



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUL 24 2017

Ms. Karen J. Haverilla,
Administrator
Haverilla Personal Care Home, Inc.
775 Stonetown Road
Rossiter, Pennsylvania 15772

RE: Haverilla Personal Care Home
License #: 427930

Dear Ms. Haverilla:


As a result of the Department of Human Services' annual licensing inspection on March 9, 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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

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

PCH Name: HAVERILLA PERSONAL CARE HOME		License Number: 42793
Address: 775 STONETOWN ROAD, ROSSITER, PA 15772		County: Indiana
Administrator: KELLI HAVERILLA		Region: WEST
Legal Entity Name: HAVERILLA PERSONAL CARE HOME INC		
Legal Entity Address: 775 STONETOWN ROAD, ROSSITER, PA 1577		RECEIVED
Certificate(s) of Occupancy SOBH 07/28/1977 PA L&I		MAY 13 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 23	Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 03/09/2017: Bartlett, Patricia; Hoover, Josh		
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: 24 Number of Residents Served: 23 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0		Number of Residents who: Receive Supplemental Security Income: 22 Are 60 Years of Age or Older: 11 Have Mental Illness: 23 Have an Intellectual Disability: 0 Have a Mobility Need: 0 Have a Physical Disability: 1

Violation Report: 42793 - 03/09/2017 - Bartlett, Patricia
PCH Name: HAVERILLA PERSONAL CARE HOME

MAY 18 2017

1. REGULATION 55 Pa.Code §2600
2600.25(c)(4) - The contract shall specify the party responsible for payment.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION
Resident #1's contract, dated [redacted] 16, does not indicate the party responsible for payment. The section is blank.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To correct this violation, this section of Resident #1's contract was completed immediately after the inspection by [redacted].

To be sure this violation, or a similar does not reoccur, we now have a policy to never put an incomplete Contract away into the Resident folder, and to do periodic reviews of Resident folders by [redacted].

The administrator has reviewed all current resident contracts for accuracy and completeness. *5-17-17*

Immediately: The administrator shall review all resident contracts within 24 hours of admission for accuracy and completeness. *5-17-17*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Karen Haverilla, administrator.*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Haverilla* Date *5-9-17*

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

The above plan of correction is approved as of <u>5-17-17</u> (Date)	Plan of correction implementation status as of <u>5-17-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress ✓ <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 42793 - 03/09/2017 - Bartlett, Patricia

PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.25(c)(11) - The contract shall include a list of personal care services to be provided to the resident based on the outcome of the resident's support plan, a list of the actual rates that the resident will be periodically charged for food, shelter and services and how, when and by whom payment is to be made.

2a. DESCRIPTION OF VIOLATION

Resident #1's contract, dated [redacted] 16, does not indicate the actual rates that the resident will be periodically charged for food, shelter, and services. This section of the contract was blank.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To correct this violation, Resident 1's Contract was completed by [redacted] immediately after the inspection. This Contract was put away to be completed later and then forgotten about. To be sure this violation does not reoccur, we now have a policy to never put a Contract into a folder until it is completed, and to do periodic Resident Folder Reviews, by [redacted]

The administrator has reviewed all current resident contracts for accuracy and completeness.

Immediately: The administrator shall review all resident contracts within 24 hours of admission for accuracy and completeness.

5-17-17
5-17-17y

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Hawella, administrator* Date *5-9-17*

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Violation Report: 42793 - 03/09/2017 - Bartlett, Patricia
PCH Name: HAVERILLA PERSONAL CARE HOME

MAY 13 2017

1. REGULATION 55 Pa.Code §2600
2600.103(d) - Food shall be stored off the floor.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

There was a cardboard box with approximately 30 potatoes on the floor of the "candy room".

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

To correct this violation, [redacted] immediately put the box of potatoes back up on the shelf where it belonged, during the inspection.
In order to prevent a recurrence of this, or a similar violation, the entire staff has been reminded that this is a violation & the regulation, 2600.103(d) was reviewed by all. A copy of the regulation has been posted in the "candy room" where the violation occurred.

Immediately: The administrator or a designee shall check all for storage areas at least weekly to ensure food is stored off of the floor.

5-17-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Karen J Haverilla*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen J Haverilla, administrator* Date *5-8-17*

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Violation Report: 42793 - 03/09/2017 - Bartlett, Patricia PCH Name: HAVERILLA PERSONAL CARE HOME	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 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 home's fire drill record did not include information as required as follows:

- * 5/1/16 at 1:40 PM - The amount of time to evacuate
- * 6/30/16 at 1:28 - The amount of time to evacuate and the actual time of the fire drill. The time was not indicated as a.m. or p.m.
- * 7/4/16 at 1:23 - The amount of time to evacuate and the actual time of the fire drill. The time was not indicated as a.m. or p.m.

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.

To correct this violation, new copies of the "Fire Drill Record" form were made. By continuing to use the same form, even after all the blocks were full, [redacted] inadvertently did not record the amount of time to evacuate. He also overlooked the AM or PM distinction on the time of day. So, in order to prevent this, or a similar violation in future, [redacted] will always keep new copies of the "Fire Drill Record" on hand and will always completely + accurately fill in the form when conducting the fire drills, to insure compliance in the future. A copy of the form that will be used is included.

Immediately: The administrator shall review the fire drill record monthly to ensure an unannounced fire drill is conducted at least once a month and is documented on a fire drill record which includes all information required by 2600.132c.

Signature

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Karen J Haverilla</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>Karen J Haverilla, administrator</i>	<i>5-8-17</i>

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Violation Report: 42793 - 03/09/2017 - Bartlett, Patricia
 PCH Name: HAVERILLA PERSONAL CARE HOME

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 #1's initial medical evaluation was dated [redacted] 16. However, the medical evaluation was not signed by a physician, physician's assistant or nurse practitioner. The medical evaluation did not include a medication regimen. The document indicates see attached. There is no attachment.

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

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Resident #1's DME dated [redacted] 16 was not signed by the physician & the med list was not attached, as stated. However, the medical evaluation dated [redacted] 16 was signed and the medications listed. So, to correct this violation, we showed it to the Dr. on [redacted] first visit after the inspection. He reviewed the documents and determined that everything was in order & signed the DME. We then attached a copy of the MAR to the DME. After notifying the Dr. of this oversight, he assured us that he will be careful to not repeat this. We also will review all documents before the Dr. leaves to be sure they are complete & we will attach med lists when the medications are not filled in. This plan to recheck documents will insure that this violation will not occur again.

The administrator has reviewed all of the current resident medical evaluation form for accuracy and completeness.

Immediately: The administrator or designated staff person will review all the documentation of all resident medical evaluation to ensure accuracy and completion. *5-17-17*

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Karen Haverilla, administrator* Date *5-9-17*

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Violation Report: 42793 - 03/09/2017 - Bartlett, Patricia
PCH Name: HAVERILLA PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

Resident #2's annual medical evaluation, dated 12/14/16, does not include a medication regimen. The document indicates see attachment. However, there is no attachment.

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.

To correct this violation, on 3-10-17 [redacted] attached a copy of Resident #2's MAR to [redacted] DME dated 12-14-16

To insure this violation does not reoccur, all documents from the Dr. will be reviewed to be sure all required info is included.

The administrator has reviewed all of the current resident medical evaluation form for accuracy and completeness.

Immediately: The administrator or designated staff person will review all the documentation of all resident medical evaluation to ensure accuracy and completion. 5-17-17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Karen Haverilla administrator* Date *5-9-17*

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

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

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

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

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