



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 03 2017

Ms. Michell Staska-Pier, Executive Director
Phoebe Home Incorporated
1925 Turner Street
Allentown, Pennsylvania 18104

RE: The David A. Miller Personal Care Community
License #: 216170

Dear Ms. Staska-Pier:

As a result of the Department of Human Services' annual licensing inspection on October 11, 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: 21617 - 10/11/2016 - Hummel, Jesse
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. **REGULATION 55 Pa.Code §2600**
 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. **DESCRIPTION OF VIOLATION**
 On 10/8/16 the facility had 52 residents residing at the facility. The facility is required to have at a minimum 2 persons working with current certification in First Aid and CPR. On 10/8/16 from 11:00pm to 7:00am the following day, the facility had only one person working with current certification in First Aid and CPR.

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.

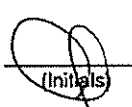
SEE ATTACHED PAGES

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Jean Matuza LNM PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jean Matuza LNM PCHA</i>	Date <i>10/30/16</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>11-19-16</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>11-19-16</u> (Date) <ul style="list-style-type: none"> <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
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David A. Miller Personal Care Community
License # 216170
Plan of Correction for DPW licensing inspection on 10/11/16
Violation report 21617 Jesse Hummel

page 5

Regulation 55 Pa. Code 2600.

2600.63a 2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of violation:

Inspector requested list of employees that worked on Saturday 10/8/16 (11-7 shift) from 11:00 pm to 7:00 am. One nurse [redacted] LPN and two C.N.A.'s [redacted] & [redacted] were scheduled. [redacted] C.N.A. is a regular PCH employee, [redacted] C.N.A. works occasionally in PCH. Unfortunately, both C.N.A.'s CPR and first aid certificates had expired 9/2016 for [redacted] and 8/2016 for [redacted]

Plan of Correction (POC)

Both employees are scheduled for re-certification for CPR and first aid. Enclosed are copies of the Heart Saver First Aid Skills Sheet for [redacted] & [redacted] both passed the skills test. See attachments 1 & 2
CPR re-certification is scheduled and copies of cards will be submitted when available.
Both have had CPR training. See attachments 3 & 4 expired certificates.

A list of staff current with CPR & first Aid certificates will be sent to staffing and shift supervisors.
Email was sent to scheduler's and shift supervisors - stating that absolutely no one works in PCH without current CPR & first aid certificates. See attachment 5 staffing regulations


Monitor compliance of this regulation

- Staff development enters data on the training matrix excel spread sheet of monthly in-service completion.
- Training matrix excel spread sheet is made available to schedulers and shift supervisors in a (read only format).
- Using the matrix tool will allow the schedulers & shift supervisors to staff the PCH per DHS regulation.
- See attachment 6 training matrix made available

FYI: On 10/8/16 on 11-7 Supervisor [redacted] RN was scheduled to cover the Phoebe Allentown campus. This would include the PCH. The supervisor's duties do not include direct care staff in the SNF.

Adm will oversee
to ensure ongoing
compliance.
QJ.

OK QJ.
11-19-16

Violation Report: 21617 - 10/11/2016 - Hummel, Jesse	
PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY	
1. REGULATION 55 Pa.Code §2600 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.	
2a. DESCRIPTION OF VIOLATION Department Representatives observed resident #1's bedroom. Metronidazole 0.75% cream was observed above the sink in the resident's bathroom. Department Representatives determined through an interview with the resident, that the resident does not lock the medication and also does not lock the resident's bedroom door when leaving.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
SEE ATTACHED PAGES	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>JAN Matura LPNM PCHA</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JAN MATURA LPNM PCHA</i>	Date <i>10/30/16</i>
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David A. Miller Personal Care Community
License # 216170
Plan of Correction for DPW licensing inspection on 10/11/16
Violation report 21617 Jesse Hummel

p 3 a b s

Regulation 55 Pa. Code 2600.

2600.183b - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Discussion: Self-explanatory. **Inspection Procedures:** Inspectors will inspect the medications and syringes stored by the home and stored by residents to determine if they are kept in an area or container that is locked. Inspectors may interview residents who store their own medications to ensure they keep them locked.

Primary Benefit: Medications and syringes will be safe from contamination, spillage or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medications.

