pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 23, 2016

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 January 12, 2016 and January 15, 2016, 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,

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: JEFFERSON COURT	License Number: 40624
Address: 417 RT 28, BROOKVILLE, PA 15825	County: Jefferson
Administrator: Misty Fleming	Region: WEST
Legal Entity Name: JEFFCO HEALTH SERVICES INC	
Legal Entity Address: 417 RT. 28, BROOKVILLE, PA 15825	

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AUG 10 2016
WEST REGION FIELD OFFICE
Human Services Licensing

Certificate(s) of Occupancy
C-2 LP
02/09/1999
L & I

Staffing Hours

Resident Support: 0	Total Daily Staff: 66	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
01/12/2016: McConnell, Deb; Barry, Courtney
01/15/2016: McConnell, Deb

Off-Site Inspection Dates and Inspectors, if Applicable

Other Details

Partial or Full Triggers:	Random Indicators:

Resident Demographic Data as of Inspection Dates

Licensed Capacity: 48	Number of Residents who:
Number of Residents Served: 41	Receive Supplemental Security Income: 3
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 41
Area: second floor	Have Mental Illness: 2
Secured Dementia Unit Capacity, if Applicable: 24	Have an Intellectual Disability: 2
Number of Residents Served in Secured Dementia Care Unit, if applicable: 20	Have a Mobility Need: 25
Number of Current Hospice Residents: 2	Have a Physical Disability: 2
Number of Hospice Residents in past year: 4	

Violation Report: 40624 - 01/12/2016 - McConnell, Deb
PCH Name: JEFFERSON COURT

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 12/20/15, at approximately 7:00 a.m. staff person H reported unexplained bruising on resident #1's chest and inner thighs to staff person B.

On 12/21/15, at approximately 8:00 p.m. staff person A witnessed yellowish blue bruises on resident #1's left breast.

Between 12/22/15 and 12/24/15, staff person I reported unexplained bruising on resident #1's chest to staff person J.

Between 12/28/15 and 12/31/15, staff person J witnessed unexplained small light purple areas of bruising the size of a quarter on resident #1's inner thighs and purple bruises on the chest area the size of a baseball.

On 12/30/15, at approximately 7:00 p.m., staff person E witnessed unexplained yellowish bruising on resident #1's left upper chest and a dark black bruise under the resident's left breast.

On 12/31/15, at approximately 8:45 p.m., staff person B witnessed unexplained black and blue bruising the size of a baseball under resident #1's left breast and both inner thighs.

On 1/3/16, at approximately 11:00 a.m., staff person B witnessed unexplained black and blue bruising on the resident #'s right breast.

The home did not report the unexplained bruising and potential physical abuse of resident #1 to the local Area Agency on Aging until 1/3/16 at 12:00 p.m.

On 1/9/16, at 4:45 a.m., staff person D observed four suspicious bruises resembling "finger marks" on resident #2's left inner thigh. Three of the bruises were the size of a quarter and one was smaller. On 1/9/16, at 8:00 a.m., staff person D informed staff person C, the director of personal care, of the unexplained bruising.

The home did not report the unexplained bruising and potential physical abuse of resident #2 the local Area Agency on Aging until 1/12/16.

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.

See Attached

See page 2A of 4

Repeat Violation: Yes	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) Erik Faulkrod, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Faulkrod, Administrator — **Date** 8/10/16

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

The above plan of correction is approved as of 8-16-16 (Date)

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

Plan of correction implementation status as of 8-16-16 (Date)

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

Plan of Action

Regulation 55 Pa Code 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 and 6 Pa Code Sections 15.21-15.27 and comply with the requirements regarding restrictions on staff persons (Page 2 of 4).

Plan of Correction:

Staff were in serviced about the reporting requirements for reporting procedures according to the Department of Human Services. All staff completed the Relias training module titled: *A Closer Look at Elder Abuse* immediately following the Department of Human Services was concluded. Additionally, all staff were in-serviced by the Jefferson County Area Agency on Aging on the Older Adult Protective Services Act and Resident Rights on 5/04/2016. It was also determined that the abuse document included in the orientation on-boarding process was not accurate according to Department of Human Services regulation. It did not explicitly state that any instance of suspected abuse must be reported to the Area Agency on Aging immediately. The form also stated that the Department of Human Services needed to be notified but did not explicitly state the time frame for notification. The new version of this form was explained to all staff on 8/3/2016 at a staff meeting. In addition to explaining the requirements, all staff were given page 182 from the Resident Care Guide which explicitly states the requirements for Personal Care Homes reporting resident abuse/suspected abuse.

Immediately following the conclusion of the investigation, Jefferson Court in-serviced all staff via a written memorandum that stated that all incidents must be reported to administration immediately upon discovery. This includes skin lacerations, falls, and bruising. Staff have been in-serviced to notify administration immediately following any discovery that is suspicious in nature. So far Jefferson Court employees have been complying with this recommendation. Administrator/designee reviews incident reports daily to ensure that any incident that needs to be reported is being reported and in the manner required by the Department. Administration will continue to go over the abuse reporting requirements at quarterly staff meetings in order to prevent employees from forgetting the requirements.

