



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 13, 2017

Mr. Len Capuzzi, Vice President/Administrator
East Deer Personal Care Home, Inc.
967 Freeport Road
Creighton, Pennsylvania 15030

RE: East Deer Personal Care Home
License # 430780

Dear Mr. Capuzzi:

As a result of the Department of Human Services' licensing inspection on October 17, 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 that reads "Brent Sutherland".

Brent Sutherland
Acting Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: EAST DEER PERSONAL CARE HOME		License Number: 43078
Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		County: Allegheny
Administrator: Len Capuzzi		Region: WEST
Legal Entity Name: EAST DEER PERSONAL CARE HOME INC		
Legal Entity Address: 967 FREEPORT ROAD, CREIGHTON, PA 15030		
Certificate(s) of Occupancy C-2 LP 04/07/2008 Dept of L & I		RECEIVED DEC 09 2016 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 49	Waking Staff: 37
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 10/17/2016: Summers, Vicky		
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: 60 Number of Residents Served: 49 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: 1 Number of Hospice Residents in past year: 2	Number of Residents who: Receive Supplemental Security Income: 13 Are 60 Years of Age or Older: 45 Have Mental Illness: 5 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 43078 - 10/17/2016 - Summers, Vicky
PCH Name: EAST DEER PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Novolog flexpen syringe - perform glucometer reading twice a day before am and pm meals - sliding scale
70-149 = 0 units; 150-200 = 2 units; 201-250 = 4 units; 251-300 = 6 units; 301-350 = 8 units; 351-400 = 10 units; if greater than 400 = 12 units and call MD or if less than 70 call MD.

Resident #1's October 2016 blood sugar chart indicated that no pm readings were taken on 10/4/16, 10/7/16, and 10/15/16. The glucometer contained no pm readings for the corresponding dates.

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 staff has been retrained to always record the blood sugar readings on the chart, not the nursing notes. The dates in question have been filled in transferring the readings from the nursing notes. A copy is attached. The charge nurse will monitor the blood sugar sheet to confirm that it is being done properly each day.

Immediately - The charge nurse's monitoring will include checks of the glucometers to ensure accuracy and compliance with Chapter 2600.187(d).

BB
12/20/16

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

Signature of Legal Entity Representative
(Required on EVERY Page)

Jan Capuzzi

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

LEN CAPUZZI, ADMINISTRATOR

Date 12/09/2016

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

The above plan of correction is approved as of 12/20/16
(Date)

Plan of correction implementation status as of 12/20/16
(Date)

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

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

Violation Report: 43078 - 10/17/2016 - Summers, Vicky
PCH Name: EAST DEER PERSONAL CARE HOME

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 #2 had an Initial assessment dated [redacted] 15 and the next assessment was dated 10/17/16.

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.

The assessment book will be reviewed monthly by the Administrator to assure that all residents assessments are current and up to date.

Upon the administrator's monthly reviews, additional assessments for each resident will be documented in accordance with this regulation. BS 12/20/16

1/31/17 - All staff persons involved in the assessment process will be educated on Chapter 2600.225(c).

BS 12/20/16

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Len Capuzzi

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

LEN CAPUZZI, ADMINISTRATOR

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WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The support plan, dated 6/9/16, for resident #1 does not address how the home will meet the resident's needs relating to diagnoses of Parkinson's, osteoporosis, anemia, and esophageal reflex as indicated on the medical evaluation, dated 11/20/15.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

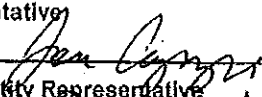
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The support plan has been corrected. A copy is attached. Moving forward the DME and support plan will be reviewed to ensure all diagnoses are being addressed on the support plan. Any revisions will be made as they occur by the Administrator.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)



Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEN CAPUZZI, ADMINISTRATOR

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