Description of violation: Inspector Duane Valance requested access to resident #1 room [redacted]. Inspector opened bathroom cabinet and found a prescription medication ointment Metronidazole CRE 0.75%, that is to be applied topically to the residents face (bilateral cheeks) morning & evening for Rosacea. The ointment was not in the locked medication cabinet. Resident admits that when [redacted] leaves [redacted] room [redacted] does not lock [redacted] door. The ointment is applied by staff when assisting this resident with morning and evening care. The inspector's thoughts was that another resident could enter the bathroom and ingest this ointment. The ointment was removed from the resident's room. Orders checked for accuracy. Ointment was locked in the resident's medication cabinet.

Plan of Correction (POC) This PCH is not a memory support or a secured unit. All current residents that reside in this PCH can safely use or avoid poisonous material.

This regulation is always discussed during the admission process and discussed periodically at resident council meetings. Staff (Nurse, C.N.A. / Medication Technicians will monitor that prescription or over the counter medications that are found in the residents rooms will be locked in the resident's med cabinet.

Adm will oversee to ensure ongoing compliance. Q. 11-19-16
Monitor compliance of this regulation See additional monitoring process next page.

Med Techs working 7-3 & 3-11 shifts each have 9 resident med cabinets that they will provide quarterly audits see below.

1. Look @ PRN on cards. Remove all cards that are expired or soon to be. Give to the charge nurse on duty.
2. If a PRN has 30 tabs remaining and the residents have not taken, inform the charge nurse on duty to investigate. The medication may be discontinued.
3. Always keep a current supply of Tylenol. Make sure both orders for pain and temp are listed on the label.
4. Look at all liquids in the medication cabinet. Do the liquids have a current order? Check the auto stop date. If date is past - then remove. If in doubt - remove and give to the charge nurse on duty to investigate.
5. Keep all prescription creams powders locked in the resident's med cabinet. Especially in the semi-private rooms.
6. Look at all eye drops. Make sure PRN supplies have not exceeded expiration dates. If there is a routine eye drop ordered and the same eye drop is ordered PRN - make sure both instruction labels are on the bottle.
7. If an order for the medication has been communicated and the supply is not available. Inform the charge nurse on your shift immediately to investigate.
8. When audits are completed sign and dated the assignment sheet. Remember the charge nurse on you shift will handle all discrepancies.
9. Advair inhalers will expire 30 days after opening. Please date when open and count 30 days forward. That is the expiration date. Then, document a date to re-order usual 5 days prior to the expiration date.

7-3 MED TECHS

2ND FLOOR 210-215B = 9

3RD FLOOR 310-315B = 9

4TH FLOOR 401-409 = 9

3-11 MED TECHS

2ND FLOOR 201-209 = 9

3RD FLOOR 301-309 = 9

1ST FLOOR 101-110 = 10

OK
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11-19-16

Additional monitoring process.

- Discuss this regulation during the admission & re-admission process.
- Discuss this regulation at resident council meetings.
- Staff will monitor resident's rooms during the medication pass.
- Staff will monitor resident's rooms during morning and evening care.
- Housekeeping staff will monitor resident's room during weekly cleaning.
- Staff will monitor resident's rooms during monthly safety inspections.

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Violation Report: 21617 - 10/11/2016 - Hummel, Jesse
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION
 Resident #2 is Prescribed Advair Diskus. The diskus was not dated when it was removed from the foil package. The medication manufacturer's instructions indicate that the medication is to be discarded 30 days after removing from the foil package.

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.

SEE ATTACHED PAGES

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

Signature of Legal Entity Representative (Required on EVERY Page) *Joan Matura APN PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Joan Matura APN PCHA* Date *10/30/16*

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David A. Miller Personal Care Community
License # 216170
Plan of Correction for DPW licensing inspection on 10/11/16
Violation report 21617 Jesse Hummel

Pharm S

Regulation 55 Pa. Code 2600.

2600.183d Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of violation: Inspector Jesse Hummel reviewed MARs and med cabinet of resident # 2 room 202. Advair discus was opened, in use, but not dated. The discus was dispensed from the pharmacy on 9/23/16. The discus was opened 10/1/16. During the inspection on 10/11/16 the number of clicks remaining was 38. Date of expiration is 10/30/16 - 30 days after opening. (Discus has 60 clicks dosing is Q. 12 hrs. = 30 days) Discus was labeled.

See attachment 7.

Plan of Correction (POC): Med techs will conduct quarterly audits of medication cabinets.

Adm will oversee to ensure ongoing compliance. QP. 11-1-16

Monitor compliance of this regulation A search conducted for other Advair inhalers one other found and that was labeled correctly.

Med Techs working 7-3 & 3-11 shifts each have 9 resident med cabinets that they will provide quarterly audits.

