



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 3 1 2016

Ms. Jessica Scheffner, Administrator/Secretary of Corp.
Mrs. Bush's Personal Care Home, Inc.
P.O. Box 327, 302 Kunkletown Road
Kunkletown, Pennsylvania 18058

RE: Mrs. Bush's Personal Care Home I
License #: 228350

Dear Ms. Scheffner:

As a result of the Department of Human Services' annual licensing inspection on June 7, 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: MRS BUSH S PERSONAL CARE HOME I		License Number: 22835
Address: PO BOX 327 302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Jessica Scheffner		Region: NORTHEAST
Legal Entity Name: MRS BUSH'S PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 327 302 KUNKLETOWN RD, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
I-1 03/19/2014 PA L&I	C-2 LP 10/10/1995 PA L&I	I-1 03/19/2014 Elderred Twp-Monroe Co.
Staffing Hours		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/07/2016: OHaire, Anne; Novak, Ryan		
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: 70 Number of Residents Served: 50 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: 3 Number of Hospice Residents in past year: 9		Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 5 Have a Physical Disability: 1

Violation Report: 22835 - 06/07/2016 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

The home did not have a record of annual training for Staff Person "A" [redacted] DOH [redacted] 06, for the training year 2015. The home could not demonstrate that they had received annual training in fire safety; emergency preparedness; resident rights; The Older Adult Protective Services Act, falls and accident prevention and addressing the needs of new resident populations served in the facility.

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.

For immediate correction, staff person "A" was trained in #1-5 as listed above. #6 is N/A. The training was completed on 6/8/16. See attached tests completed after reading/review of study guide on each designated topic. Staff person "A" also attended "Fire Safety + Emergency Preparedness" inservice on 6/30/16 conducted on-site by [redacted] Fire Expert with the Monroe County Office of Emergency Management. Ongoing compliance with this req. will be monitored by Asst. Administrator, [redacted]

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Schepner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Schepner, Administrator* Date *7/8/16*

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

The above plan of correction is approved as of 7-14-16
 (Date)

Plan of correction implementation status as of 7/14/16
 (Date)

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

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

Violation Report: 22835 - 06/07/2016 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa. Code §2600
 2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

2a. DESCRIPTION OF VIOLATION

A bottle labeled diluted Clorox solution, 86, and carpet cleaner were located in the home's maintenance room. The bottles did not have the original manufacturers label attached to the bottle.

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.

For immediate correction, the 3 above listed bottles were removed from the facility. Maintenance and house keeping staff have been inserviced on the requirement to have all poisonous materials stored in their original, labeled containers. Facility will contact Airex laboratories in the future as needed to request manufacturer labels for bottles/containers. Airex laboratories supplies the above listed "66" and "carpet cleaner". The administrator will be responsible for monitoring ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jessica Schefner

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

Jessica Schefner, Administrator Date 7/8/16

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The above plan of correction is approved as of

7/14/16
 (Date)

Plan of correction implementation status as of

7/14/16
 (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: 22835 - 06/07/2016 - O'Haire, Anne
 PCH Name: MRS BUSH'S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 6/29/15 at 5:55am notes 44 residents present in the building at the time the alarm sounded and 44 residents were evacuated. The log notes that a resident refused to participate. The fire drill log is not accurate.

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.

For immediate correction, the entry listed on the 2015 fire drill log for 6/29/15 was corrected to state that "43" residents were evacuated. The Asst. Administrator at that time was eventually able to evacuate the resident, but not within the time frame required for evacuation. For ongoing future compliance, if this situation were to recur, the resident would be counseled regarding the Home Rule policy requiring mandatory participation and subsequent drills will be conducted until 100% evacuation is made.
 • The administrator shall monitor and assure ongoing compliance.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Classica Schettner* *AS*
7/14/16

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Classica Schettner, Administrator* Date *7/8/16*

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The above plan of correction is approved as of <u>7/14/16</u> (Date)	Plan of correction implementation status as of <u>7/14/16</u> (Date)
The above plan of correction was approved by <u><i>MS</i></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: 22835 - 06/07/2016 - O'Haire, Anne
 PCH Name: MRS. BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
 The fire drill conducted on 6/29/15 at 5:55am notes 44 residents present in the building at the time the alarm sounded and 44 residents were evacuated. The log notes that a resident refused to participate. The fire drill log is not accurate.

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.

For immediate correction, the entry listed on the 2015 fire drill log for 6/29/15 was corrected to state that "43" residents were evacuated. For ongoing future compliance, residents will be counseled regarding the Home Rule policy requiring mandatory participation in fire drills. Subsequent drills will be conducted until 100% evacuation is made. Administrator is responsible to ensure/monitor for compliance with this regulation.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffner, Administrator* Date *7/8/16*

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Violation Report: 22835 - 06/07/2016 - O'Haire, Anne
 PCH Name: MRS BUSH'S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600

2a. DESCRIPTION OF VIOLATION

The home's dark blue van designated to transport residents' first aid kit did not contain a thermometer.

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.

For immediate correction, a thermometer was placed in the first aid kit of the dark blue transport van. For ongoing future compliance a list of required items has been placed in the kit and the transporter will check the kit on a quarterly basis to ensure contents are available.

The administrator shall monitor for ongoing compliance

m
7/14/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Jessica Scheffner

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

Jessica Scheffner, Administrator Date 7/8/16

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(Initials)

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Violation Report: 22835 - 06/07/2016 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION
 Resident #1's fish oil was not labeled with the resident's name.

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.

For immediate correction, the resident name was written on the bottle of fish oil caps on 6/7/16.
 For ongoing future compliance, the medication aide scheduled from 6A-4p will conduct a med cart check weekly to ensure that all medications are properly labeled and identified with proper resident name.

The administrator shall monitor for ongoing compliance
 m 7/14/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner, Administrator* Date *7/8/16*

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Violation Report: 22895 - 06/07/2016 - O'Haire, Anne
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa. Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident # 2 has an order for Metoprolol 25 mg hold for blood pressure less than or equal to 110/70 or heart rate less than or equal to 60. On 6/1/16 the resident's blood pressure was 110/70 and the heart rate was 60 and the medication was administered.

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 resident's physician was notified of the error on his 7/12/16 visit. A reportable incident form was completed and submitted to DHS. The involved employee was counseled regarding the error and awareness was raised at the 7/8/16 staff meeting to help other staff avoid a similar error when administering medications that have parameters.

- The administrator shall monitor and assure ongoing compliance.

M 7/14/16

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

Signature of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Jessica Scheffner, Administrator* Date *7/8/16*

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

Plan of correction implementation status as of 7/14/16 (Date)

Fully Implemented

Partially Implemented - Adequate Progress

Partially Implemented - Inadequate Progress

Not Implemented