



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

AUG 28 2017

Mr. Erik Foulkrod,  
Administrator  
Jeffco Health Services, Inc.  
417 Route 28  
Brookville, Pennsylvania 15825

RE: Jefferson Court  
License #: 406240

Dear Mr. Foulkrod:

As a result of the Department of Human Services' annual licensing inspection on February 23, 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,

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: JEFFERSON COURT		License Number: 40624
Address: 417 RT 28, BROOKVILLE, PA 15825		County: Jefferson
Administrator: Erik Foulkrod		Region: WEST
Legal Entity Name: JEFFCO HEALTH SERVICES INC		
Legal Entity Address: 417 RT. 28, BROOKVILLE, PA 15825		<b>RECEIVED</b>
<b>Certificate(s) of Occupancy</b> C-2 LP 02/09/1999 Labor & Industry		MAY 12 2017 WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 61	Waking Staff: 46
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
<b>Reason(s) for Inspection(s)</b>		
Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b>		
02/23/2017: Park, Beth; Cutler, Jan		
<b>Off-Site Inspection Dates and Inspectors, If Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 48 Number of Residents Served: 41 Secured Dementia Care Unit in Home: Yes Area: Second Floor Secured Dementia Unit Capacity, If Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, If applicable: 19 Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3	<b>Number of Residents who:</b> Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 41 Have Mental Illness: 2 Have an Intellectual Disability: 2 Have a Mobility Need: 20 Have a Physical Disability: 2	

Violation Report: 40824 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

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 the current licensing inspection summary, dated 4/19/2016, was not posted in a conspicuous and public place.

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 current licening summary and any violations since have been posted at the enterence please see below.

Within 15 days of receipt of the plan of correction: a designated staff person will check postings at least weekly to ensure a copy of the current license, a copy of the current license inspection summary and a copy of the Chapter 2600 regulations are posted in a conspicuous and public place in the home. g.w. 6/9/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Foulkrod, Adminisrator      Date 05/12/2017

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

The above plan of correction is approved as of 6/9/17 (Date)

Plan of correction implementation status as of 6/9/17 (Date)

The above plan of correction was approved by g.w. (Initials)

- Fully Implemented *g.w.*
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE  
Human Services Licensing

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 Care Facility Carbon Monoxide Alarms Standards Act, enacted 8/23/16, requires carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from, any fossil-fuel burning device or appliance. The home has a gas furnace and a gas fire place; however, no carbon monoxide detectors were present 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.  
  
Carbon Monoxide detectors have been placed near both fossil fuel burning appliances. Please see pictures below. They are checked weekly by environmental services for functioning.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Erik Foulkrod, Administrator      Date 05/12/2017

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

The above plan of correction is approved as of 6/9/17  
(Date)      Plan of correction implementation status as of 6/9/17  
(Date)  
  
The above plan of correction was approved by EF  
(Initials)  
  
 Fully Implemented *EF*  
 Partially Implemented - Adequate Progress  
 Partially Implemented - Inadequate Progress  
 Not Implemented

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(d) - Direct care staff persons hired after April 24, 2006 may not provide unsupervised ADL services until completion of the following:

- (1) Training that includes a demonstration of job duties, followed by supervised practice.
- (2) Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- (3) Initial direct care staff person training to include the following:
  - (i) Safe management techniques.
  - (ii) ADLs and IADLs.
  - (iii) Personal hygiene.
  - (iv) Care of residents with dementia, mental illness, cognitive impairments, mental retardation and other mental disabilities.
  - (v) The normal aging-cognitive, psychological and functional abilities of individuals who are older.
  - (vi) Implementation of the initial assessment, annual assessment and support plan.
  - (vii) Nutrition, food handling and sanitation.
  - (viii) Recreation, socialization, community resources, social services and activities in the community.
  - (ix) Gerontology.
  - (x) Staff person supervision, if applicable.
  - (xi) Care and needs of residents with special emphasis on the residents being served in the home.
  - (xii) Safety management and hazard prevention.
  - (xiii) Universal precautions.
  - (xiv) The requirements of this chapter.
  - (xv) Infection control.
  - (xvi) Care for individuals with mobility needs, such as prevention of decubitus ulcers (bed sores), incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B, hired on [redacted], did not complete the Department-approved direct care training course or pass the competency test.

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.

See below for certificate of completion for [redacted]. HR and Administration has compiled a checklist for necessary documents to be completed prior to starting and will review prior to staff working the floor.

*Within 15 days of receipt of the plan of correction; the administrator or designee will review all direct care staff records to ensure each direct care staff person has completed the Department-approved direct care training course and passed the competency test prior to providing unsupervised ADLs and that documentation is maintained. JW. 6/9/17*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Foulkrod, Administrator Date 05/17/2017

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

The above plan of correction is approved as of <u>6/9/17</u> (Date)	Plan of correction implementation status as of <u>6/9/17</u> (Date)
The above plan of correction was approved by <u>JW.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JW.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 12 2017

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Direct care staff person A, hired [redacted], did not receive resident rights training during the 2016 training 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.

Please see attached training for resident rights for staff person [redacted]

Staff person A received training on resident rights on 5/8/17. P.W. 6/4/17

The administrator will review all staff training records as a part of the quality management review process and at least bi-annually to ensure all staff persons receive training in all topics required by 2600.65g in each training year. P.W. 6/9/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Erik Foulkrod BA, PCHA

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

Erik Foulkrod, Administrator

Date

05/12/2017

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

The above plan of correction is approved as of

6/9/17  
(Date)

Plan of correction implementation status as of

6/9/17  
(Date)

The above plan of correction was approved by

P.W.  
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress P.W.
- Partially Implemented - Inadequate Progress
- Not Implemented

RECEIVED

MAY 12 2017

Violation Report: 40824 - 02/23/2017 - Park, Belh  
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.65(i) - A record of training including the staff person trained, date, source, content, length of each course and copies of any certificates received, shall be kept.

