



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 05 2017

Ms. Karen Russell,
Executive Director
St. John Lutheran Care Center
500 Wittenberg Way, P.O. Box 928
Mars, Pennsylvania 16046

RE: St John Specialty Care Center
License #: 448330

Dear Ms. Russell:

As a result of the Department of Human Services' annual licensing inspection on March 1, 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: ST JOHN SPECIALTY CARE CENTER		License Number: 44833
Address: 500 WITTENBERG WAY P O BOX 928, MARS, PA 16046		County: Butler
Administrator: REBECCA TOOMEY		Region: WEST
Legal Entity Name: ST JOHN LUTHERAN CARE CENTER		
Legal Entity Address: 500 WITTENBERG WAY, MARS, PA 16046		RECEIVED
Certificate(s) of Occupancy C-1 06/01/1985 Comm. of PA Dept. L&I		MAY 30 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Working Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/01/2017: Flinner-Alman, Lisa; Bedford, Kalle		
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: 36	Number of Residents who:	
Number of Residents Served: 13	Receive Supplemental Security Income: 2	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 13	
Area:	Have Mental Illness: 0	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 0	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 2		

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Page 2 of 21

Violation Report: 44833 - 03/01/2017 - Finner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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
The current licensing inspection summary, dated 5/4/16, 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.

(see attached POC)

- on Page 21A of 21

Rebecca
6/1/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca Torrey

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

Rebecca Torrey, PCHM

Date 5-26-17

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The above plan of correction is approved as of

6/1/17
(Date)

Plan of correction implementation status as of

6/1/17
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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Page 3 of 21

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION
Prior to lunch, agents of the Department requested resident assessments and support plans for residents to include residents #3 and #7; however, they were never received. Staff indicated they were unable to locate the records.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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(see attached POC)
- Page 21A of 21
J. Miller

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey, PCHA* Date *5-26-17*

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(Date)

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(Initials)

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Page 4 of 21

Violation Report: 44833 - 03/01/2017 - Finner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST HESSON FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION
Staff person B, hired [redacted] 16, does not have a criminal history background check.

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 attached POC)
- Page 21A of 21
5/31/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Tournay*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Tournay, PCHM* Date *5-26-17*

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Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C, hired [redacted] 9/1, did not receive training in instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan during the 2016 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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(see attached POC)
- Page 21A of 21
6/1/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca Toomey

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

Rebecca Toomey, PCNA

Date

5-26-17

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WEST HATFIELD FIELD OFFICE
Human Services Licensing

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHNS SPECIALTY CARE CENTER

1. REGULATION 65 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 C, hired [redacted] 91, did not receive training in The Older Adult Protective Services Act during the 2016 training year.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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(see attached POC)
- Page 21A of 21
Jew
6/1/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Teaney*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Teaney, PCATA* Date *5-26-17*

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MAY 30 2017

Page 7 of 21

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER
WEST REGION FIELD OFFICE
Human Services Licensing

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
There was a partially filled, uncovered trash can in shower room #1.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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(see attached POC)
Page 21A of 21 on file

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey, PCHM* Date *5-26-17*

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WEST HESION FIELD OFFICE
Human Services Licensing

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.91 - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

2a. DESCRIPTION OF VIOLATION

There were no emergency telephone numbers posted on or by the telephone on the desk in staff person A's office.

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 attached POC)
on Page 21B of 21 June 6/1/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toaney*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toaney, PCHM* Date *5-26-17*

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44833 - 03/01/2017 - Finner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2800

2600.123(b) - Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

2a. DESCRIPTION OF VIOLATION

The home's emergency procedures were not posted in a conspicuous and public place. They were in a binder underneath a book on the bookshelf in the television room. The bookshelf was blocked by a shelving unit.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

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*(see attached POC)
on page 21 b of 21*

*2/20
6/1/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca Toanay

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

Rebecca Toanay, PCFA

Date *5-20-17*

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(Date)

Plan of correction implementation status as of

6/1/17
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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
A fire drill was not held during the month of August 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.

