



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Ms. Tawny Myers,  
Administrator  
Shirley Home for the Aged, Inc.  
17050 Country View Lane  
Shirleysburg, Pennsylvania 17260

RE: Shirley Home for the Aged  
License #: 343970

Dear Ms. Myers:

As a result of the Department of Human Services' annual licensing inspection on December 7, 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](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**  
**PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: SHIRLEY HOME FOR THE AGED		License Number: 34397
Address: 17050 COUNTRY VIEW LANE, SHIRLEYSBURG, PA 17260		County: Huntingdon
Administrator: TAWNY MYERS		Region: CENTRAL
Legal Entity Name: SHIRLEY HOME FOR THE AGED, INC		
Legal Entity Address: 17050 COUNTRY VIEW LANE, SHIRLEYSBURG, PA 17260		
<b>Certificate(s) of Occupancy</b> C-2 LP 04/02/2001 LABOR & INDUSTRY		
<b>Staffing Hours</b> Resident Support: 31                      Total Daily Staff: 62                      Waking Staff: 47		
Type of Inspection: Full		BHA Docket Number:                      Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 12/07/2016: Palermo, Michael; Bomberger, Cybil		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<p><b>RECEIVED</b></p> <p>JAN 04 2016</p> <p>CENTRAL REGION FIELD OFFICE Human Services Licensing</p>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 42 Number of Residents Served: 31 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 29 Have Mental Illness: 7 Have an Intellectual Disability: 5 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 34397 - 12/07/2016 - Palermo, Michael  
 PCH Name: SHIRLEY HOME FOR THE AGED

**1. REGULATION 55 Pa.Code §2600**

2600.65(a) - Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services.

**2a. DESCRIPTION OF VIOLATION**

Staff person A, whose first day of work was [redacted] 16, did not receive orientation in the required topics.

**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.*

Correction was made on 12/08/16. Staff person A received and reviewed the required topics for 2600.65A that was needed. Staff person sign and dated papers for the required topics.

I will make sure that the required topics will be received and reviewed on orientation for each employee, in the future. Documentation of training will be kept. -ee

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tawny Myers Administrator* Date *12-29-16*

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

The above plan of correction is approved as of 1-10-17  
 (Date)

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

Plan of correction implementation status as of 1-10-17  
 (Date)

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

Violation Report: 34397 - 12/07/2016 - Palermo, Michael  
 PCH Name: SHIRLEY HOME FOR THE AGED

**1. REGULATION 55 Pa.Code §2600**

2600.65(b) - Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- (1) Resident rights.
- (2) Emergency medical plan.
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
- (4) Reporting of reportable incidents and conditions.

**2a. DESCRIPTION OF VIOLATION**

Staff person A did not receive the trainings required during the first 40 hours of work, including the following: Resident rights, Emergency medical plan, Mandatory reporting of abuse and neglect under OAPSA, and Reportable incidents.

**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.

Correction was made 12/8/16. Staff person A received and reviewed 65-B.

I will have all employees receive training that is required for 65-B during the first 40 hours of work. Each employee will be required to sign and date the paper stating the regulation code for 65-B. Documentation of the training will be kept by the home. -SE

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tammy Myers*

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

Tammy Myers Administrator

Date

12-29-16

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 (Date)

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 (Date)

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

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

Violation Report: 34397 - 12/07/2016 - Palermo, Michael  
 PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa.Code §2600  
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION  
 The trash can in the bathroom of shared bedroom #22 did not have a lid.

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.

A new trash lid has been ordered and will be installed ASAP on delivery on 12/30/16.

Staff will notify the officer when a lid is missing and House Keeping will check at all times and will notify the officer if any lids are missing.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tammy Myers Administrator* Date *12-29-16*

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

The above plan of correction is approved as of <u>1-10-17</u> (Date)	Plan of correction implementation status as of <u>1-10-17</u> (Date)
The above plan of correction was approved by <u>BE</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 34397 - 12/07/2016 - Palermo, Michael  
 PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa.Code §2600  
 2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION  
 On 12/7/16, there was an accumulation of lint in the lint trap of the clothes dryer in the laundry room.

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.

On 12/08/16 a sign was posted for all staff that uses the dryer that the lint trap has to be removed after each use.  
 This sign was posted immediately.  
 Administrator <sup>CC</sup>  
 will do checks on the dryer for any lint in the lint trap.

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Tracy Myers Administrator* Date *12.29-16*

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The above plan of correction is approved as of 1-10-17  
 (Date)

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

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 (Date)

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Violation Report: 34397 - 12/07/2016 - Palermo, Michael  
 PCH Name: SHIRLEY HOME FOR THE AGED

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

**2a. DESCRIPTION OF VIOLATION**

Resident #4 was evaluated by his/her physician on 12/14/15; more than 60 days prior to the resident's admission to the home on 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.

*Administrators (s)*  
 I will check the dates on the medical evaluation to be ~~Completed~~ Completed within 60 days prior to admission or 30 days after admission.  
 If the dates do not follow within the correct days I will have the physician or assistant complete another evaluation with resident.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tammy Myers*

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

*Tammy Myers Administrator*

Date *12.29.16*

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 (Date)

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 (Initials)

Violation Report: 34397 - 12/07/2016 - Palermo, Michael  
 PCH Name: SHIRLEY HOME FOR THE AGED

**1. REGULATION 55 Pa.Code §2600**

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

**2a. DESCRIPTION OF VIOLATION**

The pre-admission screening form for Resident #4, admitted [redacted] 16, was not dated.

The pre-admission screening form for Resident #5, admitted [redacted] 16, does not include a determination that the home can meet the service needs of 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.*

On 12/12/16 for Resident #4 the pre-admission screening form was dated,  
 on 12/12/16 for Resident #5 on the pre-admission screening form was marked  
 that the home can meet the service needs of this resident.

*Administrator (se)*

I will make sure that all areas are marked for the  
 pre-admission screening for all residents and dates are completed,  
 moving forward. (se)

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Tammy Myers*

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

*Tammy Myers Administrator*

Date *12-29-16*

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- Not Implemented