



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAY 27 2016

Ms. Terushia Jackson, Administrator  
Rebecca's Personal Care Home, Inc.  
118 Masters Avenue  
Everett, Pennsylvania 15537

RE: Rebecca's at Everett  
License #: 324070

Dear Ms. Jackson:

As a result of the Department of Human Services' annual licensing inspection on February 25, 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 "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

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

PCH Name: REBECCA S AT EVERETT		License Number: 324070
Address: 118 MASTERS AVENUE, EVERETT, PA 15537		County: Bedford
Administrator: Terushia Jackson		Region: CENTRAL
Legal Entity Name: REBECCA'S PERSONAL CARE HOME INC		
Legal Entity Address: 5865 LINCOLN HIGHWAY, MANN'S CHOICE, PA 15550		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 12/09/1996 L&I		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 22	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/25/2016: Springs, Israel; Rosenblat, Dale		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>MAY 13 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:	Random Indicators:	
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 37 Number of Residents Served: 21 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 3 Number of Hospice Residents in past year: 7	<b>Number of Residents who:</b> Receive Supplemental Security Income: 7 Are 60 Years of Age or Older: 18 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.64(f) - A record of training including the individual trained, date, source, content, length of each course and copies of certificates received shall be kept.

2a. DESCRIPTION OF VIOLATION  
 Staff person B, the administrator, was unable to provide a record for the completion of the required 24 hours of annual training for 2015.

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.

To correct this violation I am sending a copy of the CEU I have completed and a list of the classes I am registered to take in June. This will complete my obligation for 24 hours annual training. I started as administrator May 2014.

To prevent this violation from occurring in the future I will keep all documentation for training in my staff file. This will make it readily available for inspections.

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) *Terushia Jackson Admin*      Date *4/16/16*

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

The above plan of correction is approved as of <u>5/16/16</u> (Date)	Plan of correction implementation status as of <u>5/16/16</u> (Date)
The above plan of correction was approved by <i>[Handwritten Initials]</i> (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: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

There was no record that Staff Person A, hired [redacted] 15, received any of the elements related to general fire safety and emergency preparedness prior to or during the staff person's first work day.

**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.*

*To correct the violation listed above we have implemented an orientation checklist. The new hire will sign off on each training that was completed prior to their first day at work.*

*Staff Person A has since completed the orientation plan & record. It is attached with this report.*

*Staff Orientation Record will be included in the New hire packet for the prospective employee to sign off as they complete the training.*

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

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

Date *4/12/16*

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

The above plan of correction is approved as of <u><i>5/16/16</i></u> (Date)	Plan of correction implementation status as of <u><i>5/16/16</i></u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:  
 (1) Resident rights.  
 (2) Emergency medical plan.  
 (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).  
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION

There was no record that Staff Person A, hired [redacted] 15, received training in Resident's rights, and Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act within the staff person's first 40 scheduled working hours.

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.

To correct the violation listed above, we have implemented an orientation checklist. All new hires will sign off on each Training as they are completed. This will be done prior to their first day on the floor. This will prevent a similar violation from occurring.

To correct staff Person A paperwork, we had her redo the training and sign off on the orientation plan. A copy has been provided. The signature is under Section III of orientation plan.

Staff Orientation Record will be included in the New hire packet for prospective employees to sign as training is done.

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

Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Tereshia Jackson, Admin      Date 4/12/16

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

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

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

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

Violation Report: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

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  
 The bottom of emergency door located in the hallway by room 16 is rusted and broken.

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.

To correct the above violation the emergency door located in the hallway by Room 16 will be replaced with a new door.

We plan to have this done by the end of the month. The door at the location was ordered online. The estimated delivery date is 5/17/16. At that time the door will be replaced and the home will submit photos as proof that the door was replaced.