(see attached POC)
on page 21B of 21
Jaw
5/26/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey, PCMA* Date *5-26-17*

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(Date)

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Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record does not indicate the actual time of evacuation in minutes and seconds for the following fire drills:

- On 5/31/16, at 9:27 a.m., the evacuation time was 7 minutes.
- On 6/21/16, at 10:29 p.m., the evacuation time was 2 minutes.
- On 8/1/16, at 2:09 p.m., the evacuation time was 6 minutes.
- On 9/20/16, at 3:14 p.m., the evacuation time was 4 minutes.
- On 10/31/16, at 6:08 a.m., the evacuation time was 3 minutes.
- On 11/28/16, at 10:58 p.m., the evacuation time was 4 minutes.
- On 12/9/16, at 8:30 p.m., the evacuation time was 5 minutes.
- On 1/15/17, at 6:27 p.m., the evacuation time was 3 minutes.
- On 2/2/17, at 10:03 a.m., the evacuation time was 2 minutes.

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 attached POC)
on Page 21B of 21
J. Alan

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca Tooney

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

Rebecca Tooney, PCH

Date 5-26-17

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The above plan of correction is approved as of

6/1/17
(Date)

Plan of correction implementation status as of

6/1/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

- Fully Implemented
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MAY 30 2017

Page 12 of 21

WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 65 Pa.Code §2600

2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

2a. DESCRIPTION OF VIOLATION

Five minutes is the home's maximum safe evacuation time as determined by a fire safety expert on 2/3/16. The home exceeded this time on the following fire drills:

- On 3/14/16, at 10:00 p.m., the evacuation time was 5 minutes 45 seconds.
- On 6/31/16, at 9:27 a.m., the evacuation time was 7 minutes.
- On 9/1/16, at 2:09 p.m., the evacuation time was 9 minutes.

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 attached POC)
on page 21B of 21
6/1/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey, PCH* Date *5-26-17*

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Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION
Not all residents in the home at the time of the following fire drills evacuated to a fire safe area or designated meeting place away from the building:
- On 9/1/16, at 2:09 p.m., there were 11 residents in the home; however, only 4 residents were evacuated.
- On 9/20/16, at 3:14 p.m., there were 15 residents in the home; however, only 7 residents were evacuated.
- On 10/31/16, at 6:08 a.m., there were 12 residents in the home; however, only 6 residents were evacuated.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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(see attached POC)
on page 213 of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Teaney*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Teaney, RCHA* Date *5-26-17*

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Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted on [redacted] 17. However, the resident's medical evaluation, signed by the physician on 1/24/17, does not include the date the in-person medical evaluation was completed.

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 attached POC)
On Page 21B of 21
on 6/1/17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toney, PCH* Date *5-26-17*

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Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

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 #7's last medical evaluation was completed on 1/11/16.

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.

(see attached POC)
On Page 21c of 21
5/16/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Rebecca Jooney

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

Rebecca Jooney, PCMH

Date 5-26-17

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Violation Report: 44833 - 03/01/2017 - Finner-Alman, Lisa
 PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pr.Code §2600
 2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
 The last date of the menus posted was 3/4/17. The following week's menu was not posted.

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 attached POC)
 on page 21c of 21
 of
 6/1/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rebecca Torrey, POAA</i>	Date <i>5-26-17</i>
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The above plan of correction is approved as of 6/1/17
 (Date)

Plan of correction implementation status as of 6/1/17
 (Date)

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

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

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Violation Report: 44833 - 03/01/2017 - Finner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #6 is prescribed Zofran 4mg, one tablet every six hours as needed, Bisacodyl 10mg, one suppository every three days as needed, and Milk of Magnesium 400mg/5ml, 30 ml every two days as needed. However, these medications were not available in the home for administration.

Resident #7 is prescribed Docusate Sodium 100mg, one capsule twice a day as needed. However, the medication was not available in the home for administration.

Resident #8 is prescribed Tylenol 325mg, two tablets every four hours as needed. However, the medication was not available in the home for administration.

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 attached POC)
On Page 21 c of 21
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6/1/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Torrey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Torrey, PCHM* Date *5-26-17*

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<p>The above plan of correction is approved as of <u>6/1/17</u> (Date)</p> <p>The above plan of correction was approved by <u><i>[Signature]</i></u> (Initials)</p>	<p>Plan of correction implementation status as of <u>6/1/17</u> (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input checked="" type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Page 18 of 21

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2800

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening form, dated [redacted] 17, for resident #8 does not include a determination that the needs of the resident can be met by the services provided by 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.

(see attached POC)
on page 21 c of 21

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Tammey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Tammey, RCH/A* Date *5-26-17*

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(Date)

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(Initials)

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44833 - 03/01/2017 - Finner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #6 was admitted to the home on [redacted] 17; however, an assessment was not completed.

