



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: March 1, 2017

Mr. James Ciocarello
Administrator
Wilbri, Inc.
206 Lane Avenue
Punxsutawney, Pennsylvania 15767

RE: Lane Avenue Personal Care Home
#424090

Dear Mr. Ciocarello:

As a result of the Department of Human Services' licensing inspection on September 20, 2016, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: LANE AVENUE PERSONAL CARE HOME		License Number: 42409
Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767		County: Jefferson
Administrator: James Ciocarello		Region: WEST
Legal Entity Name: WILBRI INC		
Legal Entity Address: 206 LANE AVENUE, PUNXSUTAWNEY, PA 15767		RECEIVED
Certificate(s) of Occupancy C-2 LP 05/19/1993 L & I		FEB 09 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 27	Waking Staff: 20
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 09/20/2016: McConnell, Deb		
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: 42	Number of Residents who:	
Number of Residents Served: 27	Receive Supplemental Security Income: 25	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 9	
Area:	Have Mental Illness: 19	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 2	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 0		

FEB 09 2017

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 42409 - 09/20/2016 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

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 9/15/16, at approximately 10:00 a.m., resident #1 informed staff person A, the home's administrator, that earlier that day at approximately 2:30 a.m., while in the smoking room, staff person B forcefully grabbed his/her arms and pulled him/her out of the chair, forcing the resident to leave the smoking room. The home did not report this allegation of abuse to the local Area Agency on Aging.

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.

EFFECTIVE IMMEDIATELY, LANE AVE. PERSONAL CARE HOME will report ANY SUSPECTED ABUSE OF A RESIDENT SERVED IN THE HOME IN ACCORDANCE WITH THE OLDER ADULTS PROTECTIVE SERVICES ACT. BOTH ADMINISTRATOR AND OWNERS HAVE DISCUSSED THIS POLICY TO ASSURE ITS COMPLETE COMPLIANCE IN THE FUTURE. AN INSERVICE PROGRAM CONDUCTED BY THE JEFFERSON COUNTY OFFICE ON AGING WAS HELD ON 11-9-16 FOR ALL STAFF. A COPY OF THE TRAINING RECORD IS ATTACHED.

LANE AVE PCH HAS INSTALLED SECURITY CAMERAS THROUGH OUT THE COMMON AREAS FOR 24 HOUR OBSERVATION only video monitoring is permitted in these common areas. At no time will video recording be permitted in the home's interior common areas.
MS 2/20/17
Staff person B has been terminated.
MS 2/20/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *James T. Ciccarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES T. CICCARILLO, ADMIN. Date 2-7-17

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

The above plan of correction is approved as of 2/20/17 (Date)

Plan of correction implementation status as of 2/20/17 (Date)

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

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

Violation Report: 42409 - 09/20/2016 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 9/15/16, at approximately 10:00 a.m., resident #1 informed staff person A, the home's administrator, that earlier that day at approximately 2:30 a.m., while in the smoking room, staff person B forcefully grabbed his/her arms and pulled him/her out of the chair, forcing the resident to leave the smoking room. Staff person B provided unsupervised direct care from 9:30 p.m. on 9/15/16 through 6:30 a.m. on 9/16/16. Staff person B was not suspended until later in the day on 9/16/16, after the completion of his/her shift ending at 6:30 a.m.

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.

IF THERE IS AN ALLEGATION OF ABUSE OF A RESIDENT INVOLVING A HOME'S STAFF PERSON, THE HOME WILL IMMEDIATELY DEVELOP AND IMPLEMENT A PLAN OF DIRECT SUPERVISION OR SUSPEND THE STAFF PERSON INVOLVED IN THE ALLEGED INCIDENT. STAFF PERSON B SHOULD HAVE BEEN SUSPENDED IMMEDIATELY AS I FEEL THIS POLICY OF "IMMEDIATE SUSPENSION" REFLECTS CONCERN FOR ALL RESIDENTS.

Staff person B has been terminated. Immediately - the administrator or designated staff person will monitor all incidents at least weekly to ensure a plan of supervision is in place for any staff person who has allegedly abused a resident or to suspend the staff person. ms 2/20/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *James T. Ciocarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) JAMES T. CIOCARELLO, ADMIN Date 2-7-17

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Violation Report: 42409 - 09/20/2016 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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 9/15/16, at approximately 2:30 a.m., staff person B, went into the smoking room and approached resident #1 in a threatening manner yelling, "If you do not shower, you cannot smoke in the smoke room. You stink". Staff person B and resident #1 left the smoking room together, exiting through the front door of the home. While outside, resident #1 was overheard yelling, "Let go of me". Approximately 5 minutes later, both resident #1 and staff person B entered the home through the front door. Resident #1 appeared upset and scared. Staff person B was yelling angrily at resident #1 stating, "You stink. You really need to get a shower". Resident #1 retreated to his/her bedroom to distance himself/herself from staff person B. The resident did not sustain any injuries.

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.

APPROPRIATE SOCIAL INTERACTION BETWEEN STAFF AND ALL RESIDENTS HAS ALWAYS BEEN STRESSED AT LANE AVE. PCH. AS A RESULT OF STAFF PERSON B'S INAPPROPRIATE BEHAVIOR AND INTIMIDATIONS IN THIS SITUATION HE WAS DISMISSED.

