



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 11 2017

Ms. Sharon Ahearn,
Owner
44 Broad Street
Pittston, Pennsylvania 18640

RE: Adult Personal Care Home
License #: 243860

Dear Ms. Ahearn:

As a result of the Department of Human Services' annual licensing inspection on November 22, 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24386 - 11/22/2016 - Harvey, Jason
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

The home did not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry for the following direct care staff:

Direct care staff person A hired [REDACTED] 13

Direct care staff person B hired [REDACTED] 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.

Regulation 2600.54(a) is important documentation as part of the requirements to qualify to work as a direct care staff member.

This regulation was violated because I did not have a copy of two staff diplomas available at the time of inspection. I have attempted several times to retrieve these documents.

I have called the office of the school to get a confirmation of their attendance and will have on file for future inspections as per regulations to comply.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Sharon Ahearn

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page) Sharon Ahearn Administrator

Date

12/20/2016

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

The above plan of correction is approved as of 1-21-17
(Date)

The above plan of correction was approved by

SA
(Initials)

Plan of correction implementation status as of 1-21-17
(Date)

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



Violation Report: 24386 - 11/22/2016 - Harvey, Jason
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.57(b) - Direct care staff persons shall be available to provide at least 1 hour per day of personal care services to each mobile resident.

2a. DESCRIPTION OF VIOLATION
The home does not have a staff schedule to verify that at least one hour per day of personal care service is being provides to each resident.

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.

Regulation 2600.57 is important to determine the total number of direct-care staff hours per day of services provided to residents.
This regulation was Violated because I did not have a staff schedule available for inspection.
A staff roster was completed immediately on the day of inspection.
As administrator, and after I completed the schedule I made copies for future schedules to be prepared in advance to assure ongoing compliance.

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

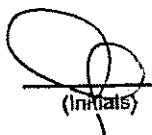
Signature of Legal Entity Representative
(Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Sharon Ahearn Administrator Date 12/20/2016

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

The above plan of correction is approved as of 2-3-17
(Date)

Plan of correction implementation status as of 2-3-17
(Date)

The above plan of correction was approved by 
(Initials)

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



Violation Report: 24386 - 11/22/2016 - Harvey, Jason
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 11-22-2016 at 8:55am the ramp leading to the front porch was covered in ice.

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.

Regulation 2600.100(b) is important to provide a safe surface for ease of egress in an emergency.

This regulation was violated because the front porch was not cleared away and was icy.

As soon as I was able the ice was removed that day.

As administrator I am responsible for this action and will be better informed as to the conditions of the weather and be active in a timely manor as a ongoing practice to prevent any mishaps.

Adm will also insure that ice, snow & obstructions are also removed when she is not present in the building. Q 1-19-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator | Date 12/21/2016

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

The above plan of correction is approved as of 1-19-17 (Date)

Plan of correction implementation status as of 1-19-17 (Date)

The above plan of correction was approved by *[Signature]* (Initials)

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



Violation Report: 24386 - 11/22/2016 - Harvey, Jason
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.103(g) - Food shall be stored in closed or sealed containers.

2a. DESCRIPTION OF VIOLATION

On the date of inspection a 1/2 used package of "Loven Fresh" brand bread was found on the pantry counter that was opened and not sealed.

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.

Regulation 2600.103(g) is important for the safe food preparation that the residents will consume. A bag of bread half full was on the counter not sealed as it should have been. As administrator I prepare the food and rely on having fresh products to serve and will monitor the counter area as a regular routine taking note the bags of bread are sealed as a ongoing practice. Also hanging a sign for others that may use the same area to check the bags to be sealed.


ADM will do periodic walk thru's of the kitchen and pantry area to ensure on-going compliance. OP. 1-19-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator	Date 12/21/2016
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-19-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>1-19-17</u> (Date) <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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Violation Report: 24386 - 11/22/2016 - Harvey, Jason PCH Name: ADULT PERSONAL CARE HOME	
1. REGULATION 55 Pa.Code §2600 2600.103(i) - Outdated or spoiled food or dented cans may not be used.	
2a. DESCRIPTION OF VIOLATION On the date of inspection a package of "Maier's" brand bread containing 1 slice of bread had an expiration date of 11-15-16.	
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>	
<p>Regulation 2600.103(i) was violated because a package of "Maier's bread containing 1 slice (end) of bread had an expiration date of 11-15-16 on it. This regulation is important so outdated food will not be used for consumption. This outdated piece of bread was immediately discarded to prevent usage. As administrator I will monitor items of food for anything that is outdated for ongoing compliance.</p> <p><i>Adm will periodically check food supplies and rotation of food in the kitchen to ensure ongoing compliance.</i></p> <p><i>Q. 1-19-17</i></p>	
Repeat Violation: Yes	Date(s) of Previous Violation(s): 12/22/2015 01/08/2016
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahearn</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator	Date: 12/22/2016
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>1-19-17</u> (Date)	Plan of correction implementation status as of <u>1-19-17</u> (Date)
The above plan of correction was approved by <u><i>Q</i></u> (Initials)	<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

