



SEP 27 2017

Ms. Deneane R. Miller,  
Owner/Administrator  
Deneane Armel  
142 Fairview Avenue  
Confluence, Pennsylvania 15424

RE: Deneane's Personal Care Home  
License #: 321520

Dear Ms. Miller:


As a result of the Department of Human Services' annual licensing inspections on February 14, 2017, May 24, 2017 and July 27, 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](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,

  
Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary

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

PCH Name: DENEANE S PERSONAL CARE HOME		License Number: 32152
Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		County: Somerset
Administrator: Deneane Miller		Region: CENTRAL
Legal Entity Name: DENEANE ARMEL		
Legal Entity Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		
Certificate(s) of Occupancy C-2 LP 02/08/1999 Labor & Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 16 Waking Staff: 12		
Type of Inspection: Full BHA Docket Number:		Notice: Unannounced
Reason(s) for inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 02/14/2017: McCloskey, Jason; Showers, Michael		
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: 18	Number of Residents who:	
Number of Residents Served: 15	Receive Supplemental Security Income: 10	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 11	
Area:	Have Mental Illness: 7	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 4	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 3		

RECEIVED TIME MAR. 13. 10:20PM

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

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  
On 2-14-17, the home's current violation report was not posted in a conspicuous and public place in 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.

The homes violation report was immediately posted in the homes dining room.

Adm. will check the bulletin board weekly to ensure all required documents are posted, including current violation reports.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/06/2016

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deneane L. Miller Armet*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *DENEANE L. MILLER ARMET*      Date *3/9/17*

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

The above plan of correction is approved as of 3/22/17  
(Date)

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

Plan of correction implementation status as of 5/24/17  
(Date)

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

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

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

On 2-3-17, medications for Resident 1, including *Benzotropine Mes 1 mg, Divalproex Sod DR 500 mg, Glipizide 10 mg, Lisinopril 5mg* and others were not available to be administered, resulting in medication errors. These errors were not reported to the Department.

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 medications for Resident #1 were not available because the medication was on "hold" from the pharmacy due to an unpaid pharmacy bill from Resident #1's family.

Therefore, the home did not consider this a medication error.

The home will now consider this a medication error and fill out an incident report & submit it to Department immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deneane R. Miller Arnel*

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

DENEANE R. MILLER ARNEL

Date 3/9/17

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(Initials)

Plan of correction implementation status as of 7/27/17  
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The home's boiler certificate expired 6-30-16. (13) Title 34 Pa.Code Chapter 3, known as the Boilers and Unfired Pressure Vessels regulations. (governed by the Department of Labor and Industry) requires that if a home has a boiler, it must have a valid "Certificate of Boiler or Pressure Vessel Operation" issued by the PA Department of Labor and Industry.

The home did not have a carbon monoxide detector present near the home's boiler or forced air furnace. The Care Facility Carbon Monoxide Alarms Standards Act requires that there be a carbon monoxide detector in place within 15' of a fossil-fuel burning device or appliance.

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 Department of Labor & Industry automatically renewed all certificates in the past. However, due to a change in staff, this process has changed. The Department of Labor & Industry was immediately contacted & a boiler inspection was conducted on 3/16/17. As soon as the certificate is received, it will be immediately forwarded to the Department. The home will also ensure that boiler inspections take place every 2 years and call the Department of Labor & Industry to ensure the inspection is scheduled within the time limits to ensure it is not expired. Carbon Monoxide alarms were installed the day of the inspection. Batteries were dated & the home made a calendar notation to ensure batteries are changed annually.

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

Signature of Legal Entity Representative (Required on EVERY Page)

*Deneane S. Miller Aron*

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

Deneane S. Miller Aron

Date 3/9/17

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Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

As of the date of inspection, 2-14-17, the home did not have a 2017 staff training plan developed.

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 date of inspection, <sup>at Katie's</sup> 2/1/17, a staff training plan was created and a copy was given to the inspectors on site.

The home was waiting for the Agency conducting trainings for us, to see what training courses would be provided.

The home will ensure staff training plans are developed in a timely manner.

\* Please See Attachment "A"

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deneane R. Miller Arnel*

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

Deneane R. Miller Arnel

Date 3/9/17

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Violation Report: 32162 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

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 lid on the kitchen trash can was left open, thus exposing the trash inside.

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 was reminded of the importance of sanitary conditions. Admin. also reminded them to make sure all trash can lids are closed at all times.

