



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 1, 2016

Ms. Janice Hamsche, Board President
Dubois Continuum of Care Community Inc.
282 South Eighth Street
Dubois, Pennsylvania 15801

RE: Dubois Village
License #: 316060

Dear Ms. Hamsche

As a result of the Department of Human Services' licensing inspection on May 31 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 "Michele Moskalczyk".

Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 31606 - 05/31/2016 - Yellenic, Cindy
 PCH Name: DUBOIS VILLAGE

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 5-17-16, Staff Person A was hollering and using offensive language regarding Resident #1 to Staff Person B, while Resident #1 was standing there. The alleged verbal abuse was not reported to the local Area Agency on Aging until 5-19-16.

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.

Immediate notification was not verbally made to Area Agency on Agency as required for suspected Abuse of a resident. Staff person that reported was immediately educated on Abuse reporting requirements. Visual Aid posted in all departments with steps for reporting requirements. Staff mandatory in-service was completed on 7/22/16 (see attached training record).

The administrator shall monitor and assure ongoing compliance

M
 7/27/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Rockwell Interim Administrator</i>	Date <i>7/22/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>7/27/16</u> (Date)	Plan of correction implementation status as of <u>7/27/16</u> (Date)
The above plan of correction was approved by <u>M</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: 31606 - 05/31/2016 --Yellenic, Cindy
 PCH Name: DUBOIS VILLAGE

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 5-17-16, Staff Person A was hollering offensive language about Resident #1 to Staff Person B, while in the presence of Resident #1. The home did not report the incident to the Department until 5-19-16.

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 report of suspected resident abuse was not reported to the department within 24 hours of the incident. Visual aid posted in all departments with steps for reporting requirements. Staff mandatory in-service provided on 7/22/16 (see attached training report) to re-educate staff on abuse reporting requirements to the department within 24 hours of incident.

The administrator shall be responsible for monitoring and ongoing compliance.
 m
 7/27/16

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Caroline Rockwell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Rockwell Interim Administrator* Date *7/22/16*

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Plan of correction implementation status as of 7/27/16 (Date)

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

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

Violation Report: 31606 - 05/31/2016 - Yellenic, Cindy
 PCH Name: DUBOIS VILLAGE

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

2a. DESCRIPTION OF VIOLATION
 Staff person A was hollering offensive and insensitive remarks about Resident #1 to Staff person B, while in the presence of Resident #1. Resident # 1 was not treated with dignity and respect.

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 Resident's Right of being treated with dignity and respect was violated by staff person A. Staff person A was suspended pending the outcome of the investigation, subsequently has not return to facility. Staff mandatory in-service was provided on 7/22/16 (see attached training record) on Resident Rights.

- The administrator shall assure that all residents are treated with dignity and respect.
- The administrator shall monitor for ongoing compliance.

M
7/27/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Caroline Rockwell Interim Administrator</i>	Date <i>7/22/16</i>
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 (Date)

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

Plan of correction implementation status as of 7/27/16
 (Date)

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

Violation Report: 31606 - 05/31/2016 - Yellenic, Cindy
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #1's annual medical evaluation was completed on 11-30-15. The medical evaluation was not signed by the physician.

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.

Residents shall have a medical evaluation completed at least annually. All medical evaluations must be completed in entirety and signed by the physician. Resident #1's annual evaluation completed on 11/30/15 was not signed by the physician. Resident #1's DME was faxed to the physician on 5/31/16 and returned signed to facility. All medical evaluations will be audited by 7/22/16 to ensure complete and signed. Any incomplete DME's will be faxed to physician for completion. A DME audit tool has been implemented and will be completed for all DME's upon admission, significant change and upon annual evaluation by the administrator/designee to ensure compliance.

The administrator shall monitor and assure ongoing compliance.
 M
 7/27/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Caroline Rockwell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Rockwell Interim Administrator* Date *7/22/16*

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 (Date)

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 (Initials)

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- Not Implemented

Violation Report: 31606 - 05/31/2016 - Yellenic, Cindy
 PCH Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2800
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 has a physician's order for Levothyroxine 50mcg due at 7:00am daily. On 5-22-16, Resident #1 did not receive the 7:00am Levothyroxine due to the medication was not available.

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 #1's Levothyroxine had been misplaced in medication cart and resident missed one dose. Medication was located and Resident #1 has received medication since. On 7/22/16 medication staff have been re-educated by the Interim Resident Care Manager on the necessity of keeping medication carts orderly to avoid potentially missing meds. Med Carts will be reviewed by the Interim Resident Care Manager weekly for four weeks and monthly for three months to validate the carts are orderly and no meds are missed due to misplacement.

The administrator shall monitor and assure ongoing compliance.
 m
 7/27/16.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/03/2015

Signature of Legal Entity Representative (Required on EVERY Page) *Caroline Rockwell*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Caroline Rockwell Interim Administrator* Date *7/22/16*

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Plan of correction implementation status as of 7/27/16
 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 31606 - 06/31/2016 - Yellenic, Cindy
PG# Name: DUBOIS VILLAGE

1. REGULATION 55 Pa.Code §2800

2600.202 - The following procedures are prohibited:

- (1) Seclusion, defined as involuntary confinement of a resident in a room from which the resident is physically prevented from leaving, is prohibited.
- (2) Aversive conditioning, defined as the application of startling, painful or noxious stimuli, is prohibited.
- (3) Pressure point techniques, defined as the application of pain for the purpose of achieving compliance, is prohibited.
- (4) A chemical restraint, defined as use of drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior, is prohibited.
- (5) A mechanical restraint, defined as a device that restricts the movement or function of a resident or portion of a resident's body, is prohibited.
- (6) A manual restraint, defined as a hands-on physical means that restricts, immobilizes or reduces a resident's ability to move his arms, legs, head or other body parts freely, is prohibited.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Lorazepam PRN 1 tab twice daily as needed for increased agitation (control). On 5-21-16, Staff Person C, stated the resident was agitated when the staff person tried to explain another resident was not his/her spouse, so Staff Person C administered the Lorazepam to control the agitation.

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 #1 received a prn Lorazepam on 5/21/16 to control agitation when mistaking another resident as his/her spouse. Staff are unable to administer drugs or chemicals for the specific and exclusive purpose of controlling acute or episodic aggressive behavior. Resident #1 prn usage is very limited therefore physician discontinued resident #1's Lorazepam prn on 7/28/16. Medication staff education on prohibition of use of drugs as a chemical restraint to be provided on 7/29/16.

The administrator shall monitor and assure ongoing compliance
[Signature]
7/29/17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Caroline Rockwell* *Interim Administrator* Date *Revised 7/28/16*

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The above plan of correction is approved as of 7/29/17
(Date)

Plan of correction implementation status as of 7/29/17
(Date)

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

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