



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 17, 2017

Ms. Linda E. Brandon, Administrator
Linda E. Brandon
PO Box 455
11293 Route 422
Elderton, Pennsylvania 15736

RE: Family Pines Personal Care Home
#426710

Dear Ms. Brandon:

As a result of the Department of Human Services' licensing inspection on October 28, 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 "Jason Williams".

Jason Williams
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: FAMILY PINES PERSONAL CARE HOME		License Number: 42671
Address: P O BOX 455 11293 ROUTE 422, ELDETON, PA 15736		County: Armstrong
Administrator: Linda Brandon		Region: WEST
Legal Entity Name: LINDA E BRANDON		
Legal Entity Address: PO BOX 455 11293 ROUTE 422, ELDETON, PA 15736		
Certificate(s) of Occupancy C-3 SP 11/23/1988 Labor & Industry		
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 7	Working Staff: 5
Type of Inspection: Partial	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 10/28/2016: Park, Beth		
<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 5px;">DEC 29 2016</div> <div style="font-size: 0.8em; font-weight: bold;">WEST REGION FIELD OFFICE Human Services Licensing</div>		
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: 8 Number of Residents Served: 6 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: 0 Number of Hospice Residents in past year: 1	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 5 Have Mental Illness: 1 Have an Intellectual Disability: 1 Have a Mobility Need: 1 Have a Physical Disability: 0	

Violation Report: 42671 - 10/28/2016 - Park, Bath
 PCH Name: FAMILY PINES PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2600.190(b) - A staff person is permitted to administer insulin injections following successful completion of a Department-approved medications administration course that includes the passing of a written performance-based competency test within the past 2 years, as well as successful completion of a Department-approved diabetes patient education program within the past 12 months.

2a. DESCRIPTION OF VIOLATION

Staff person A, the administrator, administered resident #1's Lantus insulin, 10 units subcutaneously daily, from 10/09/2016 through 10/27/2016 at 8:00 pm. However, staff person A's most recent diabetic education training was conducted on 9/22/16.

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.

*Insulin training was completed on 11-22-16
 Training will be done annually.*

Immediately: The administrator will review all medication administration training records as part of the quality management review, at least quarterly, to ensure all staff persons who administer insulin injections have had a Department-approved diabetic education training within the past 12 months. per 1/4/17

RECEIVED

DEC 29 2016

WEST REGION FIELD OFFICE
 Human Services Licensing

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Linda Brandon

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

Linda Brandon

Date

12-28-16

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

The above plan of correction is approved as of

1/4/17
 (Date)

Plan of correction implementation status as of

1/4/17
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *M.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

[Signature]
 (Initials)