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 attached POC)
on Page 20e of 21
5/4/17

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey, RCHA* Date *5-24-17*

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The above plan of correction is approved as of <u>6/1/17</u> (Date)	Plan of correction implementation status as of <u>6/1/17</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

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MAY 30 2017

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WEST REGION FIELD OFFICE
Human Services Licensing

Violation Report: 44833 - 03/01/2017 - Flinner-Alman, Lisa
PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 56 Pa.Code §2600
2600.227(a) - A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

2a. DESCRIPTION OF VIOLATION
Resident #6 was admitted to the home on [redacted] 17; however, a support plan was not completed.

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 attached POC)
On Page 21c of 21
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Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Rebecca Toomey RCHA* Date *5-26-17*

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 44833 - 03/01/2017 - Flinger-Alman, Lisa
 PCH Name: ST JOHN SPECIALTY CARE CENTER

1. REGULATION 55 Pa.Code §2600
 2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION
 Residents' support plans are inaccessible to direct care staff.

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 attached POC)
See Page 21c of 21
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6/1/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Rebecca Journey, PCHA</i>	Date <i>5-26-17</i>
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Plan of correction implementation status as of 6/1/17
 (Date)

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 (initials)

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- Not Implemented

St. John Specialty Care Center
Certificate/License #448330
Edgewood Grove Personal Care
Violation Report of May 16, 2017

- 6/1/17*
1. Violation of Regulation Code 55 Pa. Code §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.
 - a. The current violation report was immediately removed from the survey binder in the common area and placed on the bulletin board. This posting will be audited monthly for 3 months and the results will be reported in QAPI. See picture (Attachment #1) and audit tool attached (Attachment #2).
 2. Violation of Regulation Code 55 Pa. Code §2600.5(a) (1)-The administrator or designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.
 - a. Resident #3 and #7 records were located in Support Plan binder in closet behind the nurses' station. All resident support plans will now be kept in resident charts. This process will be audited monthly for 3 months and results reported in QAPI. See staff education (Attachment #3 and #4) and attached audit tool (Attachment #2)
 3. Violation of Regulation Code 55 Pa. Code §2600.51-Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).
 - a. All new hires and rehires in the past year, who are active, will be audited to ensure they were reviewed by the Director of HR prior to being filed.
 - b. Going forward the HR Director will audit to ensure every employee with a rehire/hire date of the previous month has been reviewed prior to filing.
 - c. All new and rehires will be placed on a spreadsheet for tracking purposes and monitored on a weekly basis during a meeting between the HR Director and HR Generalist. The spreadsheet columns will include all pre-employment items required by regulation and the dates received to ensure all documents are received prior to hire. A sample audit spreadsheet (Attachment #5) and criminal background check for Staff person B has been included (Attachment #6)
 4. Violation of Regulation Code 55 Pa. Code §2600.65(f)
 5. and (g)-Training topics for the annual training for direct staff care persons shall include: (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and (4.) The Older Adult Protective Services Act (35 P.S. §§ 10225.101-10225.5102).
 - a. Staff person C was educated on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan and The Older Adult Protective Services Act. Education will be provided upon hire and annually for all staff. Audit will be done monthly for 3 months and results reported in QAPI. See audit tool attached (Attachment #2), completed education (Attachment #7) and educational resource (Attachment #8).
 6. Violation of Regulation 55 Pa. Code §2600.85(d)-Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.
 - a. The partially filled uncovered trash in Shower Room #1 was immediately removed and a new receptacle was purchased that includes a covered lid. Audit will be conducted monthly for 3 months to ensure all trash receptacles in kitchens and bathrooms have covered lids. Results will be reported in QAPI. See attached photo (Attachment #10) and audit (Attachment #2).
- 6/1/17*
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Rebecca Lomney, PCMA