THE FOLLOWING IN SERVICES WERE OFFERED PRIOR TO THIS INCIDENT "PERSONAL CARE SERVICES-NEEDS OF THE RESIDENT (JUNE 16); MANDATORY REPORTING OF ABUSE AND NEGLECT - THE OLDER ADULT PROTECTIVE SERVICES ACT (JULY 21), AND RESIDENT RIGHTS (AUG 18).

IN 2017 SEVERAL INSERVICES FOR STAFF ON APPROPRIATE SOCIAL INTERACTIONS WITH RESIDENTS WILL BE OFFERED.

THE OMBUDSMAN IS IN THE HOME 2-3 TIMES PER MONTH INTERVIEWING RESIDENTS REGARDING CARE RECEIVED.

WITHIN 60 DAYS OF RECEIPT OF THE PLAN OF CORRECTION - ALL DIRECT CARE STAFF PERSONS WILL RECEIVE SENSITIVITY TRAINING FROM A DEPARTMENT-APPROVED OUTSIDE SOURCE. DOCUMENTATION OF TRAINING SHALL BE KEPT MS 2/20/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *James T. Ciocarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *JAMES T. CIOCARELLO, ADMIN.* Date *2-7-17*

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Violation Report: 42409 - 09/20/2016 - McConnell, Deb

PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Staff person B, hired on [redacted] 14, did not receive training in the following areas during the 2015 training year:

- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration

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.

ATTACHED IS A LIST OF INSERVICE TRAININGS OFFERED TO ALL STAFF IN 2017. I BELIEVE THE TRAINING OFFERED MEETS DIRECTLY OR INDIRECTLY THE TRAINING REQUIRED IN REGULATION 2600.65F

STAFF PERSON B DID NOT TAKE THE ASSIGNED TRAINING HE SHOULD HAVE TAKEN. THE ADMINISTRATOR AND OWNERS WILL MAKE EVERY ATTEMPT TO BE SURE ALL STAFF MEMBERS TAKE ALL REQUIRED TRAINING.

STAFF PERSON B NO LONGER WORKS IN THE HOME. WITHIN 30 DAYS OF RECEIPT OF THE PLAN OF CORRECTION - THE ADMINISTRATOR OR DESIGNATED STAFF PERSON WILL REVIEW ALL STAFF TRAINING RECORDS TO ENSURE ALL DIRECT CARE STAFF PERSONS HAVE RECEIVED THE REQUIRED TRAINING IN ACCORDANCE WITH REGULATION 2600.65F TO INCLUDE INFECTION CONTROL AND GENERAL PRINCIPLES OF CLEANLINESS AND HYGIENE, DURING THE 2016 TRAINING YEAR. MS 2/20/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *James T. Ciocarello*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JAMES T. CIOCARELLO, ADMIN.</i>	Date <i>2-7-17</i>
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FEB 09 2017

Violation Report: 42409 - 09/20/2016 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

On 9/20/16, at 3:56 p.m., there was no lid on the half full trash receptacle in the kitchen. Staff were unable to locate the lid.

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 CURRENT GARBAGE CANS IN THE KITCHEN AND RESTROOMS DO HAVE LIDS. I HAVE ASKED KITCHEN STAFF TO REGULARLY WATCH THE GARBAGE CANS IN THE KITCHEN TO ASSURE IT HAS A LID ON IT.

A SIGN HAS BEEN PLACED ON THE LID TO TRY TO ENFORCE COMPLIANCE. THE OWNERS AND ADMINISTRATOR WILL MAKE FREQUENT CHECKS TO ASSURE COMPLIANCE. CHECKS WILL BE COMPLETED AT LEAST WEEKLY.
ms 2/20/17

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) *James T. Lucarelli*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JAMES T. LUCARELLI ADMIN.* Date *2-7-17*

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Violation Report: 42409 - 09/20/2016 - McConnell, Deb
PCH Name: LANE AVENUE PERSONAL CARE HOME

FEB 09 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #1 needs assistance with showering and often refuses to shower; however, the resident's assessment, dated 10/20/15, indicates the resident is independent with personal hygiene. The Resident Assessment-Support Plan (RASP), dated 10/20/15, does not address the services the home will provide to ensure the resident has good personal hygiene.

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 RASP WRITTEN ON 10-19-2016 REFLECTS THE FACT THAT RESIDENT #1 NEEDS ASSISTANCE WITH SHOWERS AND IS ON OUR BATHING LIST 3X/week.
A COPY IS ATTACHED TO REVIEW.

Resident #1 is currently hospitalized and it is unsure if the resident will return to the home. In the event resident #1 returns to the home, his/her resident assessment-support plan will be updated to include shower refusals and services the home will provide to ensure the resident maintains good personal hygiene.

Immediately the administrator or designated staff person will develop ^{and implement} a policy and procedures to ensure changes in resident care needs are accurately reflected on their assessment-support plan and staff persons providing care to the resident are informed of the resident's current needs.

Within 30 days of receipt of the plan of correction - staff persons will receive training on the policy and procedures. Documentation of education shall be kept.
ms 2/20/17

Repeat Violation: Yes	Date(s) of Previous Violation(s):	05/21/2015	
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Signature of Legal Entity Representative
(Required on EVERY Page) *James T. Coccarelli*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *JAMES T. COCCARELLI ADMIN.* Date *2-7-17*

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