



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 0 1 2016

Mr. Thomas A. Scanga, Administrator/Owner
Pine View Personal Care Facility, Inc.
P.O. Box 150
Vandergrift, Pennsylvania 15690

RE: Pine View Personal Care Facility
1113 Pine View Lane
Vandergrift, Pennsylvania 15690
License #: 426690

Dear Mr. Scanga:

As a result of the Department of Human Services' annual licensing inspection on July 1, 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: PINE VIEW PERSONAL CARE FACILITY		License Number: 42669
Address: 1113 PINE VIEW LANE, VANDERGRIFT, PA 15690		County: Armstrong
Administrator: Cheryl Kooniz		Region: WEST
Legal Entity Name: PINE VIEW PERSONAL CARE FACILITY INC		
Legal Entity Address: P.O. BOX 150, VANDERGRIFT, PA 15690		
Certificate(s) of Occupancy		
C2 LP 06/17/1987 L&I	C2 LP 03/01/1996 L&I	C2 LP 04/14/1999 L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 25	Waking Staff: 19
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 07/01/2016: Marini, Michael; Hultquist, Cliff		RECEIVED SEP 14 2016 WEST REGION FIELD OFFICE Human Services Licensing
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: 28 Number of Residents Served: 24 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: 2 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 23 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 0	

SEP 14 2016

Violation Report: 42659 - 07/01/2016 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is a 1 inch wide strip of ceiling missing at the entrance to the 1st floor kitchen which extends in a rectangle shape measuring 9 feet by 6 feet. The floorboards from the upper floor are visible through this strip.

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 contractor has been hired, [redacted]. He assured us the entire above repairs will be done within 60 days. However, he was taken to the hospital for emergency surgery. I have spoke to him since, he has assured me the entire job will be done by November 1, 2016.

Immediately then weekly thereafter: The administrator or designated staff person shall inspect the home, at least weekly, to ensure all floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards.

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Thomas Scanga - Admin. Date 9-12-16

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

The above plan of correction is approved as of 10/6/16 (Date)

Plan of correction implementation status as of 10/6/16 (Date)

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

- Fully Implemented
- Partially Implemented - Adequate Progress [Signature]
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 42669 - 07/01/2016 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

The water temperature from the following sinks exceeded 120 degrees Fahrenheit.

Time	Temperature (degrees Fahrenheit)	Location
10:01 AM	124.7	main level kitchen
10:05 AM	123.0	upstairs bathroom
10:20 AM	122.7	east wing men's room-1st floor

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.

This was completed at the inspection. Our maintenance man adjusted temperature immediately. He will continue to monitor temperature on a weekly basis. Documentation of the water checks shall be kept.

R
10/6/16

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	Thomas Scanga admin.
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Thomas Scanga</i>	9-12-16

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The above plan of correction is approved as of <u>10/6/16</u> (Date)	Plan of correction implementation status as of <u>10/6/16</u> (Date)
The above plan of correction was approved by <u><i>R</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: 4-669 - 07/01/2016 - Marini, Michael
PCH Name: PINE VIEW PERSONAL CARE FACILITY

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

Resident #2 is prescribed the following medications:

- *Docusate Sodium 100 mg-1 tablet by mouth twice daily as needed for constipation
- *Cetirizine HCL 10 mg-1/2 tablet by mouth every day as needed for allergies
- *Bisac-Evac 10 mg-Insert 1 suppository every 4th day as needed if no bowel movement
- *Enema-Rectally every 5th day as needed if no bowel movement

These medications were not included on resident #2's July 2016 medication administration record.

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 staff meeting was held to discuss our inspection & a new policy was put into effect as well as a discussion on med log updating. * All med passers were reminded (per initial med training) in regards to how to receive a resident home from the hospital - comparing hospital disch. with MAR. A resident's meds no longer ordered are immediately removed from med cart. This is a procedure & dt. visits. In addition each med passer has been assigned a group of residents they are responsible to do weekly rechecks on the MAR & cart.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz - Admin.

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Cheryl Koontz Date 9-12-16

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The above plan of correction was approved by <u>[Signature]</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