



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 27, 2016

Ms. Sherri M. Marshall, President/Administrator
Rose of Sharon Home, Inc.
135 Main Street, P.O. Box 336
Saint Michael, Pennsylvania 15951

RE: Rose of Sharon Home, Inc.
License #: 332060

Dear Ms. Marshall:

As a result of the Department of Human Services' licensing inspections on December 2, 2015 of the above facility, violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

The 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,

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33206 - 12/02/2015 - McCloskey, Jason

PCH Name: Rose of Sharon

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

On 12/2/15, at 9:00 A.M., resident records from health visits for multiple residents containing personal information such as diagnoses, medical condition, and treatment information were unlocked and accessible in the black filing cabinet in the hallway next to resident bedroom #1. The top drawer of this filing cabinet was locked but the second drawer was unlocked.

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 12-15-15, a new locking mechanism was installed to the office filing cabinet adjacent to the black cabinet which was not working properly. All files containing personal resident information have been moved to these locked drawers. Administrator will ensure that cabinet remains locked when not in direct use. See attached photo. Staff was re-educated on resident privacy policies for continued compliance. See attached copy.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Sherri A Marshall

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Sherri A Marshall, Administrator/President

Date

1-6-16

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

The above plan of correction is approved as of

1/22/16
(Date)

Plan of correction implementation status as of

1/22/16
(Date)

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

The above plan of correction was approved by

SMAS
(Initials)

Violation Report: 33206 - 12/02/2015 - McCloskey, Jason

PCH Name: Rose of Sharon

1. REGULATION 55 Pa.Code §2600

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

The home is equipped with the following cameras that record. Camera #1 is primarily focused on the main entrance, but also captures the entry to resident bedroom #1. Camera #7 is aimed toward an exit leading to the smoking porch, but also captures the dining room. Camera # 5 is aimed toward the "wing" exit, but also captures bedroom entries down the hall.

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 12-22-15, Camera #1 was modified to block out entry view to resident bedroom #1. See attached photo. Also on 12-22-15, Camera #5 and Camera #7 have been changed to monitor only. See attached photo. The camera equipment is locked in Administrator's office. These cameras were installed to add an increased level of protection and security for our residents. They are ONLY viewed by the Administrator and used by her exclusively for the benefit of our residents. Resident privacy is of utmost importance.

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *Sherri A Marshall*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherri A. Marshall, Administrator/President	Date 1-6-16
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The above plan of correction was approved by <u>RAM</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 33206 - 12/02/2015 - McCloskey, Jason
 PCH Name: Rose of Sharon

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 (36 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

No staff received training in fire safety by a fire safety expert during training year 2014. The Administrator provided fire safety training, but had no written documentation that the Administrator had been trained and approved to provide this training by a fire safety expert.

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 1-4-16 a letter was received from the Adams Township Fire Chief confirming the qualifications of the Administrator of the Rose of Sharon Home Inc. to properly train their staff in fire safety. Please see attached copy.

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Violation Report: 33206 - 12/02/2015 - McCloskey, Jason
 PCH Name: Rose of Sharon

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

Shower Room #2, located on the main floor across from resident bedroom #13, has a water damaged wall with a grab bar screwed into this wall. The drywall is peeling paint and plaster and has what appears to be rusted metal exposed.

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 12-21 and 12-22-15 all repairs were completed by maintenance staff to the water damaged wall by the grab bar in Shower Room #2. See attached photos. Staff were re-educated to alert Administrator to any areas in the Home which require repairs so that attention can be given to these areas without delay.

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Violation Report: 33206 - 12/02/2015 - McCloskey, Jason
PCH Name: Rose of Sharon

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

On 12/2/15, there was an accumulation of lint in the lint traps of the Frigidaire and Whirlpool dryers in the laundry room.

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 fully understands the importance of reducing fire risks. The lint observed in the dryers on 12-2-15 was not a "large accumulation of lint" as stated in the RCG but was from one load of clothing. Staff have been consistently compliant with lint removal but some staff were removing lint PRIOR to drying another load rather than at the end of each cycle. All staff were re-educated to remove the lint at the end of each cycle. As a further precaution, they were also educated to check the lint trap again prior to drying another load of clothes. Signs are in place to reinforce this policy. See attached photo. See attached copy.

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Violation Report: 33206 - 12/02/2015 - McCloskey, Jason
 PCH Name: Rose of Sharon

1. REGULATION 55 Pa.Code §2600

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

On 12/2/15, the home's emergency procedures were not posted in a conspicuous and public place in 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.

The HOME'S emergency procedures WERE POSTED on the bulletin board located near the Administrator's office prior to and during the 12-2-15 inspection. It was the COUNTY'S emergency procedures that had always been kept in the Administrator's office. As of 12-18-15, the COUNTY'S emergency procedures were also placed on the shelf near the bulletin board with the Home's posted emergency procedures. Reference to the location of the County's emergency procedures is noted at the bottom of the first page of the Home's emergency procedures. See attached photo.

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Violation Report: 33206 - 12/02/2015 - McCloskey, Jason
 PCH Name: Rose of Sharon

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The "wing" area across from Resident bedroom #12, does not have a direct visual line to the nearest exit. There are no directional signs marking the line of travel to the exits. On 12/2/15, the home served 23 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.

On 12-21-15 Administrator posted additional exit signs in the "wing" area to ensure direct visual line to the nearest exit and direction of travel. See attached photos

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Violation Report: 33206 - 12/02/2015 - McCloskey, Jason
PCH Name: Rose of Sharon

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #1's annual medical evaluation was completed on 10/23/15. This was more than one year from the previous medical evaluation, completed 8/31/14

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.

The Administrator was fully aware that this medical evaluation was not completed in a timely fashion. The resident's physician refused to complete the paperwork until the resident had an appointment with him. The physician's office was unable to accommodate the resident within a reasonable period of time. The appointment and subsequent evaluation was completed the date of the resident's evaluation, which ended up being beyond regulatory time-frames. Administrator has numerous checks and balances in place to ensure that evaluations are completed in a timely manner - these include logs and calendar reminders. These have worked consistently well for numerous years. However, there are extenuating circumstances that happen on rare occasions. In order to ensure that evaluations are completed during the required time frames, Administrator will contact the physicians even earlier that had been done previously.

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Violation Report: 33206 - 12/02/2015 - McCloskey, Jason
 PCH Name: Rose of Sharon

1. REGULATION 55 Pa.Code §2600
 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
 The home's designated smoking area, located on the porch outside of the dining area, has 3 chairs with cushions that do not have fire resistant labels. One of the cushions was a worn out dining room pad with the stuffing exposed.

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 the inspection date of 12-2-15, the cushions noted above were removed from the smoking area. The residents are educated on smoking policies on a regular and on-going basis. In order to reinforce the fire resistant furniture rule, a sign was posted in the smoking area by the Administrator on 12-21-15. Please see attached photo. Administrator has been checking the area daily and no furniture other than fire resistant furniture has been found in the smoking area. Administrator has re-educated staff to ensure continued compliance. Please see attached.

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