Violation Report: 24386 - 11/22/2016 - Harvey, Jason PCH Name: ADULT PERSONAL CARE HOME			
1. REGULATION 55 Pa.Code §2600 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.			
2a. DESCRIPTION OF VIOLATION On 11-22-2016 at 9am the doorway leading from the dining room into the kitchen was blocked with a pet fence.			
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>			
Regulation 2600.121(a) was violated because a mobile pet gate was blocking egress from the dining room to the kitchen. I understand the importance of unobstructed egress. The gate was removed immediately when it was brought to my attention. As administrator I will perform a daily check of all egress routes to insure that all are clear of obstruction as per regulations.			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page) <i>Sharon Ahearn</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator			Date 12/22/2016
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>1-19-17</u> (Date)		Plan of correction implementation status as of <u>1-19-17</u> (Date)	
The above plan of correction was approved by  (Initials)		<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	

Violation Report: 24386 - 11/22/2016 - Harvey, Jason
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The written fire drill record for the fire drills held on 12-18-15, 2-19-16 and 3-23-16 did not include am or pm for the time the drills were held.

The written fire drill record for the fire drills held from 11-4-15 through 11-4-16 indicated two staff participating during the drills. Interview with the home's administrator indicated that 1 person pulls the alarm and times the drill and the other staff person evacuates the residents from the home.

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.

Regulation 2600.132(c) was violated because the dates stated above did not have am or pm. It is important to have all the information the regulation instructs to assure compliance. The fire log was immediately updated to add the missing information. I understand the staff participation should not include the person running the drill. The future drills will exclude that person from the log. New logs have been prepared for use in the future for ongoing compliance and will be monitored by the Administrator.

Adm will review the home's fire drill log on a monthly basis to ensure ongoing compliance. *Q* 1-19-17


Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
12/22/2016 <i>Sharon Ahearn, Administrator</i>	12-22-16

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The above plan of correction is approved as of 1-19-17 (Date)

The above plan of correction was approved by  (Initials)

Plan of correction implementation status as of 1-19-17 (Date)

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



Violation Report: 24386 - 11/22/2016 - Harvey, Jason
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation dated 08-22-16 was incomplete. The following sections were left blank. Sections #2, #3, #4, #5, #6, #7, #8, #9 and #10.

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.

Regulation 2600.141(a)(2) was violated because the form was incomplete. This regulation is important because it can reflect any changes in a residents condition from the previous form and future as well. As administrator I will maintain current medical evaluations that reflect the residents condition as per regulations as a ongoing practice. This form was updated.

Adm will review new and annual med evals as they are received to ensure they are correct, complete and timely. This will ensure ongoing compliance. Cp. 1-21-17

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


Signature of Legal Entity Representative (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator Date 12/22/2016

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Plan of correction implementation status as of 1-21-17 (Date)

The above plan of correction was approved by  (Initials)

- Fully Implemented
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- Partially Implemented - Inadequate Progress
- Not Implemented



Violation Report: 24386 - 11/22/2016 - Harvey, Jason
PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2 did not have an annual medical evaluation completed for 2016. Resident #2's most recent medical evaluation was completed 03-26-15.

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.

Regulation 2600.141 (b)(1) was violated because a DME was not on file for this year of 2016. A medical evaluation was performed on 2/23/2016 by her doctor. It is important that a DME form be filled as well, as per regulations. An appointment has been scheduled for a new evaluation to be performed and a new set of forms ready to be filled out to comply with this regulation. All residents files will be monitored ongoing for compliance.


Adm will develop a schedule that includes all current residents and will add new residents as they are admitted. Adm will check 30-60 days ahead on annual evals to ensure ongoing compliance. Cf. 1-21-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator	Date 12/22/2016
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The above plan of correction is approved as of <u>1-21-17</u> (Date) The above plan of correction was approved by  (Initials)	Plan of correction implementation status as of <u>1-21-17</u> (Date) <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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Violation Report: 24386 - 11/22/2016 - Harvey, Jason
 PCH Name: ADULT PERSONAL CARE HOME

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

Resident #3 has a physician's order for Loperamide 2mg, Famotidine 20mg and Tylenol 325mg as needed. These medications were not available in the home for the resident.

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.

Regulation 2600.185(a) is important for the medication process to be successful. Having the training and following the procedures prevents the risk that medications and medical equipment will be misplaced lost or misused. This violation is in regards to medication thought to be a current medication and missing. Our pharmacy is in the process of correcting the medical records that will show these medications are no longer a part of the residents daily prescribed medicine. As Administrator a practice of monitoring medical records and implementing procedures will assure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

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

Sharon Ahearn Administrator

Date

12/22/2016

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

The above plan of correction is approved as of 1-21-17
 (Date)

Plan of correction implementation status as of 1-21-17
 (Date)

The above plan of correction was approved by


 (Initials)

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