



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 December 13, 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 "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: JEFFERSON COURT		License Number: 40624
Address: 417 RT 28, BROOKVILLE, PA 15825		County: Jefferson
Administrator: Erik Foulkrod		Region: WEST
Legal Entity Name: JEFFCO HEALTH SERVICES INC		
Legal Entity Address: 417 RT. 28, BROOKVILLE, PA 15825		RECEIVED
Certificate(s) of Occupancy C-2 LP 02/09/1999 L & I		FEB 18 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 60	Waking Staff: 45
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Incident		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2016: McConnell, Deb		
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: 48 Number of Residents Served: 40 Secured Dementia Care Unit in Home: Yes Area: 2nd floor Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 18 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 4 Are 60 Years of Age or Older: 40 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 20 Have a Physical Disability: 1

Violation Report: 40624 - 12/13/2016 - McConnell, Deb
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.15(b) - If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

2a. DESCRIPTION OF VIOLATION

On 12/6/16, at approximately 10:30 a.m., staff person A, the home's administrator, was informed, by an agent of the Area Agency on Aging, of an allegation of emotional abuse. The incident occurred on 12/3/16 at 9:30 a.m., when staff person B allegedly told resident #1 in a loud, insensitive manner, "don't cry here. Go to your room". Staff person B continued to provide unsupervised direct care to residents of the home, including resident #1, on the 6:00 a.m. to 2:00 p.m. shift from 12/6/16 through 12/9/16.

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.

Effective immediately, any staff member under investigation for any resident care issue will be suspended until the investigation is resolved. All staff persons will be educated regarding the updated procedure. Documentation of training shall be kept.
ms 2/20/17

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)

Erik Foulkrod, Administrator

Date

2/13/2017

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

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

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 40624 - 12/13/2016 - McConnell, Deb
PCH Name: JEFFERSON COURT

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person B has not completed an annual practicum since 8/11/15; however, he/she administered the following medications to resident #2 on 12/3/16 at 8:00 a.m.:

- * Namenda, 28 mg - 1 cap
- * Donepezil, 10 mg - 1 tab

Staff person B completed the Department-approved medication course on 11/25/13.

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.

Staff member will not be permitted to administer medication until completing a medication administration train-the-trainer course

Staff person B is currently not passing medications.

*Immediately - The administrator or designated staff person will review records of all staff persons administering medications to ensure they are qualified to administer medications and training documentation is present.
ms 2/20/17*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Foulkrod, Administrator Date 2/13/2017

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