Immediately: The administrator or designee will review all reportable incidents and conditions and reports of resident injuries at least weekly to ensure any allegation or suspected abuse is reported to the Area Agency on Aging in accordance with regulation 2600.15a. 8-16-16

Erik Foulkrod, Administrator
Erik Foulkrod, Administrator
8/10/16
8-16-16

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Human Services Licensing

Violation Report: 40624 - 01/12/2016 - McConnell, Deb
PCH Name: JEFFERSON COURT

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
On 12/20/15, at approximately 7:00 a.m. staff person H reported unexplained bruising on resident #1's chest and inner thighs to staff person B.

On 12/21/15, at approximately 8:00 p.m. staff person A witnessed yellowish blue bruises on resident #1's left breast.

Between 12/22/15 and 12/24/15, staff person I reported unexplained bruising on resident #1's chest to staff person J.

Between 12/28/15 and 12/31/15, staff person J witnessed unexplained small light purple areas of bruising the size of a quarter on resident #1's inner thighs and purple bruises on the chest area the size of a baseball.

On 12/30/15, at approximately 7:00 p.m., staff person E witnessed unexplained yellowish bruising on resident #1's left upper chest and a dark black bruise under the resident's left breast.

On 12/31/15, at approximately 8:45 p.m., staff person B witnessed unexplained black and blue bruising the size of a baseball under resident #1's left breast and both inner thighs.

On 1/3/16, at approximately 11:00 a.m., staff person B witnessed unexplained black and blue bruising on the resident #'s right breast.

The home did not report the unexplained bruising and potential physical abuse of resident #1 to the Department until 1/3/16 at 12:00 p.m.

On 1/9/16, at 4:45 a.m., staff person D observed four suspicious bruises resembling "finger marks" on resident #2's left inner thigh. Three of the bruises were the size of a quarter and one was smaller. On 1/9/16, at 8:00 a.m., staff person D informed staff person C, the director of personal care, of the unexplained bruising.

The home did not report the unexplained bruising and potential physical abuse of resident #2 to the Department until 1/12/16.

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.

See Attached

See page 3A of 4

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

Signature of Legal Entity Representative (Required on EVERY Page) Eric Foulkrod, Administrator

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Foulkrod, Administrator

Date 8/10/16

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

Plan of correction implementation status as of 8-16-16 (Date)

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

Regulation 55 Pa Code 2600.16 (c): The home shall report the incident or condition to the Department's personal care home regional office or the personal care complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15.

Plan Of correction:

Staff were in serviced about the reporting requirements for reporting procedures according to the Department of Human Services. All staff completed the Relias training module titled: *A Closer Look at Elder Abuse* immediately following the Department of Human Services was concluded. Many staff stated that they were not aware that the suspicious bruising could be viewed as suspected resident abuse. Additionally, all staff were in-serviced by the Jefferson County Area Agency on Aging on the Older Adult Protective Services Act and Resident Rights on 5/04/2016. Immediately following the conclusion of the investigation, Jefferson Court in-serviced all staff via a written memorandum that stated that all incidents must be reported to administration immediately upon discovery. This includes skin lacerations, falls, and bruising. Requiring all staff to notify administration of any injury allows administration to make sure that all reportable incidents are being reported timely. Staff were in-serviced in the same memorandum to contact the administrator/designee immediately of any injury that is sustained that cannot be explained in order to direct the staff to comply with the timely reporting requirements. The administrator/designee reviews all incident reports daily.

Additionally, all staff were in-serviced on completing a DHS BHSL reporting form and ACT 13 so that reports can be filed with the Department as soon as possible before the 24 hour reporting requirement. Staff will continue to be in-serviced on the proper reporting requirements for incidents that require notification to the Department of Human Services. All state reportable incidents are faxed to the regional office's fax line in an effort to standardize reporting practices. A flow chart outlining the reporting procedures was adapted from page 182 for staff to utilize when reporting an incident to the proper agencies. Staff are frequently reminded to consult the administrator/designee if they are unsure if an incident needs to be reported. It is also Jefferson Court's Policy to report incidents that may not necessarily need to be reported in effort to ensure that an incident that needs to be reported is reported timely.

Staff has also been reminded that failure to report an incident to the proper agency is viewed as a Class 2: 9 facility violation: Failing to report to a supervisor an incident of abuse, neglect, or mistreatment witnessed by an employee or which an employee has knowledge of. According to facility failing to report the above mentioned condition carries the following disciplinary consequences: first offense: written warning, second offense: two days off without pay, third offense: three days off without pay, fourth offense: termination

Immediately: The administrator or designee will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. 8-16-16

Eric Foulkrod, Administrator
Eric Foulkrod, Administrator
8/10/16

8-16-16