



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 12 2017

Ms. Misty Flemming, Administrator
Jeffco Health Services, Inc.
417 Route 28
Brookville, Pennsylvania 15825

RE: Jefferson Court
License #: 406240

Dear Ms. Flemming:

As a result of the Department of Human Services' annual licensing inspection on April 19, 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, appearing to read 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License 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		
Certificate(s) of Occupancy C-2 LP 2/9/1999 LFI		RECEIVED OCT 17 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 53	Waking Staff: 40
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 04/19/2016: Bartlett, Patricia; 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: 36	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: Yes	Are 60 Years of Age or Older: 36	
Area: 2ND 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: 14	Have a Mobility Need: 17	
Number of Current Hospice Residents: 1	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 4		

Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

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 3/29/16, at approximately 7:30 p.m., 3 staff persons in the home were aware of an incident of neglect and abuse regarding staff person A leaving resident #1 alone and unattended in a whirlpool bath. This allegation of abuse was not reported to the local Area on Aging until 3/30/16.

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.

Attached

See Page 2 of 9

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/05/2015

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Foulkrod, Administrator* Date *10/13/16*

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

The above plan of correction is approved as of 10/28/16
(Date)

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

Plan of correction implementation status as of 10/28/16
(Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Jefferson Court Personal Care Home Plan of Corrections for April 19, 2016

Regulation 2600.15 (a) The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act and comply with the requirements regarding restrictions on staff persons (page 2 of 9).

Plan of correction:

All staff were immediately in-serviced (3/30/2016) following the incident by Administrator and Designee regarding the reporting requirements and policy and procedure for reporting suspected abuse. On 5/4/2016, all staff were in-serviced by the Jefferson County Area Agency on Aging: Protective Services on the Older Adult Protective Services Act, Act 13, and Abuse/neglect reporting requirements as well as the facility's policy and procedure for reporting. All staff were in-serviced again on 8/3/2016 by the Administrator and Designee regarding abuse reporting, referencing the flow chart on page 182 of the RCG. Staff will continue to be reminded of the reporting requirements upon hire and quarterly at staff meetings.

 10/28/16

 PCNA

Erik Foulkrod, Administrator 10/13/2016

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Page 3 of 9

Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.23(a) - A home shall provide each resident with assistance with activities of daily living as indicated in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 3/29/16, at approximately 7 p.m., resident #1 was left unattended in the whirlpool bathtub by staff person A. The resident's assessment, dated 4/1/16, indicates the resident requires extensive supervision and total assistance with hygiene and mobility. At approximately 7:30 p.m., resident #1 was found by staff persons A and B submerged under the water in the bathtub, with only his/her nose above the water. Staff person B left the bathroom and then staff person A left resident #1 alone and unattended in the bathtub again. Approximately 15 minutes later, resident #1 was found curled up at the bottom of the empty whirlpool tub where the door to the tub opens in. The resident was upset and anxious. The assistance of 3 staff persons was needed to get the resident upright and out of the bathtub.

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.

Attached

See Page 3A of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Erik Foulkrod, PCHA

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

Erik Foulkrod, Administrator

Date

10/13/16

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

The above plan of correction is approved as of

10/29/16
(Date)

Plan of correction implementation status as of

10/28/16
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.23 (a): A home shall provide each resident with assistance with ADLs indicated in the resident's assessment and support plan (page 3 of 9).

Plan of correction:

It was documented in the resident's RASP that [REDACTED] required assistance and direct supervision with bathing. The staff person responsible was terminated. Staff are required to read, understand, and acknowledge all support plans which outline the resident's required level of assistance with bathing as well as other ADLs and IADLs. The attached policy and procedure was implemented on 4/1/2016 for staff to follow. Refer to attachment one.

[Handwritten signature]
10/28/16

[Handwritten signature]
Erik Foulkrod, PCNA

Erik Foulkrod, Administrator 10/13/2016

OCT 17 2016

Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.84 - Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters and radiators exceeding 120°F that are accessible to the resident must be equipped with protective guards or insulation to prevent the resident from coming in contact with the heat source.

2a. DESCRIPTION OF VIOLATION

The temperature of the metal grate covering the wall-mounted heater in the 1st floor whirlpool/shower room measured 212 degrees Fahrenheit. The heater is used daily when residents are showering. There are no protective guards in place to prevent residents from coming in contact with the metal grate covering the heating 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.

