



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 10 2016

Ms. Lori Fisher, Administrator  
Senior Choice, Inc.  
495 Patriot Street  
Somerset, Pennsylvania 15501

RE: The Patriot A Choice Community  
License #: 321360

Dear Ms. Fisher:

As a result of the Department of Human Services' annual licensing inspections on May 17, 2016 and May 18, 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 "Jay Bausch".

Jay Bausch  
Deputy Secretary

Enclosure  
License Inspection Summary

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

PCH Name: THE PATRIOT A CHOICE COMMUNITY		License Number: 32136
Address: 495 WEST PATRIOT STREET, SOMERSET, PA 15501		County: Somerset
Administrator: Lori Fisher		Region: WEST
Legal Entity Name: SENIOR CHOICE INC		
Legal Entity Address: 495 WEST PATRIOT STREET, SOMERSET, PA 15501		
<b>Certificate(s) of Occupancy</b>		
C-1 09/11/1990 PA DOH		
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 78	Waking Staff: 59
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>		
05/17/2016: Heemer, Laura 05/18/2016: Heemer, Laura		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
<b>Licensed Capacity: 76</b> <b>Number of Residents Served: 55</b> <b>Secured Dementia Care Unit in Home: No</b> <b>Area:</b> <b>Secured Dementia Unit Capacity, if Applicable:</b> <b>Number of Residents Served in Secured Dementia Care Unit, if applicable:</b> <b>Number of Current Hospice Residents: 4</b> <b>Number of Hospice Residents in past year: 10</b>		<b>Number of Residents who:</b> <b>Receive Supplemental Security Income: 6</b> <b>Are 60 Years of Age or Older: 54</b> <b>Have Mental Illness: 2</b> <b>Have an Intellectual Disability: 2</b> <b>Have a Mobility Need: 23</b> <b>Have a Physical Disability: 0</b>

Violation Report: 32136 - 05/17/2016 - Heemer, Laura  
 PCH Name: THE PATRIOT A CHOICE COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION  
 On 5/14/2016 between the hours of 9:30 pm. to 10:00 pm., 55 residents were present in the home. During this time only 1 staff person was present in the home who was certified in first aid, obstructed airway techniques and CPR.

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.

CPR/First Aid training is scheduled for Friday, June 17, 2016. All direct care staff, not currently certified, will attend the class on June 17, 2016.

The employee work schedule will be monitored to include at least 2 staff members, per shift, certified in CPR/First Aid. The Director of Resident Services and PCHA will monitor compliance before the new biweekly schedule is posted.

New hires will receive CPR/First Aid training through the orientation process or within the first 30 days of hire, as soon as class can be scheduled.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Lori A. Fisher, PCHA	6/2/16

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

The above plan of correction is approved as of <u>6/8/16</u> (Date)	Plan of correction implementation status as of <u>6/28/16</u> (Date)
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

Violation Report: 32136 - 05/17/2016 - Heemer, Laura  
 PCH Name: THE PATRIOT A CHOICE COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.101(o) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION

Resident 4's room has two white ceiling tiles with brown stains. The tiles are located near the wall opposite the Resident's bed. One tile has a stain that is approximately 1 foot long and 6 inches wide. The other tile has a stain that is approximately 1.25 feet long by 8 inches wide.

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.*

Resident #4's two brown ceiling tiles were immediately replaced with new ceiling tiles. Maintenance could not locate a source of a leak above the ceiling. Maintenance will continue to monitor for the next 30 days for any additional water/moisture issues in the ceiling area.

Maintenance and PCHA will complete monthly room checks, to include ceiling areas.

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) <i>Lori A. Fisher, PCHA</i>	Date <i>6/2/16</i>
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 (Date)

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

Plan of correction implementation status as of 6/28/16  
 (Date)

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

Violation Report: 32136 - 05/17/2016 - Heemer, Laura	
PCH Name: THE PATRIOT A CHOICE COMMUNITY	
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 On 5/18/2016, the home did not have the Pro re nata (PRN) medication Benzonatate Cap 200 MG prescribed for Resident 5 on-site and available at the facility.  On 5/18/2016, the home did not have the PRN medications Acetaminophen (MAPAP) 325 mg, Bisac-Eva Sup 10 mg, Docusate Sodium 100 mg, and Promethazine Tab 25 MG prescribed for Resident 4 on-site and available at the facility.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i>	
<p>Pro re nata (PRN) medications for resident 4 and resident 5 were ordered from the pharmacy but not yet received at the time of the license inspection. All medications for resident 4 and resident 5 were received in the evening of 5/18/2016.</p> <p>Monthly audits will be performed by LPN/Med Aides on verify all medications, including Pro re nata (PRN) that are on the MAR are present and accounted for.</p>	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	
Date	
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Violation Report: 32136 - 05/17/2016 - Heemer, Laura  
 PCH Name: THE PATRIOT A CHOICE COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The resident records for Resident 1, Resident 2, Resident 3, Resident 5, and Resident 6 do not include identifying marks for the residents.

The resident record for Resident 4 does not include the hair color or eye color of the resident.

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.*

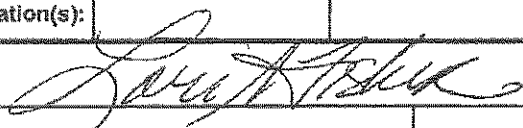
Upon admission of every resident on Personal Care will list the resident's identifying marks, eye and hair color and placed on the resident record. See Attachment #1.

PCHA and Director of Resident Services will monitor compliance, after each admission.

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)

Lori A. Fisher

Date

6/2/16

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