



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

OCT 13 2016

Ms. Brenda Campbell, Administrator  
Chicora Medical Center, LP  
160 Medical Center Road  
Chicora, Pennsylvania 16025

RE: Chicora Medical Center  
License #: 405530

Dear Ms. Campbell:

As a result of the Department of Human Services' annual licensing inspection on May 27, 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: CHICORA MEDICAL CENTER		License Number: 40553
Address: 160 MEDICAL CENTER ROAD, CHICORA, PA 16025		County: Butler
Administrator: Brenda Campbell		Region: WEST
Legal Entity Name: CHICORA MEDICAL CENTER LP		
Legal Entity Address: 160 MEDICAL CENTER ROAD, CHICORA, PA 16025		<b>RECEIVED</b>
Certificate(s) of Occupancy C-1 02/05/1992 Dept. of Health		AUG 28 2016 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 14	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b> Renewal, Complaint, Incident		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 05/27/2018: Cutler, Jan; Rahuba, Mall		
<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>		
Licensed Capacity: 26 Number of Residents Served: 13 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: 0 Are 60 Years of Age or Older: 13 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0

Violation Report: 40553 - 05/27/2016 - Cutter, Jan  
PCH Name: CHICORA MEDICAL CENTER

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 5/5/2016 at approximately 8:00 p.m., a visitor to the home witnessed the following event: Resident #1 was standing in the doorway of his/her room and asked staff person A, who was passing the evening medications, to change his/her catheter bag. Staff person A yelled in resident #1's face, "I told you to wait until I am done passing my meds and then I will fix your bag." At approximately 8:30 p.m., the same visitor heard yelling at the front desk of the home. As the visitor proceeded to the front desk, he/she witnessed resident #1 pleading with staff person A "No, please don't call my family." Staff person A yelled "Then go back to your room where you belong. I will turn you in for harassing the staff." As resident #1 was turning around to return down the hall to his/her room, staff person A continued to taunt the resident saying "I'm going to call your family." Resident #1 hung his/her head and began to sob and returned to his/her room. On 5/10/16, the witness reported this incident to staff person B. The home did not report the allegation to the local Area Agency on Aging until 5/17/16.

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.

The staff was reeducated on the mandatory reporting of abuse on 5/18/16

All staff was provided with a packet containing mandatory Abuse/Neglect reporting form instruction sheet, mandatory Abuse report, on-line training for mandatory Abuse reporting, incident reporting form, copy of reportable incidents reviewed all information

File put together with all forms/instructions, along with phone/fax numbers for Area Agency on Aging and Department of Human Services, staff made aware of where file is.

PC Administrator will have Area Agency on Aging/Protective Services come in yearly for mandatory inservices for all staff on reporting Abuse

Staff person B was also suspended as discipline for failure to follow facility policy of reporting

Administration reported allegations timely when aware

Immediately: The administrator or designated staff person will review all reported incidents at least weekly to ensure any suspected abuse of a resident is reported in accordance with the Older Adult Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27. 4/28/16

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/24/2015

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date 8-26-2016

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

The above plan of correction is approved as of 8-30-16  
(Date)

Plan of correction implementation status as of 8-30-16  
(Date)

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

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

Violation Report: 40553 - 05/27/2016 - Cutter, Jan  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 5/5/2016 at approximately 8:00 p.m., a visitor to the home witnessed the following event: Resident #1 was standing in the doorway of his/her room and asked staff person A, who was passing the evening medications, to change his/her catheter bag. Staff person A yelled in resident #1's face, "I told you to wait until I am done passing my meds and then I will fix your bag." At approximately 8:30 p.m., the same visitor heard yelling at the front desk of the home. As the visitor proceeded to the front desk, he/she witnessed resident #1 pleading with staff person A "No, please don't call my family." Staff person A yelled "Then go back to your room were you belong. I will turn you in for harassing the staff." As resident #1 was turning around to return down the hall to his/her room, staff person A continued to taunt the resident saying "I'm going to call your family." Resident #1 hung his/her head and began to sob and returned to his/her room. On 5/10/16, the witness reported this incident to staff person B. The home did not develop and implement a plan of supervision or suspend staff person A until 5/17/16.

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.

when the allegation became aware to PC Administrator on 5/17/16 staff person A was suspended immediately upon doing investigation. staff person A later on 5-17-2016 resigned her position as PC Aide She is ineligible for rehire at any of our sister facilities.

The home has implemented a plan that any staff person involved in a allegation of abuse shall be suspended immediately unsubstantiated

Immediately - If the home receives an allegation of resident abuse the home will immediately take the following steps:

- Report the allegation of resident abuse 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.
- Suspend the staff person or persons involved in the alleged resident abuse or place the staff person on a plan of supervision that has been approved by the Department. Supervised staff persons will remain on a plan of supervision until the Department informs the home the supervision plan may be lifted.
- Report the allegation of resident abuse to the Department.
- Report the allegation of resident abuse to the resident and the resident's designate person. *5/28/16*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brenda Campbell PC Administrator* Date *8-26-2016*

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Violation Report: 40553 - 05/27/2016 - Cutter, Jan  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5/5/2016 at approximately 8:00 p.m., a visitor to the home witnessed the following event: Resident #1 was standing in the doorway of his/her room and asked staff person A, who was passing the evening medications, to change his/her catheter bag. Staff person A yelled in resident #1's face, "I told you to wait until I am done passing my meds and then I will fix your bag." At approximately 8:30 p.m., the same visitor heard yelling at the front desk of the home. As the visitor proceeded to the front desk, he/she witnessed resident #1 pleading with staff person A "No, please don't call my family." Staff person A yelled "Then go back to your room were you belong. I will turn you in for harassing the staff." As resident #1 was turning around to return down the hall to his/her room, staff person A continued to taunt the resident saying "I'm going to call your family." Resident #1 hung his/her head and began to sob and returned to his/her room. On 5/10/16, the witness reported this incident to staff person B. The home did not report the incident to the Department until 5/17/16.