Attached

See Page 4A of 9

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Eric Foulkrod, Administrator* Date *10/13/16*

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(Date)

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(Initials)

Plan of correction implementation status as of 10/28/16
(Date)

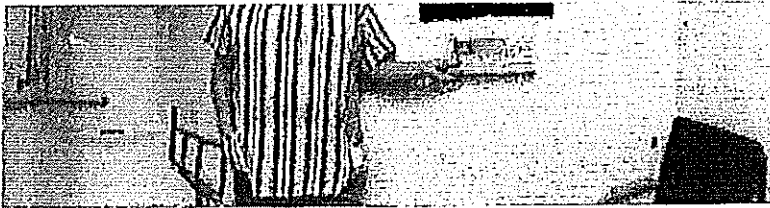
- Fully Implemented
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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.84: Heat sources, such as steam and hot heating pipes, water pipes, fixed space heaters, hot water heaters, and radiators exceeding 120 degrees F that are accessible to the resident must be equipped with protective safeguards or insulation to prevent the resident from coming in contact with the heat source. (page 4 of 9)

Plan of correction:

The heater was removed immediately while surveyors will still present in the building.
Photograph shows continued compliance



D. Webster

Erik Foulkrod, PCHA
Erik Foulkrod, Administrator 10/13/2016

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Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

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
The home does not have a policy to investigate and account for medication errors

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 Page 5A of 9

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

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Eric Foulkrod, Administrator* Date *10/13/16*

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 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 (page 5 of 9).

Plan of correction:

Medication Administration/Medication Pass

Policy: All medications are to be administered only as prescribed, and only by licensed medical or nursing personnel or medication trained direct care staff

Procedures:

1. Only licensed nursing personnel or medication trained direct care staff (MTDCS) are allowed to prepare, administer, and record administration of medications.
2. The privacy of the resident's medical information contained in the MAR will be secured on the medication carts during medication passes by using the privacy function on QuickMAR and utilizing QuickMAR (electronic medication administration record)'s secure server.
3. Medications will be removed from the medication cart to prepare for administration and returned to the medication cart following removal of needed medications. Insulins requiring refrigeration will be removed from the refrigerator for the medication pass. Insulins will be secured in the medication cart during med pass then returned to the refrigerator for storage when applicable.
4. Medications are to be administered at the time they are prepared. No drugs are to be pre-poured. All current medications and dosage schedules are to be listed on the resident's current medication administration record.
5. Residents are to be identified before the administration of a drug. When in doubt of the identity of a resident, the administrator is to verify identity by referring to the picture on the MAR or checking with a responsible person familiar with the resident
6. Only the MTDCS or licensed nurse who prepares the medication may administer it. The same nurse is responsible for recording its administration in the MAR at the time it is given, and before the next resident's medications are administered. The MTDCS/LPN is never to report off-duty without first completing the recording of all medications administered.
7. Medications are to be administered within the time frame of one hour before and one hour after prescribed time for administration. This does not apply to medications ordered at specific times with regard to meals
8. The MTDCS/LPN administering medication is to sign the eMAR using their individual electronic signature.
9. Whenever medications are given on a PRN basis, in addition to documenting administration of the drug, the nurse is responsible for documenting the following in eMAR:
 - a. Resident's complaint or the symptoms for which the drug was given
 - b. Dose, time, route of administration


Erik Foulkrod, Administrator 10/13/2016

See Page 5B of 9

- c. Results achieved from giving the dose
 - d. Nurse's signature
10. If a dose of regularly scheduled medication is withheld or refused, the nurse is to designate the appropriate documentation in eMAR. An explanatory note is to be provided if the dose is withheld.
 11. Residents are prohibited from self-administering any medication unless a self-administration assessment has been completed, self-administration is specifically support planned and authorized to do so by their attending physician, and then only In accordance with the procedures for bedside medication.
 12. If resident's are not in their rooms or otherwise available, the MAR should be flagged to indicate that these medications have not been given. The nurse is responsible for returning after the medication pass is completed and administering the medication.
 13. During the routine administration of medications, the medication cart is to be brought to the doorway of the resident's room with the drawers facing inward
 14. An adequate supply of disposable containers is to be maintained on the medication cart for the administration of drugs. No disposable container used in the administration of drugs is ever to be reused.
 15. The nurse is responsible for checking to see that the drug and dosage schedule on the resident's medication administration record matches the labels on the drug's container.
 16. Medications ordered must be available for use and all medications on hand must have a corresponding order. Discontinued drugs or changes in directions for use are to be handled in accordance with the facility's procedures.

