



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 1 1 2016

Ms. Laura J. Mesroach, Owner/Administrator/Secretary  
AM/PM Personal Care Home, Inc.  
555 Adrian Road, P.O. Box 123  
Delancy, Pennsylvania 15733

RE: AM/PM Personal Care Home  
License #: 407360

Dear Ms. Mesorach:

As a result of the Department of Human Services' annual licensing inspection on March 29, 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: AM PM PERSONAL CARE HOME		License Number: 40736
Address: P O BOX 123 555 ADRIAN ROAD, DELANCEY, PA 15733		County: Jefferson
Administrator: Connie Gioskey		Region: WEST
Legal Entity Name: AM PM PERSONAL CARE HOME INC		
Legal Entity Address: 555 ADRIAN ROAD PO BOX 123, DELANCEY, PA 15733		
Certificate(s) of Occupancy C-2 LP 02/25/1997 Labor & Industry		<b>RECEIVED</b>  MAY 31 2016  WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: N/A		Total Daily Staff: 31 Waking Staff: 23
Type of Inspection: Full		BHA Docket Number: N/A Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/29/2016: Park, Beth; Summers, Vicky		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details Partial or Full Triggers: Random Indicators:		
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 32 Number of Residents Served: 29 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: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 6 Are 60 Years of Age or Older: 28 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0

MAY 31 2016

Violation Report: 40736 - 03/29/2016 - Park, Beth  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

The telephone in bedroom #14 did not have any emergency numbers posted on or near the telephone.

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.

Family of resident #14 changed phones the night before inspection. The phone with the emergency sticker was in resident #14's closet. While Inspectors were present, Manager [redacted] posted the below emergency sticker on Resident #14's new phone.

To assure future compliance, Day to Day manager will check telephones <sup>at least weekly no. 6/1/16</sup> ~~regularly~~ to assure emergency stickers are present.

FIRE, AMBULANCE, HMA, POLICE: 911  
PUNXSUY HOSPITAL: 938-1800  
POISON CONTROL: 1-800-222-1222  
PERS. CARE COMPLAINT: 1-877-401-8835

Repeat Violation: Yes	Date(s) of Previous Violation(s):	06/04/2014
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesoraco* Date *5/26/16*

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

The above plan of correction is approved as of <u>6/3/16</u> (Date)	Plan of correction implementation status as of <u>6/3/16</u> (Date)
The above plan of correction was approved by <u><i>LJM</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>LJM</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40736 - 03/29/2016 - Park, Beth  
PCH Name: AM PM PERSONAL CARE HOME

MAY 31 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

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 first aid kit, located in the kitchen, did not include tweezers.

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.

Tweezers were added to the first aid kit while Inspectors were present. To assure compliance, Day to Day Manager will check kit monthly to make certain the above listed items are present.

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)

Laura J. Mesoraco

Date 5/26/16

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The above plan of correction is approved as of

6/3/16  
(Date)

Plan of correction implementation status as of

6/3/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[Handwritten Initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

*[Handwritten Initials]*  
(Initials)

Violation Report: 40736 - 03/29/2016 - Park, Beth  
PCH Name: AM PM PERSONAL CARE HOME

MAY 31 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

A safe evacuation time of 4 minutes was established by the fire safety expert on 5/28/14 and on 8/11/15. The home exceeded this evacuation time for the following fire drills:

Date	Amount of time to evacuate	Remarks
6/25/15	4 minutes 28 seconds	2 seconds * Typo - See attached.
7/16/15	4 minutes 3 seconds	
10/17/15	4 minutes 2 seconds	

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.

Please note: Fire Drill on 6/25/15 was 4 minutes 2 seconds - please see attached log. (The 5 in Sec was mistaken for a 5.)

To assure compliance, fire drills in the future that exceed 4 minutes (our safe evacuation time as determined by our Fire Chief.) will be repeated within 24-48 hrs. or until the evacuation time is below 4 minutes.

Within 30 days of receipt of the plan of correction - all staff persons will be educated on the home's fire evacuation plan, including the safe evacuation time established by the fire safety expert, and the requirement that alternate exit routes be used during fire drills. *as of 6/3/16*

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)

Aurora J. Mesrao

Date 5/26/16

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The above plan of correction is approved as of

6/3/16  
(Date)

Plan of correction implementation status as of

6/3/16  
(Date)

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

The above plan of correction was approved by

*AW*  
(Initials)

Violation Report: 40736 - 03/29/2016 - Park, Beth  
PCH Name: AM PM PERSONAL CARE HOME

MAY 31 2016

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION  
The home has used all exits routes from the building for 5 of the last 6 monthly fire drills.

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 assure compliance, staff will alternate exit routes more often.

Please see attached fire drill log that indicates exits have been varied since inspection on 3/29/16.

To assure continued compliance, staff will alternate exit routes according to regulations.

Within 30 days of receipt of the plan of correction - all staff persons will be educated on the home's fire evacuation plan, including the safe evacuation time established by the fire safety expert, and the requirement that alternate exits be used during fire drills. *rw. 6/3/16*

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)

Laura J. Merriaco

Date 5/24/16

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The above plan of correction is approved as of 6/3/16  
(Date)

Plan of correction implementation status as of 6/3/16  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *rw.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by rw.  
(Initials)

MAY 31 2016

Violation Report: 40736 - 03/29/2016 - Park, Beth  
PCH Name: AM PM PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION  
Resident #1 was prescribed Promethazine, 25mg tablet, take 1 tablet by mouth ever 6 hours as needed for nausea. However, this medication is not available for administration.

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.

Promethazine, 25 mg for Resident #1 had been discontinued, but was not removed from the MAR.

(Please see attached copy of corrected MAR for resident #1.)

To assure compliance, Day to Day Manager will monitor MAR's on a regular basis to make certain discontinued medications are removed from MAR's.

Within 30 days of receipt of the plan of correction - a designated staff person qualified to administer medications, will conduct an initial and then monthly audit of resident MARs, medications and physician orders to ensure that currently prescribed medication is indicated on the MAR and available for administration. w. 6/3/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *LJ Merzaco*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Merzaco*      Date *5/26/16*

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The above plan of correction is approved as of 6/3/16 (Date)

Plan of correction implementation status as of 6/3/16 (Date)

- Fully implemented
- Partially Implemented - Adequate Progress *W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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