Adm. will be mindful when in the home to ensure the trash cans are covered at all times.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deneane R. Miller Armel*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deneane R. Miller Armel*      Date *3/9/17*

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(Initials)

Plan of correction implementation status as of 5/24/17  
(Date)

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- Not Implemented

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 35 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

Several areas on the top surface of the wood dining room table is chipped and peeling.

The floor in the dining room is not clean as evidenced by debris and food particles and heavy staining of the carpet.

Bedrooms #1, #5 and #6 have vinyl floors with areas that are peeling up. The home has used duct tape in an attempt to remedy the problem. In addition, Bedrooms #5 and #1 have areas of the vinyl floor with exposed bare plywood. The condition of the floors creates a tripping hazard, especially for those residents using mobility devices.

Bedroom #5 has a wood door that is broken at the base and has a hole covered with duct tape.

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.

Plastic table cloths were immediately placed on dining room tables until they can be replaced. They will be replaced on or before 4/15/17.

Staff was reminded that the dining room floor must be cleaned immediately after each meal as the inspectors entered the home immediately after breakfast & the dining room was the area they were in. The home also scrubbed the carpet. The dining room floor is scheduled to be replaced on or before 5/15/17.

Carpet was immediately installed in bedrooms #1, #5, #6. Please see attached photos Attachment "B".

The door in bedroom #5 will be replaced by 5/15/17.

Adm. will check the entire home weekly to ensure all areas are in good repair & free of hazards.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane S Miller Arnel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane S. Miller Arnel* Date *3/9/17*

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Plan of correction implementation status as of 7/27/17 (Date)

- Fully Implemented
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- Not Implemented

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the dining room does not include scissors.

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.

Scissors were immediately put in the first aid kit while inspectors were on site.

Adm. will check first aid kits <sup>each night (BAM 7/11/17)</sup> weekly to ensure all items are available.

Staff was also reminded of the importance of replacing all items in the first aid kit & putting items back where they belong.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/06/2016

Signature of Legal Entity Representative (Required on EVERY Page) Deneane E. Miller Arnel

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Deneane E. Miller Arnel      Date 3/9/17

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Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

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 are no thermometers in the black Whirlpool freezer or white combination refrigerator/ freezer in the kitchen.

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.

Thermometers were placed in both refrigerators/freezers at the time of inspection.

Staff was reminded of the importance of ensuring the thermometers are kept in all refrigerators & freezers.

Adm. will check weekly to ensure all thermometers are in place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deneane S. Miller Arnel*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Deneane S. Miller Arnel

Date

3/9/17

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(Date)

Plan of correction implementation status as of

3/24/17  
(Date)

- Fully Implemented
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- Not Implemented

The above plan of correction was approved by

BHS  
(Initials)

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S 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

The chocolate-covered strawberries in the white kitchen refrigerator were not covered.

The white frosted sheet cake in the white kitchen refrigerator was not covered.

An unsealed gallon Ziplock bag of spaghetti sauce was located in the black freezer.

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.

All items were immediately disposed of while inspectors were on site.

Adm reviewed with staff this regulation & the importance of all food items to be stored in sealed containers.

Adm. will check food storage areas weekly to ensure all food items are sealed, labeled & dated.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deneane S. Miller Arnold*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deneane S. Miller Arnold*      Date *3/9/17*

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(Date)

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(Initials)

Plan of correction implementation status as of 5/24/17  
(Date)

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

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

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  
On 2-14-17, the home had 15 residents, but only 39 gallons of emergency drinking water.

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.

Home immediately purchased 6 more gallons of water to ensure enough in case of an emergency.

Adm. will check the water weekly to ensure the home always has enough for all residents in case of emergency.

Staff was also reminded to notify Adm. if emergency water is used so it can be replaced.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Deneane S. Miller Armet

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Deneane S. Miller Armet      Date 3/9/17

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(Initials)

Plan of correction implementation status as of 5/24/17  
(Date)

- Fully Implemented
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- Not Implemented

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.109(b) - Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

2a. DESCRIPTION OF VIOLATION

On 2-14-17, a gray and white cat and a yellow cat were present inside the home. The home does not have current certificates of rabies vaccination for the cats.

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.

Both cats were found alternate homes and removed from the personal care home.

Staff & Residents were all informed that house pets are the only pets allowed in the home as stated in the home rules and they should not feed or allow stray cats into the facility, nor encourage them to stay on the property.

Adm. will continue to remind staff & residents of this and remove any stray cats from the facility. A neighbor down the street from the home has many, many cats and eventually some end up at the home & residents begin to feed them. Adm. will continue to remind residents of the house rules regarding this.