Medication Errors

Purpose: To safeguard the resident

Equipment: Medication Error Report

Procedure: Done by Administrator/Designee

1. Medication errors must be reported immediately to the supervisor
2. An entry of the incident must be made on the resident's medical record and Medication Error Report Form
3. Notify the physician and report any changes in condition of the resident to the physician
4. The resident must be kept under observation and charted on for 24 hours.
5. The Medication Error Form will be reviewed and signed by the Administrator and LPN, residents physician and pharmacist, if pharmacy error.




Erik Foulkrod, Administrator 10/13/2016

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Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment, dated 12/23/15, for resident #3, does not indicate that the resident wears bilateral hearing aids.

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.

Attached

See Page 6A of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Er Foulkrod, PCHA

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

Eril Foulkrod, Administrator

Date

10/13/16

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

The above plan of correction is approved as of

10/28/16
(Date)

Plan of correction implementation status as of

10/28/16
(Date)

The above plan of correction was approved by

Er
(Initials)

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

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WEST REGION FIELD OFFICE
Human Services Licensing


Regulation 2600.225 (c): The resident shall have additional assessments as follows:

1. Annually
2. If the condition of the resident significantly changes prior to the annual assessment
3. At the request of the Department upon cause to believe that an update is required (6 of 9)

Plan of Correction:

Resident is documented as wearing bilateral hearing aids. Excerpt of RASP is attached.
Attachment two.

By 11/30/16 - The administrator or designee will review all resident assessments to ensure they are complete and include all resident needs,

 10/20/16



Erik Foulkrod, Administrator 10/13/2016

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Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(b) - A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

The medical evaluation, dated 12/2/15, for resident #3, does not indicate the need for the resident to be served in a secured dementia care unit. Resident #3 was admitted to the secured dementia care unit on [redacted] 15.

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.

Attached

See Page 1A of 9

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Foulkrod, Administrator* Date *10/13/16*

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

The above plan of correction is approved as of 10/28/16 (Date)

Plan of correction implementation status as of 10/28/16 (Date)

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

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

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Human Services License

Regulation 2600.231 (b): A resident shall have a medical evaluation by a physician, physician's assistant, or CRNP documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit. (7 of 9)

Plan of Correction:

The resident in question does have a diagnosis of Major Neuro-cognitive disorder, located on DME (attached item 3). Attached item 4 is a physician statement signed stating that the resident would benefit from a secured dementia unit placement.

[Handwritten signature]
10/28/16

Erik Foulkrod, PCHA

Erik Foulkrod, Administrator 10/13/2016

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Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(c) - A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #3 was admitted to the secured dementia care unit on [redacted] 15; however, the written cognitive prescreening was completed on [redacted] 15.

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.

Attached

See Page 8A of 9

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

Signature of Legal Entity Representative (Required on EVERY Page) *Erik Foulkrod, PCNA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Erik Foulkrod, Administrator* Date *10/13/16*

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The above plan of correction is approved as of 10/28/16 (Date)

Plan of correction implementation status as of 10/28/16 (Date)

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

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.231 (c): A written cognitive preadmission screening completed in collaboration with a physician or geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia unit. (8 of 9)

Plan of correction:

Administrator/Designee misunderstood the regulation, interpreting the regulation to mean that the preadmission screen must be completed greater than 72 hours of admission not within 72 hours of admission. Administrator/Designee now understand this requirement and have been completing the requirement in compliance since this was brought to our attention. When admitting a new resident to the SCDU, Administrator will monitor for compliance

J. Tolzels

E. Foulkrod, PCNA

Erik Foulkrod, Administrator 10/13/2016

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Violation Report: 40624 - 04/19/2016 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.234(a) - Within 72 hours of the admission, or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented and documented in the resident record.

2a. DESCRIPTION OF VIOLATION
Resident #3 was admitted to the SDCU on [redacted] 15. The resident's initial support plan was not completed until [redacted] 15.

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.

Attached

See Page 9A of 9

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

E. Faulkroel, PCNA

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

E. K. Faulkroel, Administrator

Date *10/13/16*

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

The above plan of correction is approved as of 10/29/16
(Date)

Plan of correction implementation status as of 10/25/16
(Date)

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

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

Page 9A of 9

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WEST REGION FIELD OFFICE
Human Services Licensing

Regulation 2600.234 (a): Within 72 hours of the admission or within 72 hours prior to the resident's admission to the secured dementia care unit, a support plan shall be developed, implemented, and documented in the resident record. (9 of 9)

Plan of correction:

Administrator/Designee misunderstood this requirement. All support plans are developed and implemented within the 72 hour requirement for secure dementia unit residents. Will continue to monitor as residents are admitted to the unit for compliance.

OK 10/13/16

E Foulkrod, PCHA

Erik Foulkrod, Administrator 10/13/2016