5-26-17

7. Violation of Regulation 55 Pa. Code §2600.91-Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.
 - a. Emergency telephone number was immediately posted in Staff person A's office. Audit of each telephone to ensure placement of emergency numbers will be audited monthly for 3 months and results reported in QAPI. See attached photo (Attachment #11) and audit (Attachment #2)
8. Violation of Regulation 55 Pa. Code §2600.123(b)-Copies of the emergency procedures as specified in §2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.
 - a. The binder was immediately removed from the bookshelf in the common area and placed on the end table for access. Audit will be conducted monthly for 3 months and results will be reported in QAPI. See attached photo (Attachment #12) and audit (Attachment #2)
9. Violation of Regulation 55 Pa. Code §2600.132(a),
10. (c), and
11. (d) – An unannounced fire drill shall be held at least once a month; A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative; Residents shall evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the time specified in writing within the past year by a fire safety expert.
 - a. The maintenance director and staff were educated to conduct fire drills monthly and to reflect both minutes and seconds for evacuation. Newly created fire drill check sheet to reflect minutes/seconds, fire drill fire set location/evacuation location grid, and number of residents not on the unit at time of fire drill. Audit will be conducted monthly for 6 months and results reported in QAPI to ensure compliance. See attached education (Attachment #13 and #14), copies of fire monthly drills with census reports (Attachment #15), new fire drill check sheet (Attachment #16) and monthly fire log (Attachment #17) and audit (Attachment #2).
 - b. Personal Care Home contacted the local Fire Chief and the fire evacuation/fire safe area designation time was revised to reflect a maximum safe evacuation time of 7 minutes for the home. See attached form (Attachment #18)
12. Violation of Regulation Pa. Code §2600.132(h)-residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.
 - a. Maintenance staff was educated to ensure that they capture/document residents that are off of the unit to reflect correct census. Audit will be conducted monthly for 6 months and results reported in QAPI to ensure compliance. See attached education (Attachment #13 and #14) and audit (Attachment #2)
13. Violation of Regulation Pa. Code §2600.141(a)[1]- A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.
 - a. Resident #6 medical evaluation was corrected to include the date the in-person medical evaluation was completed.
 - b. Personal care home admission tracker will be audited and will be conducted monthly for 3 months and the results will be reported in QAPI to ensure compliance. See attached for corrected medical evaluation (Attachment #19) and audit (Attachment #2)
14. Violation of Regulation Pa. Code §2600.141(b) (1) - A resident shall have a medical evaluation at least annually.

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a. Resident #7 medical evaluation was completed. Staff education completed on process. Audit of evaluations will be conducted monthly for 3 months and results reported in QAPI. See attached evaluation (Attachment #20), education (Attachment #21 and #9) and audit (Attachment #2).

15. Violation of Regulation Pa. Code §2600.162(c)- Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

6/1/17

a. The following week's menu was posted immediately. Dining Services Staff educated on regulation and compliance. Audit will be conducted by the Dining Services Director or designee weekly for 4 weeks and then monthly for 3 months and results will be reported in QAPI. See attached photo (Attachment #22), staff education (Attachment #23) and audit (Attachment #2).

16. Violation of Regulation of Pa. Code §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.

6/1/17

a. Resident #6 medication was reordered. Resident #7 medication was discontinued. Resident #8 medication was reordered. MAR/Med Cart audit will be conducted to ensure that all resident medications are ordered, delivered and reconciled. All PRN medications not used in 60 days physician will be notified and medication discontinued for non-usage. Audit will be conducted monthly for 3 months and results reports in QAPI. See attached audit (Attachment #25).

17. Violation of Regulation of Pa. Code §2600.224(a)- A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

6/1/17

a. Resident #8 preadmission screening form was corrected to reflect that the home made a determination that the needs of the residents can met by services provided by the home. Staff education completed and audit of screenings will be conducted monthly for 3 months and results reported in QAPI. See attached screening (Attachment #26) and education (Attachment #9 and #27).

18. Violation of Regulation of Pa. Code §2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may completed the initial assessment.

6/1/17

a. Resident #6 assessment was completed. Staff education completed and audit of resident assessments will be completed monthly for 3 months and reported in QAPI. See attached resident assessment (Attachment #28), staff education (Attachment #9 and #21) and audit (Attachment #2). *Immediately - The administrator will ensure all new residents have an assessment completed within 15 days of admission*

19. Violation of Regulation Pa. Code §2600.227(a)- A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

6/1/17

a. Resident #6 support plan was completed. Staff education completed and audit of support plans will be conducted monthly for 3 months and reported in QAPI. See attached completed resident support plan (Attachment #28), staff education (Attachment #9 and #29) and audit (Attachment #2). *Immediately - The administrator will ensure all new residents have a support plan completed within 30 days of admission.*

20. Violation of Regulation Pa. Code §2600.227(i) - The support plan shall be accessible by direct staff persons at all times.

6/1/17

a. Paper support plans will be included in the resident chart in addition to EHR system for accessibility. Staff education completed. Audit will be conducted monthly for 3 months to ensure compliance of accessibility. See attached staff education (Attachment #30) and audit (Attachment #2).

Rebecca Toomey, PCHA

Rebecca Toomey, PCHA

Date

5-26-17