



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 05 2017

Ms. Charity A. Lytle,
Owner
Lytle's Personal Care Home, LLC
4508 National Pike
Markleysburg, Pennsylvania 15459

RE: Lytle's Personal Care Home, LLC
License #: 443910

Dear Ms. Lytle:

As a result of the Department of Human Services' annual licensing inspection on January 24, 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, 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: LYTLE S PERSONAL CARE HOME LLC		License Number: 44391
Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459		County: Fayette
Administrator: KERA FAZENBAKER		Region: WEST
Legal Entity Name: LYTLES PERSONAL CARE HOME LLC		
Legal Entity Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459		RECEIVED
Certificate(s) of Occupancy C-2 LP 03/24/1994 LABOR AND INDUSTRY		MAY 18 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 30	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 01/24/2017: Bartlett, Patricia; Barone, Barbara		
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: 30 Number of Residents Served: 28 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: 3 Number of Hospice Residents in past year: 6		Number of Residents who: Receive Supplemental Security Income: 16 Are 60 Years of Age or Older: 19 Have Mental Illness: 9 Have an Intellectual Disability: 1 Have a Mobility Need: 2 Have a Physical Disability: 0

RECEIVED

MAY 18 2017

Page 2 of 14

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

A copy of 55 Pa. code Chapter 2600 was not posted in a conspicuous and public place in the home. The only copy was posted on the bulletin board in the first floor kitchen area.

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.

There is a copy of the license
in the front lobby in a frame.
Admin/owner to put copy of new
license in front lobby yearly.

Immediately: The administrator or designee shall check the home at least weekly to ensure the current license, a copy of the current license inspection summary issued by the Department and a copy of Chapter 2600 regulations are posted in a public and conspicuous place in the home. 5-28-17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle (owner)* Date *5/15/17*

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

The above plan of correction is approved as of <u>5-28-17</u> (Date)	Plan of correction implementation status as of <u>5-23-17</u> (Date)
The above plan of correction was approved by <u><i>SL</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: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the home on [redacted] 14 and ceased to breathe on [redacted] 16. However the home did not file an incident report with the Department's personal care home regional office until 1/24/17.

Resident #2 was admitted to the home on [redacted] 15 and ceased to breathe on [redacted] 16. However the home did not file an incident report with the Department's personal care home regional office until 1/24/17.

Resident #3 was admitted to the home on [redacted] 16 and ceased to breathe on [redacted] 16. However the home did not file an incident report with the Department's personal care home regional office until 1/24/17.

Resident #4 was admitted to the home on [redacted] 09 and ceased to breathe on [redacted] 16. However the home did not file an incident report with the Department's personal care home regional office until 1/24/17.

Resident #5 was admitted to the home on [redacted] 14 and ceased to breathe on [redacted] 16. However the home did not file an incident report with the Department's personal care home regional office until 1/24/17.

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.

Lytle's PCH has implemented an incident report binder with a copy of the PA code 2600.16. All incidents will be completed by admin/owner within 24hrs and put in binder

Immediately: The administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

5-23-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle (owner)* Date *5/15/17*

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The above plan of correction is approved as of <u>5-23-17</u> (Date)	Plan of correction implementation status as of <u>5-23-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

MAY 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

There was a resident list with confidential information of current and previous residents, posted in a binder clip, near the "no smoking" sign posted by the exit door in the front common room, including residents' Social Security numbers, birth dates, and allergies of the following: resident #6, resident #7, and resident #8.

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.

This list was immediately taken down, it actually was from the previous owner. All areas were checked for personal records and no more were found. will continue to monitor.

Immediately: The administrator or designee shall check the home at least weekly to ensure all resident records and documentation are maintained in a confidential manner in accordance with regulation 2600.17. 5-28-17

Immediately: All staff persons shall be educated on the confidentiality of resident records and the procedures for maintaining resident records in a secure location, including the home's specific policy and procedures to comply with regulation 2600.17. 5-23-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date

5/15/17

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

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5-23-17
(Date)

Plan of correction implementation status as of

5-23-17
(Date)

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

The above plan of correction was approved by

CL
(Initials)

Violation Report: 44391 - 01/24/2017 - Barlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

MAY 18 2017

1. REGULATION 55 Pa.Code §2600
2600.26(a) - The home shall establish and implement a quality management plan.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

The home did not conduct a Quality Management Plan review meeting during the 2016 calendar year.

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 Quality management Plan review meeting was held on 5-10-17 with the owner, administrator, and appointed staff member. Attached is a copy of the minutes.

Immediately: The administrator shall schedule and conduct a quality management review annually.

5-29-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle

Date 5/15/17

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The above plan of correction is approved as of 5-29-17
(Date)

Plan of correction implementation status as of 5-29-17
(Date)

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

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

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

MAY 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.66(a) - A staff training plan shall be developed annually.

2a. DESCRIPTION OF VIOLATION
The home did not have a 2016 staff training plan.
The home did not have a 2017 staff training plan.

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 Staff training plan has been implemented for 2017 and will be updated yearly by admin. (Plans enclosed)

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle (owner)* Date *5/15/17*

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The above plan of correction is approved as of 5-23-17
(Date)

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

Plan of correction implementation status as of 5-22-17
(Date)

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

Violation Report: 44391 - 01/24/2017 - Barlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

There is no trim around the home's front door, next to shared resident room #10 (resident # [redacted] and resident # [redacted]), causing the door frame to pull away approximately 1/2 inch from the structure when opening and closing the door.

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.

