



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: September 19, 2016

Mr. Daniel Millett, Member
Millett Pines LLC
1300 Morgan Highway
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit
License #: 226120

Dear Mr. Millett:

As a result of the Department of Human Services' licensing inspection on June 2, 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,

Anne Graziano

Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 22612 - 06/02/2016 - Harvey, Jason
PCH Name: THE PINES AT CLARKS SUMMIT

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION
 On 5/26/2016 at approximately 8:45am The Personal Home Health Care and Hospice agency nurse who is contracted by the home struggled with resident #1 by grabbing the right wrist of the resident trying to get a blood pressure against the resident's will causing a skin tear (L shaped) measuring 1.2 cm and a reddened area around the circumference of the resident's right wrist.

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.

With all due respect, the Pines strongly disagrees with the Department's determination that our facility should be cited for a violation related to the events of 5/26/16 described above.

The Personal Home Health Care and Hospice nurse was not our employee. In order to ensure the resident's safety, the Pines policy is to obtain a criminal background check and verify the license of agency staff when they are assigned to resident care in our facility. The nurse's background check was clear and she had a current and valid nursing license from the State of Pennsylvania. Our Director of Wellness was on the unit, heard the resident yelling and immediately went to the resident's room. The DOW intervened and asked the nurse to stop what she was doing and leave the room. The nurse was then escorted out of the building. The DOW immediately informed the Administrator and the Administrator took the following actions:

- *A written witness statement and an incident report was completed by the DOW
 - *The Ombudsman was contacted
 - *A report was completed with the Area Agency on Aging
 - *The Act 13 Report was completed and submitted
 - *The resident's daughter was contacted and informed of the situation
 - *The manager at Personal Home Health Care and Hospice was contacted and informed of the events, and they were notified that the nurse was not to return to our facility. The resident's daughter then requested that a new hospice agency be assigned to her [redacted] which we did.
 - * [redacted] NE office of BHSL was called and informed of the situation and an incident report was submitted to the NE office.
 - *The resident's physician was contacted and he came to the facility to examine the resident and prescribe care
 - *On 6/22/16 a representative from the Area Agency on Aging came to the Pines and conducted an inservice for our employees on all aspects of abuse and proper reporting
- We believe we did everything we could to ensure the resident's safety by screening the outside agency nurse, stopping her interaction with the resident, contacting the proper agencies, family and physician, and filing the appropriate forms. The Administrator/Designee will continue to ensure that all policies and procedures are followed and compliance with regulations are maintained.

in order to protect residents and obtain ongoing compliance. Q. 9-17-16

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/12/2016

Signature of Legal Entity Representative (Required on EVERY Page) *SM Rechlicz*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
 Stacie Millett Rechlicz, Administrator 8-31-16

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The above plan of correction is approved as of <u>9-17-16</u> (Date)	Plan of correction implementation status as of <u>9-17-16</u> (Date)
The above plan of correction was approved by <i>Q</i> (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