



pennsylvania
DEPARTMENT OF HUMAN SERVICES

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

Mr. Erik Fourlkrod
Administrator
Jeffco Health Services, Inc.
417 Route 28
Brookville, Pennsylvania 15825

RE: Jefferson Court
#406240

Dear Mr. Fourlkrod:

As a result of the Department of Human Services' licensing inspection on October 25, 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 "Jarline Wenzig".

Jarline Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 40624 - 10/25/2016 - McConnell, Deb
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Home Care Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There is no source of lighting that can be turned on/off from bedside for resident #3 in bedroom #14 in the secured dementia care unit (SDCU).

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.

There has been a lamp placed in the above questioned room.
Administrator/Designee will do weekly rounds to ensure that a lamp/lighting is located at bedside and is functional

*Immediately and then daily thereafter - A designated staff person will check each resident's bedroom to ensure there is an operable source of lighting at bedside.
ms 2/20/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *E Foulkrod*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Erik Foulkrod, Administrator* Date *1/13/17*

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

The above plan of correction is approved as of <u>2/20/17</u> (Date)	Plan of correction implementation status as of <u>2/20/17</u> (Date)
The above plan of correction was approved by <u>MS</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>MS</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40624 - 10/25/2016 - McConnell, Deb
PCH Name: JEFFERSON COURT

WEST VIRGINIA FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
On or about 10/10/16, at 7:30 a.m., resident #1's diabetic test strips and lancets were used to test the blood glucose of resident #2.

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.

Administration was unaware that this practice was taking place. All staff who work the medication cart have been in-serviced on the reasons why this is not acceptable. Staff are aware that if a resident is out of diabetic supplies they 1. Need to be reordered and 2. If the supplies do not arrive in time that they must retrieve a stock meter and supplies which will become the individual resident's machine, designated with the resident's name on it. Documentation of staff training shall be kept.

Immediately the administrator or designee will review and update the home's procedures for the safe storage, access, security, distribution and use of medications and diabetic testing supplies to include test strips and lancets to ensure they are available in the home and are used for only the resident for whom they were purchased.
Within 30 days of receipt of the plan of correction all staff persons qualified to administer medications will be educated in the revised procedures for the safe storage, access, security, distribution and use of medications and diabetic testing supplies. Documentation of training shall be kept.

ms 2/20/17

ms 2/20/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *E. Foulkrod*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Foulkrod, Administrator* Date *1/13/17*

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

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

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

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

Violation Report: 40624 - 10/25/2016 - McConnell, Deb
PCH Name: JEFFERSON COURT

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 #2 is prescribed Amlodipine 2.5mg, 1 tablet daily and Namenda XR, 7mg, 1 capsule daily. However, the medications were not available in the home on 10/10/16 and 10/11/16, at 8 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.

This resident receives medication from a mail order pharmacy. Effective immediately, all of [redacted] medications will be reordered when there is a ten day supply left. In the event of supplies not arriving in a timely manner, we will reorder the supplies from the emergency pharmacy that has stated we can receive the items the same day. Administrator/ Designee will check weekly for compliance. *To ensure medications are available in the home to be administered as prescribed. Documentation of checks shall be kept ms 2/20/17*
Resident #2 is no longer prescribed Amlodipine.

*Immediately - the administrator/designee will review and update the home's procedures regarding obtaining medications from a mail order pharmacy to ensure medications are available in the home to be administered as prescribed.
within 30 days of receipt of the plan of correction - All staff persons qualified to administer medications will be educated in the procedure for obtaining medications from a mail order pharmacy. Documentation of training shall be kept.
ms 2/20/17*

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/05/2015

Signature of Legal Entity Representative (Required on EVERY Page) *E Foulkrod*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Eric Foulkrod, Administrator* Date *1/13/17*

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