Trim was replaced

Immediately: All staff persons shall be educated on reporting and or correcting any floors, walls, ceilings and other surfaces that are not clean, not in good repair or are hazardous. 5-28-17

Immediately: The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately. 5-28-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date

5/15/17

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5-23-17
(Date)

Plan of correction implementation status as of

5-23-17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

MAY 18 2017

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

1. REGULATION 55 Pa.Code §2600
2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The window exterior for Resident # [redacted] (room #6), does not perimeter trim on the upper sash, and there is greyish-white fiberglass insulation exposed to weather and infestation on the top, left, and right sides of the sash.

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.

Trim was added

Immediately: The administrator or designee will conduct a monthly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards will be immediately corrected. 5-27-17

Immediately: All staff persons will be educated on identifying and reporting items on the exterior of the building and grounds that are in disrepair or present a hazard. Documentation of education will be kept. 5-27-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle (owner)* Date *5/15/17*

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

The above plan of correction is approved as of 5-27-17
(Date)

Plan of correction implementation status as of 5-23-17
(Date)

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

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

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION

There was no lightbulb in Resident #6's bedside light. There was no other source of light available.

There was no lightbulb in Resident #12's bedside light. There was no other source of light available.

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.

Discussed at Quality management meeting
Staff will be informed to check that
the light source in room is working when
doing room checks. Replace bulbs as
needed. Will discuss this topic at next
staff meeting.

Immediately: All staff persons will be educated on the importance of operable bedside lighting and that each resident shall have an operable lamp or other source of lighting that can be turned on/off from bedside. 5-23-17

Immediately: A designated staff person will check the home at least bi-weekly to ensure all resident beds have an operable bedside lamp or source of lighting that can be turned on/off from bedside. 5-23-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle

Date

5/15/17

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

The above plan of correction is approved as of

5-23-17
(Date)

Plan of correction implementation status as of

5-23-17
(Date)

Fully Implemented

Partially Implemented - Adequate Progress/

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

SL
(Initials)

MAY 18 2017

Violation Report: 44391 - 01/24/2017 - Barlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

EAST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION

There was no thermometer in the white refrigerator of the "smoke room". There were a dozen eggs stored in the refrigerator.

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 thermometer was added to "smoke room" refrigerator. will monitor for one month. by owner/admin and document on a monitor form

Immediately: All staff persons involved in food storage and preparation shall be educated on safe food storage including all refrigerators and freezers have thermometers and food requiring refrigeration is stored at or below 40 degrees Fahrenheit and frozen food is stored at or below 0 degrees Fahrenheit. Documentation of education shall be kept. 5-23-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle

Date 5/15/17

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

The above plan of correction is approved as of

5-23-17
(Date)

Plan of correction implementation status as of

5-23-17
(Date)

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

The above plan of correction was approved by

Y
(Initials)

MAY 18 2017

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home currently serves 28 residents requiring a minimum of 84 gallons of drinking water for a 3-day emergency supply. However, there were only 30 gallons of emergency drinking water on-site and the contractual agreement, dated 12/11/15, with Markleysburg Volunteer Fire Department does not indicate how much water will be delivered or a guarantee that the water will be delivered as a priority even in the event of a regional general emergency.

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 letter was obtained by the
Fire company. (letter enclosed)
for water.

Immediately: The home will maintain a 3 day supply of drinking water or will obtain a current contract with a vendor to deliver water in the event of an emergency. If the home chooses to obtain a written contract for the emergency delivery of drinking water the contract shall include: the amount of water to be delivered; a guarantee the water will be delivered immediately upon request, 24 - hours a day and a guarantee the water will be delivered as a priority even in the event of a regional emergency. 5-23-17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle* Date *5/15/17*

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The above plan of correction is approved as of 5-23-17
(Date)

Plan of correction implementation status as of 5-23-17
(Date)

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

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

MAY 18 2017

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia

PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE

Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.126(a) - A professional furnace cleaning company or trained maintenance staff person shall inspect furnaces at least annually. Documentation of the inspection shall be kept.

2a. DESCRIPTION OF VIOLATION

The furnace #1 and furnace #2 were not inspected during 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.

Furnace #1 and #2 were inspected
on 2-22-17

Immediately: The administrator will monitor the furnace inspection records to ensure the furnace is inspected annually by a professional furnace cleaning company or trained maintenance staff person. 5-23-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle (owner)

Date 5/15/17

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

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5-23-17
(Date)

Plan of correction implementation status as of 5-23-17
(Date)

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

The above plan of correction was approved by

(Initials)

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

MAY 18 2017

WEST REGION FIELD OFFICE
Human Services Licensing

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 #6 had a medical evaluation completed on 2/27/15. However, the resident's next medical evaluation was not completed until 5/5/16.

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.

Medical evals will be done annually,
by admin/owner. All charts were
checked for correct eval dates.
Will continue to monitor

Immediately: The administrator or designee shall resident document tracking system will be developed and implemented to ensure all residents have a medical evaluation completed within the required timeframe.

5-23-17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle* Date *5/15/17*

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

The above plan of correction is approved as of 5-23-17
(Date)

Plan of correction implementation status as of 5.23.17
(Date)

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

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

Violation Report: 44391 - 01/24/2017 - Bartlett, Patricia
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

There was a vial containing approximately 5ml of influenza vaccine, with an expiration date of 6/30/16, unlocked, unattended, and accessible in a clear bag in the refrigerator of the staff and resident's smoke 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.

Johnson's Pharmacy is now providing influenza vaccine's yearly. We will not have any vials in the home.

The medication was secured at the time of inspection. 5-23-17

Immediately: All staff persons shall be educated on the required locked storage of medications in accordance with regulation 2600.183(b) and the home's policy and procedures for the safe and secure storage of medications and controlled substances. 5-23-17

Immediately: The administrator or a designee qualified to administer medications shall check the home weekly to ensure all medications and controlled substances are kept in an area or container that is locked. 5-23-17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Little (owner)* Date *5/15/17*

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

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The above plan of correction was approved by <u>[Signature]</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