Repeat Violation: Yes      Date(s) of Previous Violation(s): 01/06/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane L. Miller Arnel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane L. Miller Arnel*      Date *3/9/17*

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Plan of correction implementation status as of 5/24/17 (Date)

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Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

The home's designated smoking area is on the front porch. A green vinyl couch present in the smoking area was not labeled as meeting the California Bureau of Home Furnishing Flammability Requirements.

**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 couch was removed while inspectors were on site & disposed of.

Adm. will ensure all furniture in the smoking area is labeled & meets the California Bureau of Home Furnishing Flammability Requirements.

\* Staff will be re-educated regarding the regulation and to notify administration of any inappropriate furniture found in the designated smoking area. If items are found, they shall be removed from the smoking area immediately.

BAS 3/22/17

Repeat Violation: Yes

Date(s) of Previous Violation(s):

01/06/2016

Signature of Legal Entity Representative

(Required on EVERY Page)

Deneane R. Miller Arnel

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Deneane R. Miller Arnel

Date 3/9/17

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(Date)

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BAS  
(Initials)

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(c) - Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

2a. DESCRIPTION OF VIOLATION

On 2-14-17, at approximately 3pm, three boxes of *Risperdal Consta 37.5 mg* syringes prescribed for Resident 2 were unlocked and accessible in the white kitchen 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.

Medication was immediately put in lock box in the refrigerator.

Staff was reminded & trained in this practice.

Adm. will check weekly to ensure medication is always in a locked container.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deneane S Miller Armet*

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

*Deneane S. Miller Armet*

Date *3/9/17*

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(Date)

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(Initials)

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

On 2-14-17, a *Byetta 5 mcg Dose Pen* prescribed for Resident #4 was opened and stored in the medication cart. The manufacturer's label states, "Throw away 30 days after first use." However, the home failed to mark the pen with the date it was first used.

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 was immediately discarded & new was delivered from the pharmacy.

Staff was trained and reminded to date the item when it is first opened & used.

Adm. will check all medications weekly to ensure all medications are dated when opened as required.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane K. Miller Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane K. Miller Armet*      Date *3/9/17*

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Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

On 2-14-17, a bottle of Vitamin D3 1000 IU tablets belonging to Resident 1 was stored in the medication cart and was not labeled with the resident's name.

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.

Vitamin D3 1000 IU was immediately labeled to Resident #1.

Staff was reminded that all medication should be labeled. Stored in a bin with the residents name is not sufficient.

Adm. will check medication cart weekly to ensure all medications are labeled.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Deneane L. Miller Arnel*

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

Deneane L. Miller Arnel

Date

3/9/17

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

The above plan of correction is approved as of

3/22/17  
(Date)

Plan of correction implementation status as of

5/24/17  
(Date)

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

The above plan of correction was approved by

BAAS  
(Initials)

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S 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

The home has not implemented procedures for the safe storage, access, and distribution and use of medications and medical equipment as evidenced by:

- The Pro Re Nata (PRN) medication *Albuterol 0.083% Inhal Soln* prescribed for Resident 3 was not present and available in the home at the time of the inspection.

- The home has multiple readings documented on the Medication Administration Record for Resident 4 that are not measurements stored in the resident's glucometer. These readings include:

2-13-17	2:00pm	99
2-12-17	2:00pm	94
2-10-17	8:00pm	126
2-10-17	2:00pm	85
2-10-17	8:00am	139

- The home has multiple blood sugar readings incorrectly documented in the Medication Administration Record (MAR) for Resident 5. including:

MAR	Actual Glucometer Reading
2-13-17 8:00pm 162	167
2-12-17 8:00pm 124	128
2-12-17 5:00pm 86	140
2-11-17 8:00pm 164	154

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.

Albuterol for resident #1 was immediately ordered.

A meeting/training was conducted with all staff who pass meds. Staff were reminded that each resident must only use their own meter/medical equipment. Staff were reminded how to use the glucometers & how to record blood sugar readings. Adm. also ensured all residents who have glucometers that they are properly labeled & in working order.

Adm. will compare readings weekly to ensure staff are recording correctly.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deneane S Miller Arndt*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deneane S Miller Arndt*      Date *3/9/17*

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

The above plan of correction is approved as of 3/22/17  
(Date)

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

Plan of correction implementation status as of 7/27/17  
(Date)

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

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 2-3-17 at 8am and 8pm, Resident 1 was not administered the prescribed *Benzotropine Mes 1mg, Divalproex Sod DR 500 mg,* and *Glipizide 10 mg* because the medications were not present and available in 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.

