



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 03 2016

Ms. Crystal Altland, Administrator
Mr. Richard Ibberson, Board Member
Charles P. And Margaret E. Polk Foundation
301 North Street
Millersburg, Pennsylvania 17061

RE: Polk Personal Care
License #: 306870

Dear Ms. Altland and Mr. Ibberson:

As a result of the Department of Human Services' annual licensing inspection on December 11, 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 'SH

Enclosure
License Inspection Summary

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

PCH Name: Polk Personal Care		License Number: 30607
Address: 301 North Street, Millersburg, PA 17061		County: Dauphin
Administrator: Crystal Allard		Region: CENTRAL
Legal Entity Name: Charles R & Margaret E Polk Foundation		
Legal Entity Address: 301 North Street, Millersburg, PA 17061		
Certificate(s) of Occupancy		
C-2 LP 03/13/2003 Labor and Industry		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 88	Waiving Staff: 51
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/11/2016: McCloskey, Jason; Gillespie, Denise		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers: N/A		Random Indicators: N/A
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 85	Number of Residents who:	
Number of Residents Served: 60	Receive Supplemental Security Income: 4	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 60	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 8	
Number of Current Hospice Residents: 0	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 1		

Violation Report: 30887 - 12/11/2015 - McCloskey, Jason
 PCH Name: Polk Personal Care

1. REGULATION 56 Pa.Code §2600

2600.52 - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

2a. DESCRIPTION OF VIOLATION

Ancillary Staff Member A, hired [redacted] 15, had a criminal history background check completed on 12-7-15.
 Ancillary Staff Member B, hired on [redacted] 13, had criminal history background check completed on 7-22-13.

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.

Due to nature of violation, correction of a date to a past criminal history background check cannot occur however, future violations of 2600.52 will be prevented by documentation on the "Employee Forms Checklist", which is part of the employee's personnel file. The date the criminal record check was submitted, the date the "E-patch" was received, and that it was received within 30 days of hire will be noted. (see attachment)

The administrator or administrator designee will be responsible to follow through with completing the "Employee Forms Checklist" in its entirety prior to the new employee's personnel file being filed. This step is effective immediately.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Atland*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Atland, administrator* Date *12/28/15*

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

The above plan of correction is approved as of 12/30/15
 (Date)

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

Plan of correction implementation status as of 12/30/15
 (Date)

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

Violation Report: 30687 - 12/11/2015 - McCloskey, Jason
 PCH Name: Polk Personal Care

1. REGULATION 55 Pa.Code §2600
 2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION
 On 12/11/15, the water temperature at the West Basement Activity Kitchen measured 125 degrees Fahrenheit and the water temperature at the West Basement Auditorium Bathroom measured 123 degrees Fahrenheit.

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.

Violation to 2600.89(b) has been corrected by decreasing the setting of the hot water temperature. The hot water temperatures will continue to be measured daily. If necessary, the hot water temperature will be adjusted accordingly so not to exceed 120°F. The setting of the hot water temperature will be set to be within Regulation 2600.89(b) on or before January 8, 2016.

The maintenance staff has been educated on using a water resistant thermometer when measuring daily hot water temperatures apposed to the infrared thermometer which was being used. The change in device will aid in preventing a similar violation from occurring again.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Crystal Allard*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Allard, Administrator* Date *12/28/15*

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

The above plan of correction is approved as of <u>12/30/15</u> (Date)	Plan of correction implementation status as of <u>12/30/15</u> (Date)
The above plan of correction was approved by <u>BBS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 30667 - 12/11/2015 - McCloskey, Jason
 PCH Name: Polk Personal Care

1. REGULATION 55 Pa.Code §2600
 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 12/11/15, at 2:45 pm and again at 3:06 pm, the temperature in the upright chest freezer on wheels measured 12 degrees Fahrenheit.

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.

Violation of 2600.103(f) has been corrected by educating the kitchen staff on the appropriate temperature measuring of the upright chest freezer. All kitchen staff have been instructed to obtain thermometer readings prior to any frozen food items being removed to obtain the most accurate temperature.

Thermometer readings will be measured weekly and logged onto the "Weekly Upright Chest Freezer Temperature Log" every Monday. (see attached)

The kitchen manager, or his designee will be responsible for reviewing the temperature log to assure that the frozen food is kept at or below 0°F, and to prevent a similar violation from occurring again.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Crystal Allford, Administrator</i>	Date <i>12/28/15</i>
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The above plan of correction is approved as of 12/30/15
 (Date)

Plan of correction Implementation status as of 12/30/15
 (Date)

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

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

Violation Report: 30687 - 12/11/2015 - McCloskey, Jason
 PCH Name: Polk Personal Care

1. REGULATION 65 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 12/11/15, there was a large accumulation of lint in the lint trap of the large commercial dryer.

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.

Violation 2600.105(g)(1) has been corrected by placing a sign by the large commercial dryer to remind staff to remove lint from the lint trap after every use (see attached). A log has also been created for staff to complete when using the dryer (see attached).

In order to prevent a similar violation from occurring, the administrator or administrator designee will be responsible to hold staff accountable for proper usage and maintenance of the large commercial dryer.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Crystal Allland, administrator* Date *12/28/15*

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The above plan of correction is approved as of 12/30/15
 (Date)

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

Plan of correction implementation status as of 12/30/15
 (Date)

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