



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAR 30 2017

Mr. Michael A. Barton,
Executive Vice President
NHS Pennsylvania
4391 Sturbridge Drive
Harrisburg, Pennsylvania 17110

RE: Peiffers Lane Personal Care Home
1460 Peiffers Lane
Steelton, Pennsylvania 17113
License #: 310360

Dear Mr. Barton:

As a result of the Department of Human Services' annual licensing inspection on January 5, 2017 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 that reads 'J. Rowe'.

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 31036 - 01/06/2017 - Bomberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 58 Pa.Code §2600
 2600.05(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 (36 P.S. §§ 10225.101-10225.6102).
 (4) Reporting of reportable incidents and conditions.

2a. DESCRIPTION OF VIOLATION
 Direct care staff person A who began working at the home on [redacted] 16, did not receive orientation within the first 40 scheduled work hours in:
 The home's emergency medical plan
 Reporting of reportable incidents and conditions.

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.

Worker A did not receive orientation during the first scheduled 40 work hours.
 Immediate: Documentation, Orientation schedule and time cards were referenced to show that the employee did indeed have the training; it is the proper documentation that is missing. Proof of trainings was added to the employees chart.
 On going: Assistant director of NHS Personal Care will monitor all new hire credentialing. Assistant director will explain the Orientation checklist with the new hire, scheduling orientation in the appropriate time frame. The Assistant director will monitor the orientation for the new hire and make certain the checklist and supporting documents are completed and filed in the New Hires HR file within five days of the completion of the checklist.

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)		Date
Michael Bastio, SWP		01-19-2017

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

The above plan of correction is approved as of <u>1/23/17</u> (Date)	Plan of correction implementation status as of <u>1/23/17</u> (Date)
The above plan of correction was approved by <u>BAS</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: 31036 - 01/06/2017 - Bomberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 85 Pa.Code §2600
 2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
 On 1/8/17 at 12:15 PM, when residents were present in the home, the temperature in the bedroom at the end of the hall near the office was 67.4 degrees Fahrenheit.

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.

The temp at the end of the hallway was 67.4 degrees Fahrenheit.

Immediate: The thermostat was raised to 74 degrees Fahrenheit.

On going: on 1/13/2017 a work-order was submitted to NHS Maintenance to install a hard wired floor board heater in the effected area.

On 1/11/17 the Program Director requested a IR thermometer be ordered. Upon receipt of the thermometers, the staff will check and record the room temperatures on a daily basis. Staff will immediately report low temperatures to Assistant Director. The Assistant Director will adjust Temperature to maintain consistent room temperatures throughout the house (or contact maintenance in the event the Assistant Director is unavailable.) The Check List will be reviewed by the Assistant Director weekly to be certain the thermostat is at the appropriate temperature as well as to assure that the checks are being completed.. When readings are not within regulation, maintenance will be contacted to check the thermostat and adjust/replace the thermostat if needed.

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michael Burton, SNP Date 01-19-2017

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The above plan of correction is approved as of 1/23/17
 (Date) Plan of correction implementation status as of 1/23/17
 (Date)

The above plan of correction was approved by *MB*
 (Initials)

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

Violation Report: 31028 - 01/05/2017 - Bomberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600
 2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed and or updated since 9/23/15.

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.

The homes emergency procedures have not been updated since 9/23/17.
 Immediate: Day of Inspection: the Program director printed the emergency procedures which had been updated to reflect a change in the medical physician's contact address.
 On Going: On 1/14/2017, The Program Director created an MS Outlook appointment inviting the Assistant Director which is set up as a prompt to review the emergency procedure annually.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
Michael Bomberger, SVP		01-19-2017

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The above plan of correction was approved by <u>MAS</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: 31036 - 01/05/2017 - Hornberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2609
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for resident #2, dated 11/24/2016 is incomplete as the date resident evaluated, date the form was completed and section 4 regarding special health or dietary needs were left blank.

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.)

Resident's physical evaluation is incomplete
 Immediate: The resident was schedule for a physical on 1/23/2017

On Going: Use of the attached letter asking Medical practitioners to complete the DME form in its entirety. The assistant administrator will utilize a spread sheet to monitor the annual dates needed to make appointments for a physical. The assistant director will monitor the spreadsheet monthly, informing the charge nurse of any physicals which need to be scheduled. The Charge Nurse will schedule needed appointments. The Charge Nurse will update the spreadsheet to include the most recent physical appointment for the assistant director to monitor.

* The administrator, or designated staff member, will review all medical evaluations received from the physician to assure the form is complete.

BAS 1/23/17

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)		Date
MICHAEL BURTON, SVP		01-19-2017
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The above plan of correction was approved by	<u>BAS</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: 31036 - 01/06/2017 - Bomberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 59 Pa.Code §2890
 2800.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION
 Resident #2's last medical evaluation was completed on 11/24/2016.