The medication for Resident #1 was not present & available in the home because the medication was on "hold" from the pharmacy due to an unpaid pharmacy bill from Resident #1's family.

The home is unaware of solutions to help this situation.

On 2/2/17 Resident's #1 family was notified, after the pharmacy notified the home. The family called the pharmacy, made payment arrangements & the medicine resumed on 2/4/17.

Again, the home is unaware of any other solutions that they could have prevented this violation.

\* see Page 18A

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deneane S. Miller*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *Deneane S. Miller Armed*      Date *3/9/17*

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

The above plan of correction is approved as of 3/22/17  
(Date)

Plan of correction implementation status as of 5/24/17  
(Date)

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

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

2600.187(d)

In future events where a resident cannot obtain the necessary medications for required administration due to failure of payment by the responsible payer for the resident, the home shall:

1. Document all contacts with the payer and pharmacy to address the situation.
2. Notify the resident concerning the problem.
3. Notify the prescriber concerning the problem.
4. Notify the payer and resident that not keeping the pharmacy bill paid up-to-date can negatively affect the home's ability to provide the care needed by the resident and could result in discharge of the resident.

BAS 3/22/17

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

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 A, the administrator, is the home's medication trainer. The administrator's trainer certification expired on 6-30-15. Since this date, the administrator has continued to provide the annual medication administration training to the home's staff responsible for medication administration. Currently, the staff members administering medication do not have up-to-date medication administration training that was provided by a certified trainer.

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 person A immediately registered for the Department approved medications administration course. The course will be completed and Staff Person A will be a certified trainer on or before 6/1/17.

Staff person A had a hard time finding training available to renew the certificate.

Adm. will ensure all training, including medication Administration remain up to date.

Please see "Attachment C"

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

Deneane K. Miller Armed

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

Deneane K. Miller Armed

Date

3/9/17

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

The above plan of correction is approved as of

3/22/17  
(Date)

Plan of correction implementation status as of

7/27/17  
(Date)

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

The above plan of correction was approved by

BAS  
(Initials)

Violation Report: 32152 - 02/14/2017 - McCloskey, Jason  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.252 - Each resident's record must include the following information: (1) through (28)

2a. DESCRIPTION OF VIOLATION

Resident 3's most recent picture is dated 9-26-12.

Resident 4's most recent picture is dated 1-6-15.

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.

All resident files were reviewed & updated photos were placed in all files.

Office staff was reminded of this regulation.

Adm. will review files <sup>Annually</sup> periodically to ensure resident photos are current. BAS 3/22/17

A master list of all residents along with the date of their photographs was created. Admin and office staff will review this list monthly to update photos a month prior to expiration.

BAS 7/14/17

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

Signature of Legal Entity Representative  
(Required on EVERY Page) Deneane S. Miller Acme

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Deneane S. Miller Acme      Date 3/9/17

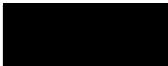
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 3/22/17  
(Date)

Plan of correction implementation status as of 7/27/17  
(Date)

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

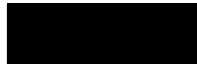
The above plan of correction was approved by BAS  
(Initials)



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

PCH Name: DENEANE S PERSONAL CARE HOME		License Number: 32152
Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		County: Somerset
Administrator: Deneane Miller		Region: CENTRAL
Legal Entity Name: DENEANE ARMEL		
Legal Entity Address: 142 FAIRVIEW AVENUE, CONFLUENCE, PA 15424		
Certificate(s) of Occupancy C-2 LP 02/08/1999 Labor and Industry		
Staffing Hours Resident Support: 0 Total Daily Staff: 16		
Type of Inspection: Interim - POC	BHA Docket Number:	Waking Staff: 12
Reason(s) for Inspection(s) Interim		Notice: Unannounced
On-Site Inspections Dates and Department Representatives On-Site 05/24/2017: Heemer, Laura; Showers, Michael		
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: 18	Number of Residents who: Receive Supplemental Security Income: 13	
Number of Residents Served: 15	Are 60 Years of Age or Older: 9	
Secured Dementia Care Unit in Home: No	Have Mental Illness: 8	
Area:	Have an Intellectual Disability: 5	
Secured Dementia Unit Capacity, if Applicable:	Have a Mobility Need: 1	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Physical Disability: 0	
Number of Current Hospice Residents: 0		
Number of Hospice Residents in past year: 0		

RECEIVED TIME—JUL. 11. — 1:46PM



Violation Report: 32152 - 05/24/2017 - Heemer, Laura  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION

On 5/24/2017, the glucometer of Resident 1 was used by staff to measure the 171 blood sugar reading of Resident 2. The use of shared glucometers presents the risk of the spread of blood borne pathogens.

