



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**MAILING DATE: August 15, 2016**

Ms. Joan McDowell, Owner/Administrator  
St. Jude's Haven, Inc.  
1072 Mt. Airy Drive  
Johnstown, Pennsylvania 15904

RE: St. Jude's Haven Personal Home  
Certificate #: 307870

Dear Ms. McDowell:

As a result of the Department of Human Services' licensing inspection on February 29, 2016 and March 1, 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 cursive script that reads "Gloria Emick".

Gloria Emick  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary



Violation Report: 30787 - 02/29/2016 - OPake, Hope  
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

**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**

On February 29, 2016, nine small, plastic cups containing multiple medications, labeled with residents' names, were found unlocked in a drawer in the kitchen. There were also 3 containers of topical analgesics found in the drawer.

**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.*

As of Friday Feb 29, 2016 all medications including topicals, OTC, CAM, and prescription are being properly stored and locked in medication room as per DHS regulations and manufacturers instructions. This will be upheld at all times, by the administrator or designee. - *bc*

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joan McDowell*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *JOAN McDOWELL* Date *7-1-16*

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

The above plan of correction is approved as of <u><i>8-15-16</i></u> (Date)	Plan of correction implementation status as of <u><i>8-15-16</i></u> (Date)
The above plan of correction was approved by <u><i>bc</i></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: 30787 - 02/29/2016 - OPake, Hope  
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

**1. REGULATION 55 Pa.Code §2600**

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

**2a. DESCRIPTION OF VIOLATION**

The medication administration records for Resident #1 and Resident #2 did not consistently include all four blood sugar readings completed daily during February, 2016. The blood sugar readings determine the dosage of sliding scale insulin to be administered.

**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.

As of today 7-1-16 it has been reiterated to staff <sup>by Administrator - #2</sup> to properly document all blood sugars and insulin dosages thru the day. Change of shift will show incoming staff documented blood sugars and insulin dosages from their shift. Administrator will monitor weekly. -#2

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Joan McDowell*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) JOAN MCDOWELL Date 7/1/16

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

The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u>BE</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:** 30787 - 02/29/2016 - OPake, Hope  
**PCH Name:** ST JUDE S HAVEN PERSONAL HOME

**1. REGULATION 55 Pa.Code §2600**

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

**2a. DESCRIPTION OF VIOLATION**

On February 29, 2016, all staff members who were certified to administer medications were overdue to update their annual practicum.

**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 - BE*

*I have done all annual practicums and monthly NAK reviews and all staff us up to date. This is something I will continue to keep up on and have on file. I have made a sheet to check off and remind me of the months to check NAKs and when annual practicum is due.*

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

**Signature of Legal Entity Representative**  
 (Required on EVERY Page) *Joan McDowell*

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

**Date** *7-1-16*

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

The above plan of correction is approved as of <u>8-15-16</u> (Date)	Plan of correction implementation status as of <u>8-15-16</u> (Date)
The above plan of correction was approved by <u>BE</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