1. Look @ PRN on cards. Remove all cards that are expired or soon to be. Give to the charge nurse on duty.
2. If a PRN has 30 tabs remaining and the residents has not taken, inform the charge nurse on duty to investigate. The medication may be discontinued.
3. Always keep a current supply of Tylenol. Make sure both orders for pain and temp are listed on the label.
4. Look at all liquids in the medication cabinet. Do the liquids have a current order? Check the auto stop date. If date is past - then remove. If in doubt - remove and give to the charge nurse on duty to investigate.
5. Keep all prescription creams powders locked in the resident's med cabinet. Especially in the semi-private rooms.
6. Look at all eye drops. Make sure PRN supplies have not exceeded expiration dates. If there is a routine eye drop ordered and the same eye drop is ordered PRN - make sure both labels are on the bottle.
7. If an order for the medication has been communicated and the supply is not available. Inform the charge nurse on your shift immediately to investigate.
8. When audits are completed sign and dated the assignment sheet. Remember the charge nurse on you shift will handle all discrepancies.
9. **Advair Inhalers will expire 30 days after opening. Please date when open Count 30 days forward. This is the expiration date. Then document the date to re-order usual 5 days prior to the expiration date.**

7-3 MED TECHS

3-11 MED TECHS

2ND FLOOR 210-215B = 9

2ND FLOOR 201-209 = 9

3RD FLOOR 310-315B = 9

3RD FLOOR 301-309 = 9

4TH FLOOR 401-409 = 9

1ST FLOOR 101-110 = 10

Violation Report: 21517 - 10/11/2016 - Hummel, Jesse
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code 52600.
 2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 (1) The resident's name.
 (2) The name of the medication.
 (3) The date the prescription was issued.
 (4) The prescribed dosage and instructions for administration.
 (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Artificial Tears 1.4% solution, 2ml in both eyes every 3 hours as needed for dry eye. The medication label incorrectly indicates to administer 1 drop in both eyes 4 times daily.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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 (Required on EVERY Page) *JM Matura LNM - PCHA*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>JOAN MATURA LNM - PCHA</i>	Date <i>10/30/16</i>
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David A. Miller Personal Care Community
License # 216170
Plan of Correction for DPW licensing inspection on 10/11/16
Violation report 21617 Jesse Hummel

PS-95

Regulation 55 Pa. Code 2600.

2600.2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

(1) The resident's name. (2) The name of the medication. (3) The date the prescription was issued. (4) The prescribed dosage and instructions for administration. (5) The name and title of the prescriber.

Discussion: This regulation applies as follows:

- For bottles – the label must appear on each bottle.
- For blister packs – the label must appear on the blister pack, not on each individual dose.

Description of violation: Inspector Jesse Hummel reviewed MARs and med cabinet of resident # 3 room M110. Resident has an order issued 5/17/16 to instill artificial tears 1 drop into both eyes 4 x a day and a PRN order issued 3/7/16 to instill 1 drop into both eyes Q. 3hours PRN for dry eyes. The inspector noted only the routine 4 x a day order was on the pharmacy label. A green change of order sticker was attached to the bottle and dated 3/7/16.

Plan of Correction (POC):

- Medication cabinets checked. No other labeling discrepancies found.
- Med techs will conduct quarterly audits of medication cabinets.

Adm will oversee to ensure ongoing compliance.
QP. 11-19-16

Monitor compliance of this regulation

Med Techs working 7-3 & 3-11 shifts each have 9 resident med cabinets that they will provide quarterly audits.

1. Look @ PRN on cards. Remove all cards that are expired or soon to be. Give to the charge nurse on duty.
2. If a PRN has 30 tabs remaining and the residents has not taken, inform the charge nurse on duty to investigate. The medication may be discontinued.
3. Always keep a current supply of Tylenol. Make sure both orders for pain and temp are listed on the label.
4. Look at all liquids in the medication cabinet. Do the liquids have a current order? Check the auto stop date. If date is past - then remove. If in doubt - remove and give to the charge nurse on duty to investigate.
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7. If an order for the medication has been communicated and the supply is not available. Inform the charge nurse on your shift immediately to investigate.
8. When audits are completed sign and dated the assignment sheet. Remember the charge nurse on you shift will handle all discrepancies.
9. Advair inhalers will expire 30 days after opening. Please date when open & started. Count 30 days forward. That is the expiration date. Then document a date to re-order usual 5 days prior to the expiration date.

7-3 MED TECHS

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3-11 MED TECHS

2ND FLOOR 201-209 = 9

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OK
QP
11-19-16