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.

Residents' physical was late
 Immediate: The resident was schedule for a physical on 1/23/2017

On Going: Use of the attached letter asking Medical practitioners to complete the DME form in its entirety. The assistant administrator will utilize a spread sheet to monitor the annual dates needed to make appointments for a physical. The assistant director will monitor the spreadsheet monthly, informing the charge nurse of any physicals which need to be scheduled. The Charge Nurse will schedule needed appointments. The Charge Nurse will update the spreadsheet to include the most recent physical appointment for the assistant director to monitor. Upon completion of the scheduled appointment, charge nurse and Assistant Director will review the physical to ensure accuracy and completion of form. See above as well

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Burton*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michael Burton, SVP Date 01-19-2017

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 (Date) Plan of correction implementation status as of 1/23/17
 (Date)

The above plan of correction was approved by *MB*
 (Initials)

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

Violation Report: 31038 - 01/05/2017 - Bomberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 88 Pa.Code §2800

2800.167(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record (MAR) for resident #2 does not have the following medications documented as having been administered on 12/8/16 at 8:00 AM: prescribed calcium, Divalproex, Dorzol/Timol eye drops, Fenclofenac tab., Gabapentin, Glipizide, Metformin, Metoprol Tar Tab., Multivita, Omeprazole, Spiriva, Travatan and Ametbedina.
 The medication administration record (MAR) for resident #3 does not have the following medications documented as having been administered on 12/8/16 at 8:00 AM: prescribed Alizozain Tab., Aspirin, Benzotropine, Ferrous Sulf., Haloperidol, leosorb Mono., Januvia, Lisinopril, Metformin, Oxycbutynin and Pantoprazole.

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.

MAR had missed signatures

Immediate: The appropriate staff person was informed of that their initials were missing.

On Going: The charge nurse will review the MAR on a daily basis. Night Shift will review all MAR on a weekly basis making the Assistant Director aware of any deficits. The Assistant director will contact staff and take appropriate action on a case by case basis.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Michael Burton, CNP	01-19-2017

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Violation Report: 31038 - 01/05/2017 - Bomberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(c) - If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 refused prescribed Gabapentin on 12/16/16, 12/20/16 and prescribed Benzodrine on 12/19/2016. These refusals were not reported to the prescriber.

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.

Medication refusals were not reported to the prescribing physicians.
 Immediate: 1/5/2017 the Prescribing Physician was made aware of the medication refusals.

 On Going: The Assistant Administrator will remind/retrain staff at staff meetings, monitoring in the meeting minutes, regarding the DHS Medication Refusal protocol by 2/17/17. Charge Nurse will monitor the MAR on a daily basis making prescribing physician aware of medication refusals. Night Shift will review all MAR on a weekly basis making the Assistant Director aware of any deficits. The Assistant director will contact staff and take appropriate action on a case by case basis.

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Michael Burton, SVP		01-19-2017
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The above plan of correction was approved by <u>BAS</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: 31030 - 01/06/2017 - Bomberger, Cybil
 PCH Name: PEIFFERB LANE PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600
 2600.225(c) - The resident shall have additional assessments as follows:
 (1) Annually.
 (2) If the condition of the resident significantly changes prior to the annual assessment.
 (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION
 The most recent assessment for resident #1 was completed on 9/17/15.

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.

The most recent RASP was completed 9/17/15
 Immediate: during inspection the Assistant Director immediately shared the Electronic copy of the residents RASP.

Ongoing: Assistant director will utilize a spread sheet to track when annual RASPs are due. Bi-weekly Audits of the spread sheet will be conducted by the Assistant Administrator in order to be certain that the RASPs are completed in the appropriate time frame. The Assistant Director will request the Charge Nurse, Program Director or Nursing supervisor if assistance is needed in updating a RASP.

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)		Date
Michael Boston, SVP		01-19-2017

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The above plan of correction is approved as of <u>1/23/17</u> (Date)	Plan of correction implementation status as of <u>1/23/17</u> (Date)
The above plan of correction was approved by <u>BBS</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: 81038 - 01/05/2017 - Bomberger, Cybil
 PCH Name: PEIFFERS LANE PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION
 The record of resident #3 does not contain a photo of the resident.
 The most recent photo of resident #1 is dated 3/2013.

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.

Resident record missing an updated photo
 Immediate: By 1/20/2017 all Residents Photos will have been updated

 Ongoing: upon admission, an identification photo will be taken with the name and date for a new resident.

 An Outlook Calendar Reminder was created for December 1, 2017 to remind the Director and Assistant Director to take new ID Photos of all residents. New photos will be put in the file as well as in the MAR. The Assistant Director will check photos during monthly MAR Reviews.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Michael Boston*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) Michael Boston, SVP Date 01-29-2017

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The above plan of correction is approved as of <u>1/23/17</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>1/23/17</u> (Date) <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
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