To prevent a similar violation in the future we will do a physical evaluation of all exit door during our monthly fire drills and fix any issues as needed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <u>Terushia Jackson</u>	Date <u>4/16/16</u>
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 (Date)

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 32407 - 02/25/2016 - Springs, Israel  
 PGH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a portable first aid kit that can easily be transported if an injury occurs.

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.

To correct the violation described above, we filled a small, portable first-aid kit up with disposable gloves, antiseptic, adhesive bandages, gauze pads, scissors, adhesive tape, thermometer, breathing shield, eye coverings, and tweezers.

The First aid kit we put together will be sealed w/ a clip. This will make it easier to determine if someone has used anything out of the kit. If the clip is broken we will know to recheck and restock the kit.

This kit will be placed on top of our first aid CART that we use for everyday first aid needs

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) *Terushia Jackson*      Date *4-16-16*

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

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

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

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

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

Violation Report: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.103(e) - Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

2a. DESCRIPTION OF VIOLATION

The main refrigerator located in the kitchen had a jar of Ortega Taco Sauce, a jar of Clover Valley Taco Sauce, and a bottle of Weis Taco Salsa that were previously opened and resealed, but were not labeled with the date they were opened.

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.

To correct the violation listed above the taco sauce was discarded in the garbage. Since there were no dates on them we did not know how long they were in the refrigerator.

To prevent a similar issue, the refrigerator is checked by the dietary staff daily. This is to be done in the morning when the kitchen staff arrives. Anything in the refrigerator that is opened and does not have a date on it will be discarded. Any food without a label will be discarded as well.

A sign notifying staff and residents is posted on the bulletin above the menus. It states that all food left in the refrigerator for staff or residents must have their name and date on it. Opened food will be thrown out 3 day from label date.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

Terushia Jackson, Admin

Date 4/16/16

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

The above plan of correction is approved as of

5/16/16  
 (Date)

Plan of correction implementation status as of

5/16/16  
 (Date)

The above plan of correction was approved by

BAS  
 (Initials)

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

Violation Report: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

**2a. DESCRIPTION OF VIOLATION**

The emergency door located by room 16 had a blue pad placed at the bottom of the damaged door to stop cold outside air from entering the home. The use of this pad creates a tripping hazard in the event of an emergency evacuation.

**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.

To correct the violation listed above, we removed the blue pad from the bottom of the damaged door.

To prevent a similar violation from occurring again a new door will be placed at this exit. If a door needs maintenance or replaced, it will be completed as soon as the problem occurs

The door will be fixed as soon as the door is delivered. Estimated arrival time is May 17<sup>th</sup>, 2016

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Jerushia Jackson, Admin* Date *4/16/16*

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

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

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

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

Violation Report: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.130(h) - The home's emergency procedures shall indicate the procedures that will be immediately implemented until the smoke detector or fire alarms are operable.

2a. DESCRIPTION OF VIOLATION  
 The home does not have a policy for the procedures that will be implemented in the event that a smoke detector becomes inoperable.

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.

*To correct the violation listed above we implemented an plan for Inoperable Fire/Smoke Detectors.  
 The plan is attached with this form.  
 The plan is kept in our emergency procedures and policy binder. This binder is located at the welcome desk for all staff and guest to use. Any changes to that policy will be placed in that binder and a notice will be sent to all staff and residents.*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lorushia Jackson* Date *4/16/16*

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

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

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

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

Violation Report: 32407 - 02/25/2016 - Springs, Israel  
 PCH Name: REBECCA S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION  
 Resident #2 had an opened Lantus pen that was not labeled with the date the pen was opened.

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.

To correct the violation listed above Resident #2 name and date it was opened was put on [redacted] Lantus pen.

All residents with Lantus Pens or any other insulin will have their Name and the date it was opened placed on the pen, bottle, etc with a label. This label is to be checked everyday by the medication technician. This will prevent this violation from happening again

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jerushia Jackson Admin</i>	Date <i>4/16/16</i>
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The above plan of correction was approved by <u>BAS</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