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.

PC Administrator re educated staff on reporting given Packet of all information 5-18-2016

Staff person B was educated on reporting any allegation of abuse immediately and was reprimanded for not reporting the abuse immediately.

Administrator will have follow up with all staff on 9-12-2016 to review information, forms, phone/fax numbers, and regulations.

Immediately: The administrator will review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c. *g.m*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brenda Campbell*

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

*Brenda Campbell PC Administrator*

Date *8-26-2016*

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

RECEIVED

AUG 28 2016

Violation Report: 40553 - 05/27/2016 - Cutter, Jan  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.42(c) - A resident shall be treated with dignity and respect.

2a. DESCRIPTION OF VIOLATION

On 5/5/2016 at approximately 8:00 p.m., a visitor to the home witnessed the following event: Resident #1 was standing in the doorway of his/her room and asked staff person A, who was passing the evening medications, to change his/her catheter bag. Staff person A yelled in resident #1's face, "I told you to wait until I am done passing my meds and then I will fix your bag." At approximately 8:30 p.m., the same visitor heard yelling at the front desk of the home. As the visitor proceeded to the front desk, he/she witnessed resident #1 pleading with staff person A "No, please don't call my family." Staff person A yelled "Then go back to your room were you belong. I will turn you in for harassing the staff." As resident #1 was turning around to return down the hall to his/her room, staff person A continued to taunt the resident saying "I'm going to call your family." Resident #1 hung her/his head and began to sob and returned to her/his room.

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.

PC Administrator reviewed with staff on 5-18-2016 dignity and respect of resident when reviewing reporting

Ombudsman to do inservice for staff on 9-12-2016 2pm on resident dignity and respect

Within 30 days of receipt of the plan of correction: All residents and staff persons will receive resident rights education, to include the right to privacy and dignity and respect, by a Department-approved outside source. Documentation of education shall be kept. *SP 9/1/16*

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Brenda Campbell PC Administrator* Date *8-26-2016*

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The above plan of correction was approved by <u>SP</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>SP</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40553 - 05/27/2016 - Cutter, Jan  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

There was no window or operable exhaust fan in the bathroom in bedroom #501.

There was no window or operable exhaust fan in the bathroom in bedroom #502.

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.

On May 30<sup>th</sup> this problem was brought to the attention of the maintenance Supervisor upon getting up onto the roof to inspect the vent motor it was found to have a broken belt, which was replaced and bathroom vents are operable. Attached photo's are of toilet paper be held up to vents showing vent is operable

Maintenance will do monthly checks of the venting system to insure it is working properly in all bathrooms, if vents are not working they will be inspected as to the problem and addressed immediately

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brenda Campbell*

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

Brenda Campbell PC Administrator

Date 8-26-2016

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(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40553 - 05/27/2016 - Culler, Jan  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

The edging plate of the recessed light fixture on the ceiling of the shower stall in the bathroom in bedroom #501 is hanging down approximately 1/4" exposing the inner elements of the light fixture to moisture.

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.

On May 30<sup>th</sup> maintenance was shown the light fixture. The fixture was repaired by the maintenance on the 30<sup>th</sup> by screwing the edging plate of the fixture to the shower ceiling. photo's enclosed of the repaired light fixture  
It will be brought to the attention of the maintenance men of any repairs of furniture or equipment needing fixed to prevent hazards by staff using a repair slip of the problem that needs fixed the maintenance will retain the slip and sign and date when the repair has been done and return a copy to administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date 8-26-16

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(Date)

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(Initials)

Violation Report: 40553 - 05/27/2016 - Cutter, Jan  
PGH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

Resident #1 does not have a source of light that can be turned on/off from bedside.

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 had moved [redacted] lamp to a different place.  
A new lamp has been placed on the bedside stand which [redacted] can turn on/off from bedside (picture enclosed)  
Resident and staff has been educated of the need for a working light be in reach while resident is in bed  
Staff will be observant when in residents room that they have a light source within reach and working order

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Brenda Campbell*

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

*Brenda Campbell PC Administrator*

Date *8-26-16*

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(Date)

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(Date)

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

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

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AUG 28 2016

Page 9 of 9

Violation Report: 40553 - 05/27/2016 - Cutter, Jan  
PCH Name: CHICORA MEDICAL CENTER

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
At 9:40 a.m., the temperature in the walk-in freezer measured 9°F.

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.

A refrigerator/freezer service and repair company has been into service the freezer on 8.26.2016 will need to make a return visit to finish repairs

The dietary supervisor to monitor freezer temperatures

PC Administrator will make a daily walk through the kitchen to follow up on the temperatures after repairs have been made for one month (Attachment B) then will follow up with dietary supervisor and maintenance supervisor with any concerns with the temperatures

Immediately: If refrigerator temperatures measure above 40° and freezers above 0°, temperatures will be checked again in two hours. If the temperature remains high, food items will be moved to a refrigerator/freezer that maintains a safe storage temperature until repairs can be made. 8/28/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Brenda Campbell

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

Brenda Campbell PC Administrator

Date 8-26-2016

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(Date)

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(Initials)