



pennsylvania

DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: May 3, 2016

Mr. Daniel Millett, Member
Millett Pines LLC
1300 Morgan Highway
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit
License #226120

Dear Mr. Millett:

As a result of the Department of Human Services' licensing inspection on February 12, 2016 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 "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22612 - 02/12/2016 - Foulkes, Kimberli
PCH Name: The Pines at Clarks Summit

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 1/30/16 at approximately 11:30am staff discovered resident #1, who has a diagnosis of dementia and requires supervision missing from the courtyard. Staff called 911 and the resident was found approximately 20 minutes later by EMS in a nearby residential neighborhood. The home did not report the incident report to the Department until 2/1/16.

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.

These regulations are important so that the Department of Human Services and other appropriate Departments are aware of, and may respond promptly to an incident if necessary. The Pines did not report the incident which occurred on 1/30/16, to DHS within 24 hours. The report was filed on Monday 2/1/16. Management staff has reviewed Regulation 2600.16c and 2600.15 and will send reports of any incidents required to the appropriate Departments within the required timeframes. The Administrator or Designee is responsible to ensure that all reportable incidents are submitted within 24 hours of the incident.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

SMRechlicz

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

Stacie M Rechlicz, Executive Director

Date 4/28/16

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The above plan of correction is approved as of

4/28/16
 (Date)

Plan of correction implementation status as of

4/28/16
 (Date)

The above plan of correction was approved by

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 (Initials)

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

Violation Report: 22612 - 02/12/2016 - Foulkes, Kimberli
PCH Name: The Pines at Clarks Summit

1. REGULATION 55 Pa.Code §2600

2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #1, date of admission [redacted] 16, has a diagnosis of dementia and requires supervision. On the morning of 1/30/16 staff allowed the resident to go into the courtyard unsupervised. Staff went to check on the resident and discovered the resident was missing. The resident was found approximately 20 minutes later by EMS in a nearby residential neighborhood. The resident had a history of trying to elope from the home. The resident was known by staff persons to always be anxious and trying to leave, to always be hanging around the exit doors. On 1/28/16 the resident had left the Evergreen section of the home and was found outside in the courtyard and redirected back inside and also was found near the elevator by the main entrance in the Pines section of the home and redirected back to the Evergreens section. The home failed to provide the care, supervision, and services necessary to avoid a clear and serious threat to the resident's health, safety and wellbeing.

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 Preadmission Assessment was completed as required by DHS and the resident did not present as an elopement risk. Her family did not indicate any previous elopement behavior and the resident was home alone between the hours of approximately 8 pm and 8 am. The Pines' staff is aware of the adjustment period that occurs when a resident is transitioning from their home environment to a new living situation. During this adjustment period, anxiety and a desire to return home are not uncommon or unexpected behavior for a resident. Many of our residents have a diagnosis of dementia and require supervision because they can no longer live independently. However this does not mean they are elopement risks. Our facility does provide intensive supervision. Staff is keenly aware of residents' rights and the right to personal freedom. Unfortunately the decision by one staff person to allow the resident outside without supervision was the wrong one and does not reflect the overall decision-making of all staff. Staff on duty did follow the established protocols and procedures when the resident was discovered missing. Response time was swift and the resident was located within minutes. The Missing Resident policy and procedure was then reviewed with all staff. Staff has been trained that no resident shall be allowed in the courtyard unattended. All new staff will also be trained regarding supervision for Evergreen residents in the courtyard area. The Administrator, Department Directors and shift leaders will be more vigilant during the admission process for the potential for elopement. The Administrator or Designee will monitor the training of staff and assessment of new residents.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Stacie M Rechlicz, Executive Director	Date 4/28/16
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The above plan of correction is approved as of 4/28/16
 (Date)

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

Plan of correction implementation status as of 4/28/16
 (Date)

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

Violation Report: 22612 - 02/12/2016 - Foulkes, Kimberli
 PCH Name: The Pines at Clarks Summit

1. REGULATION 55 Pa.Code §2600

2600.121(b) - Doors used for egress routes from rooms and from the building may not be equipped with key-locking devices, electronic card operated systems or other devices which prevent immediate egress of residents from the building, unless the home has written approval or a variance from the Department of Labor and Industry, the Department of Health or the appropriate local building authority.

2a. DESCRIPTION OF VIOLATION

According to staff, the two gates in the home's courtyard, Evergreen section, were locked with chains and pad locks prior to and during the incident on 1/30/16, when resident #1 went missing from the courtyard. In addition, according to staff as a result of the incident, from 1/30/16 through 2/1/16 the doors between the Evergreen section of the home and the Pines section of the home that are equipped with mag-locks and require the use of a code/keypad to gain exit and entry to the unit were locked. The home does not have the necessary written approval from the Dept. of Labor and Industry, the Dept. of Health or their local building authority to utilize the locking system to prevent immediate egress from the Evergreen unit and the home is not licensed to operate a Secure Care Dementia Unit.

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.

Regulation 2600.121(b) is important for the safety of residents so that in the event of an emergency, such as a fire the residents will not be prevented from exiting the facility. Although the magnetic locking device has been properly installed and wired to the fire alarm for automatic and immediate release in the event of a fire or other emergency, and there was a manual code to release these locks displayed at each door, The Pines does not currently have the necessary written approval to use these locks. The Pines is currently working with the local building inspector to obtain the necessary approval.

The violation occurred because these locks were in use without the necessary waiver. The magnetic locks were disabled at the electrical panel on the morning of 2/1/16. The gates in the outside courtyard were also unlocked. The staff was informed that the locks were not active. The Executive Director will continue to work with the local building inspector to obtain approval for the use of the magnetic locks. Once the proper approval has been obtained, The Pines will submit an application to DHS for a license to operate a Secure Care Dementia Unit. The Administrator or the Designee will monitor that the magnetic locking device is not in use.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/24/2015
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Stacie M Rechlicz, Executive Director		4/28/16

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

The above plan of correction is approved as of 5/2/16
(Date)

Plan of correction implementation status as of 5/2/16
(Date)

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

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