BG) administered 4 x day. The resident is on a sliding scale for insulin coverage based on the BG#. On 11-24-15 at 8:00pm the residents' BG# 345 indicated the resident needed 18 units of insulin according to the sliding scale. The resident received 10 units. On 11-27-15 at 6:31pm the residents' BG#271 indicated the resident needed 14 units of insulin according to the sliding scale. The resident received 10 units.

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.

12-1-15 Physician was notified of medication error + report was sent to Department of Human Services. All staff involved were approached about medication errors + disciplinary action as well as re-education was done. All medication Administration Staff were re-educated on proper medication administration, reading of glucometers + importance of reporting any medication errors to Administration, Physician + Department of Human Services. Director of Nursing will monitor medication administration + continue to educate on proper administration.

The administrator shall monitor and assume ongoing compliance. *[Signature]* 11/7/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*[Signature]*

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

Robert Getz, President

Date

12-24-15

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*[Signature]*  
 (Initials)