



pennsylvania
DEPARTMENT OF HUMAN SERVICES

NOV 01 2016

Ms. Joan McDowell, Owner/Administrator
St. Jude's Haven, Inc.
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904


RE: St. Jude's Haven Personal Home
License #: 307870

Dear Ms. McDowell:

As a result of the Department of Human Services' annual licensing inspection on August 24, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30787 - 08/24/2016 - Showers, Michael

PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

The home has not provided Resident 1, and the resident's designated person, an itemized quarterly account of financial transactions since the resident's admission to the home on [redacted] 14.

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.

As of Sept 1, 2016 I have started the quarterly account for [redacted]. I will mail [redacted] sister a copy of this every 3 months as well as provide [redacted] a copy and file a copy in [redacted] folder. [redacted] showed me how to use this form and I will document every transaction on this form.

The home shall review all financial accounts for current residents and provide a copy of the quarterly account statements to the residents, and designated person, for whom the home holds funds.

Completion date 12/31/16 at the end of the quarterly cycle.

BAS 10/12/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Kaitlyn Magro

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

Kaitlyn Magro

Date 9-14-16

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

The above plan of correction is approved as of 10/12/16
(Date)

Plan of correction implementation status as of 10/12/16
(Date)

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

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

Violation Report: 30787 - 08/24/2016 - Showers, Michael

PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600



2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

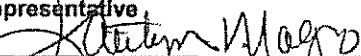
The contract for Resident 1 was not signed by the resident..

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.

 did not sign the contract as I believed P.A.A. was enough consent. I have rectified this by having  sign the contract in all applicable places and will ensure every future contract has the resident signature or a mark on it. I also had all residents sign the contract that had not already signed it.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Kaitlyn Magro Date 9.14.16

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The above plan of correction is approved as of <u>10/12/16</u> (Date)	Plan of correction implementation status as of <u>10/12/16</u> (Date)
The above plan of correction was approved by <u>BAS</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 30787 - 08/24/2016 - Showers, Michael

PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.53(a) - The administrator shall have one of the following qualifications:

- (1) A license as a registered nurse from the Department of State.
- (2) An associate's degree or 60 credit hours from an accredited college or university.
- (3) A license as a licensed practical nurse from the Department of State and 1 year of work experience in a related field.
- (4) A license as a nursing home administrator from the Department of State.
- (5) For a home serving 8 or fewer residents, a general education development (GED) diploma or high school diploma and 2 years direct care or administrative experience in the human services field.

2a. DESCRIPTION OF VIOLATION

The acting Administrator (Staff Person A) does not have 60 or more credits from an accredited college or university, and does not meet any of the other acceptable criteria for qualification to serve as Administrator.

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.

I have spoke with [redacted] and explained to him I will be taking LPN classes at Greater Johnstown Career & Technology Center in January. It is the shortest route available and will be a benefit to our home. I am currently studying for my preadmission exam and getting everything together to be unrolled.

To address this matter in the interim, the home has submitted a waiver request for this regulation to the Department, so that the Acting Administrator (Staff Person A) can continue to perform administrative duties until obtaining the required credit hours or licensure. The home's administrator will provide duties according to the requirements of the regulation until a waiver request is granted.

BAS 10/12/16

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

[Handwritten Signature]

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

Kathryn Magro

Date *9/14/16*

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(Date)

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(Date)

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(Initials)

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Violation Report: 30787 - 08/24/2016 - Showers, Michael
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION

Kenmore Dryer in laundry room had a large accumulation of white lint. The dryer was not in use at this time.

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.

Lint traps are to be cleaned after every use. I have reiterated to staff how important this is and what can happen if not cleaned properly. I have also put a double check system in place as the one (lead) not doing laundry will also check to ensure the lint trap is cleaned. I also told attend to check anytime they are in laundry room.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kaitlyn Magno* Date *10/14/16*

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 (Initials)

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Violation Report: 30787 - 08/24/2016 - Showers, Michael
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

The initial medical evaluation for Resident 2, admitted to the home on [redacted] 16, was completed on 5/9/16.

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.

I am implementing a rule for new admissions. I will not accept a resident without DME being filled out prior to admission unless it is an emergency admission. We will then proceed to have POC fill out ASAP. I am hoping this will solve the issue of Dr's offices not filling these out and returning on time.

The home will audit the medical evaluations completed for all residents who have entered the home within the past 30 days. If an initial medical evaluation is needed by any resident, an evaluation shall be scheduled immediately.

BAS 10/12/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Keithyn Magro</i>	Date <i>9/14/16</i>
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Violation Report: 30787 - 08/24/2016 - Showers, Michael
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 8/24/2016, inspectors observed 7 small plastic cups with resident names on them that contained multiple medications setting on a shelf attached to the medication cart. This observation occurred at a time when med administration was not being conducted.

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 board what holds the med cups has been disposed of. This should solve any issues of medications being prepared.

Staff shall be informed that the pre-pouring of medications is not permitted.

Staff will be re-educated that medications shall not be administered more than one hour prior to or one hour after the prescribed administration time. Should a medication not be administered within this time frame, it will be documented as a medication error and the steps pertaining to regulations 2600.16(c),(d),(e), and(f), and 188(b)(c),(d), and (e) shall be followed.

The administrator, or designee, shall make observations of the medication cart throughout each week and complete weekly reviews of the medication administration records for five residents to address any issues and assure compliance.

BAS 10/12/16

Repeat Violation: Yes	Date(s) of Previous Violation(s):	03/01/2016		
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Signature of Legal Entity Representative (Required on EVERY Page) *Keithyn Magro*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Keithyn Magro* Date *9-14-16*

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Violation Report: 30787 - 08/24/2016 - Showers, Michael
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

On 8/24/16, the had not yet completed an initial assessment for Resident 2, who was admitted to the home on [redacted] 2016.

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.

An assessment was not finalized for [redacted] I have made a list with residents names and due dates for assessments to refer to so what no one is missed.

The administrator, or designee, shall complete an audit of the records for all current residents of the home to identify those residents in need of an assessment.

The home shall complete a detailed comprehensive assessment for each resident found to be in need of an assessment. The assessment forms will be filled out in their entirety, including signatures and dates.

BAS 10/12/16

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathryn Magro* Date *9-14-16*

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Violation Report: 30787 - 08/24/2016 - Showers, Michael
 PCH Name: ST JUDE S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION

On 8/24/16, the had not yet completed an initial support plan for Resident 2, who was admitted to the home on [redacted] 2016.

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 support plan was not finalized for [redacted]
 It will be making a list with names and due dates for support plan so no one's was missed

The administrator, or designee, shall complete an audit of the records for all current residents of the home to identify those residents in need of a support plan.

For each resident found to be in need of a support plan, the home shall complete a detailed comprehensive plan that identifies exactly how the home plans to meet each resident's needs. The support plan forms will be filled out in their entirety, including signatures and dates.

BAS 10/12/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Kaitlyn Mago</i>	Date <i>9-14-16</i>
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