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 5/24/17, Resident #2's glucometer would not work. Staff then used Resident #1's glucometer.

On 6/2/17 Adm. held a staff training regarding the importance of not sharing glucometers.

Staff was also instructed to Never share resident glucometers & if there is a mal function, missing or any other problem to inform Administration immediately & wait for Administrations instructions to move forward.

Please see attached training sign in sheet.

See Page 2A

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

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane E. Miller Arnel*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane E. Miller - Arnel*      Date *6/14/17*

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

The above plan of correction is approved as of 7/14/17 (Date)

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

Plan of correction implementation status as of 7/27/17 (Date)

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

## 2600.85(a)

1. Immediately, the home purchased new glucometers for Resident #1 and Resident #2. The old glucometers for Residents #1 and #2 were discarded.
2. Immediately, the home will review the glucometers for all residents that receive blood sugar testing to assure that each glucometer is labeled to identify the specific resident it is to be used upon.
3. The physician for Resident #1 and Resident #2 will be notified of the possibility of shared glucometer use and all recommendations made by the physician (i.e. testing for blood borne pathogen) will be followed by the home. Documentation of the notification to the physician, the recommendations of the physician, and the home's follow-up based on the recommendations shall be maintained by the home for Department review. The notification to the physician(s) shall be completed within 7 days from receipt of this plan. Any follow-up actions/recommendations of the physician shall be initiated immediately.
4. The home shall review and amend the home's policies (as necessary) in reference to regulation 2600.185a, specifically addressing the safe storage, access, distribution, and use of glucometers and testing equipment. A copy of the updated policy will be provided to and reviewed with all medication administration staff. This shall be completed within 14 days of the receipt of this plan.
5. The Administrator, or a Certified Medication Administration Trainer for the home, shall audit the actual readings on a resident's glucometer as compared with the documented readings on the resident's Medication Administration Record. This shall be done on a weekly basis for all the residents who receive blood glucose testing. The weekly audits shall occur for a period of 8 weeks, beginning the date of the receipt of this plan. Documentation of these audits shall be sent (via FAX, mail, or e-mail) to the Department's Central Region Office on a weekly basis, and maintained by the home for Department review.
6. The Administrator, or a Certified Medication Administration Trainer for the home, shall observe each staff responsible for diabetic care perform blood glucose checks. Each staff will be observed once per week for a period of 8 weeks, beginning the date of the receipt of this plan. Documentation of the observations shall be sent (via FAX, mail, or e-mail) to the Department's Central Region Office on a weekly basis, and maintained by the home for Department review.

*Dorene L. Miller 7/13/17*



Violation Report: 32152 - 05/24/2017 - Haemer, Laura  
PCH Name: DENEANE S PERSONAL CARE HOME

1. REGULATION 55 Pa. Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the dining room does not contain a breathing shield or adhesive tape.

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 6/2/17 A review of first aid kits was discussed with staff. A nightly checklist was created for 10pm-6am shift to review daily. Staff was reminded to replace any missing items in the first aid kits immediately and if supplies are missing or not available to contact Administration immediately.

Repeat Violation: Yes | Date(s) of Previous Violation(s): 01/06/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Deneane L. Miller Armet*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Deneane L. Miller - Armet* | Date *6/14/17*

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

The above plan of correction is approved as of 7/14/17 (Date)

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

Plan of correction implementation status as of 7/27/17 (Date)

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



Violation Report: 32152 - 05/24/2017 - Heemer, Laura  
PCH Name: DENEANE S 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

Resident 2's record does not include a photograph that is less than 2 years old. The photograph of Resident 2 in the Resident's record is dated 9/24/2014.  
Resident 3's record does not include a photograph that is less than 2 years old. The photograph of Resident 3 in the Resident's record is dated 1/6/2015

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 Master list of all residents along with the date of their photographs was created.

Adm. & office staff will review this list monthly & update resident photos a month prior to the expiration date of all photographs

All resident photograph dates were reviewed & brought up to date.

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

Signature of Legal Entity Representative  
(Required on EVERY Page) *Deneane L. Miller Arnel*

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) *DENEANE L. MILLER ARNEL*      Date *6/14/17*

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

The above plan of correction is approved as of 7/14/17  
(Date)

Plan of correction implementation status as of 7/27/17  
(Date)

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

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