2a. DESCRIPTION OF VIOLATION  
Direct care staff person A's training record did not include the number of hours of training received during the 2016 training 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.

Please see attached revised training record for [REDACTED]

The administrator will review all staff training records as part of the quality management review process and at least bi-annually to ensure all staff training records include the name of the staff person, date, source, content, length of each course and copies of any certificates.

*g.u.*  
6/9/17

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Foulkrod, Administrator      Date 05/12/2017

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

The above plan of correction is approved as of 6/9/17 (Date)

Plan of correction implementation status as of 6/9/17 (Date)

The above plan of correction was approved by *g.u.* (initials)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

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

Resident #3's bedside lamp was inoperable due to the bulb needing replaced. There was no other source of lighting that could be turned on/off from the bedside.

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.

Please see below for picture of functioning lamp for resident's room

Within 15 days of receipt of the plan of correction: a designated staff person will conduct an initial then weekly check of resident bedrooms to ensure each resident has an operable source of bedside lighting that can be turned on/off from bedside. gw. 6/9/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

Erik Foulkrod BA, PCHA

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

Erik Foulkrod, Administrator

Date

05/12/2017

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

The above plan of correction is approved as of

6/9/17  
(Date)

Plan of correction implementation status as of

6/9/17  
(Date)

The above plan of correction was approved by

gw.  
(Initials)

Fully Implemented

Partially Implemented - Adequate Progress gw.

Partially Implemented - Inadequate Progress

Not Implemented

RECEIVED

MAY 12 2017

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

WEST 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 freezer section of the refrigerator/freezer unit in the serving area of the secure dementia care unit.

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.

Please see below for freezer thermometer. Refrigerators and freezers checked daily. Temperatures recorded and given to administration monthly.

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Erik Foulkrod, Administrator      Date 05/12/2017

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

The above plan of correction is approved as of <u>6/9/17</u> (Date)	Plan of correction implementation status as of <u>6/9/17</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 <i>pk</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 12 2017

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Flonase 50mcg/inhalation nasal spray, 1 spray in each nostril 2 times per day; however, the pharmacy label on the medication indicates Flonase, 50 mcg/inhalation nasal spray, 1 spray in each nostril 1 time per day.

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.

Please see attached physician's order for the medication, indicating that the medication is to be given as Flonase 50 mcg/inhalation nasal spray: one spray in each nostril BID. The pharmacy label was incorrect, and has since been rectified. The medication was administered according to the MAR as ordered.

*Within 15 days of receipt of the plan of correction: a designated staff person who is qualified to administer medications will conduct an initial then monthly audit of resident medications and physician orders to ensure all pharmacy labels on medications are current and contain all of the content required by 2600.184a. pu. 6/9/17*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Foulkrod, Administrator	Date 05/12/2017
--	-----------------

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

The above plan of correction is approved as of <u>6/9/17</u> (Date)	Plan of correction implementation status as of <u>6/9/17</u> (Date)
The above plan of correction was approved by <u>EF</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pu.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE  
Human Services Licensing

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 C's initial medication administration training was completed on 8/11/2015. No annual medication practicums have been completed. However, staff person C administers medications to several residents in the home including: Ezetimibe Tab, 10 mg, to resident #2 on 2/21/2017.

Staff person D's initial medication administration was completed on 10/15/2015. No annual medication practicums have been completed. However, staff person D administers medications to several residents in the home including: Atenolol Tab, 25 mg, to resident #1 on 2/22/2017.

Staff person E's initial medication administration training was completed on 4/13/2015. No annual medication practicums have been completed. However, staff person E administers medications to several residents in the home including: Amlodipine Tab, 2.5 mg, to resident #1 on 2/17/2017.

Staff person F's most recent annual medication practicum was completed on 5/18/2015. However, staff person F administers medication to several residents in the home including: Pravastatin Tab, 40 mg, to resident #2 on 2/17/2017.

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 above mentioned staff have been re-trained to administer medication as per the department request. The assistant administrator is now trained to train the staff how to administer medication as well as complete the annual practicums and observations required for compliance.

*The administrator will review all staff person training records as part of the quality management review to ensure all staff persons who pass medication remain qualified to do so and documentation of the medication training is in the staff person's record. PL 6/9/17*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Erik Foulkrod, Administrator      Date 05/12/2017

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

The above plan of correction is approved as of 6/9/17 (Date)

Plan of correction implementation status as of 6/9/17 (Date)

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

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

Violation Report: 40624 - 02/23/2017 - Park, Beth  
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.231(f) - In addition to the requirements in § 2600.225 (relating to initial and annual assessment), the resident shall also be assessed annually for the continuing need for the secured dementia care unit.

2a. DESCRIPTION OF VIOLATION

Resident #1 was admitted to the secured dementia care unit on [REDACTED]. However, resident #1's medical evaluation dated 8/12/2016, does not indicate the resident's need for secured dementia care unit placement.

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.

Please see attached statement from physician, dated 08/12/2016. Resident was admitted to non-secured personal care on [REDACTED] but was not moved to the secure unit until 08/12/2016.

*Within 15 days of receipt of the plan of correction: a designated staff person will review the resident records of those residents in the secured dementia care unit to ensure each resident has been assessed annually for the continuing need for the secured dementia care unit.*

*EW. 6/9/17*

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

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

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page) Erik Foulkrod, Administrator      Date 05/12/2017

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

The above plan of correction is approved as of 6/9/17  
(Date)

Plan of correction implementation status as of 6/9/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *EW.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by EW.  
(Initials)