



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 24 2017

Ms. Marcia Houston,  
Administrator  
Roger & Marcia Houston  
93 Dayspring Lane  
Morrisdale, Pennsylvania 16858

RE: Dayspring Personal Care Home  
License #: 301870

Dear Ms. Houston:

As a result of the Department of Human Services' annual licensing inspection on March 16, 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: DAYSPRING PERSONAL CARE HOME		License Number: 30187
Address: 93 DAYSPRING LANE, MORRISDALE, PA 16858		County: Clearfield
Administrator: Marcia Houston		Region: WEST
Legal Entity Name: ROPER & MARCIA HOUSTON		
Legal Entity Address: 93 DAYSPRING LANE, MORRISDALE, PA 16858		
Certificate(s) of Occupancy C-2 LP 07/14/2005 Labor & Industry		<b>RECEIVED</b>  MAY 08 2017  WEST REGION FIELD OFFICE Human Services Licensing
<b>Staffing Hours</b>		
Resident Support: N/A	Total Daily Staff: 8	Waking Staff: 6
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/16/2017: Park, Beth; Summers, Vicky		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 13 Number of Residents Served: 7 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	<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 7 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 1 Have a Physical Disability: 0	

MAY 03 2017

Violation Report: 30187 - 03/16/2017 - Park, Beth  
PCH Name: DAYSPRING PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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

2a. DESCRIPTION OF VIOLATION

At 9:35 AM, the licensing inspection summary, dated 2/25/16, along with the resident privacy coding document was posted on the bulletin board across from the kitchen preparation area. The names of residents #4 and #5 were included in the privacy coding.

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 PRIVACY Coding document was immediately removed from the bulletin board.

Special attention will be given to any documents being placed on the bulletin board to ensure the privacy of all residents.

Within 15 days of receipt of the plan of correction: a designated staff person will check the home daily to ensure all resident records, including privacy coding documents from licensing inspection summaries are kept confidential in accordance with regulation 2600.17. J.W. 5/19/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Marcia Houston*

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

Marcia Houston

Date 05-04-17

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

The above plan of correction is approved as of 5/19/17  
(Date)

Plan of correction implementation status as of 5/19/17  
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *J.W.*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 30187 - 03/16/2017 - Park, Belh  
 PCH Name: DAYSPRING PERSONAL CARE HOME

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 #5's lamp could not be reached from 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.

The night stand in resident #5's room was repositioned to ensure that it could be reached from the bed. More attention will be given by all staff to be sure that it is positioned within easy reach. Also the cleaning staff was reminded that if furniture is moved for cleaning that the position placement is close enough to ensure easy reach.

Within 15 days of receipt of the plan of correction: a designated staff person will check resident bedrooms, at least weekly, to ensure each resident has an operable lamp or other source of lighting that can be turned on/off from bedside. JN. 5/19/17

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marcia Houston</i>	Date <i>5-4-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>5/19/17</u> (Date)	Plan of correction implementation status as of <u>5/19/17</u> (Date)
The above plan of correction was approved by <u>JN.</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>JN.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

MAY 08 2017

Violation Report: 30187 - 03/16/2017 - Park, Beth  
PCH Name: DAYSPRING PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600  
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION  
The last fire drill conducted during sleeping hours was on 8/14/16.

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.

After it was brought to the attention of the Administrator that a sleep hour fire drill was missed in February, one was held on March 23, 2017 and documented on the records. Attention by the Administrator will be given to ensure one is held every six months.

Immediately: the administrator will monitor the fire drill record at least monthly to ensure a sleeping hours fire drill is conducted at least once every 6 months. *JW. 5/19/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page) *Marcia Houston*

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

Date *5-4-17*

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The above plan of correction is approved as of *5/19/17*  
(Date)

Plan of correction implementation status as of *5/19/17*  
(Date)

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

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

MAY 08 2017

Violation Report: 30187 - 03/16/2017 - Park, Beth  
PCH Name: DAYSPRING 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 medical evaluation, dated 10/26/16, does not include the resident's height.

Resident #3's medical evaluation, dated 8/11/16, does not include the resident's height or weight.

Resident #4's medical evaluation, dated 6/28/16, was not completed in its entirety. The form does not include the resident's height, weight, pulse rate, blood pressure, temperature, special health or dietary needs, immunization history, body positioning/movement, health status or cognitive functioning.

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

A letter was composed to be sent along with the DME papers when a resident goes to the doctor. This letter (see attached) requests the doctor to give special attention to ensure that all information is included on the DME.

The Administrator will closely review the DME's when they are returned to this facility from the doctor's office to ensure that all information is included. If information is missing, the doctors office will be contacted to correct the situation.

*Resident #2 & #4's medical evaluations were updated to include the missing information. Resident #3 is no longer a resident of the home. DW. 5/16/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Marcia Houston*

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

*Marcia Houston*

Date

*5-4-17*

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*5/19/17*  
(Date)

Plan of correction implementation status as of

*5/19/17*  
(Date)

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

The above plan of correction was approved by

*DW*  
(Initials)

Violation Report: 30187 - 03/16/2017 - Park, Beth  
 PCH Name: DAYSPRING PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION  
 At 9:45 AM, the medication cart, which contained medications for several residents including residents #4 and #5, was unlocked and unattended in the kitchen preparation area.

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

When a staff member saw the situation of the med cart being unlocked, it was immediately locked. The staff member who was responsible was informed right away and was reminded that it can never be left unlocked or unattended.

A reminder was given to all staff members of the importance of the med cart always being locked when not in use. *Documentation of staff education shall be kept.*

Reminders will be given periodically by the administrator to staff of the importance of keeping the med cart locked when not being used. *pu. 5/19/17*

*Immediately: a designated staff person will check the medication cart daily, on each shift, to ensure all medications are kept locked and inaccessible to residents and visitors. pu. 5/19/17*

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Marcia Houston* Date *5-4-17*

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 (Date)

Plan of correction implementation status as of 5/19/17  
 (Date)

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

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

Violation Report: 30187 - 03/16/2017 - Park, Beth  
PCH Name: DAYSPRING PERSONAL CARE HOME

WEST REGION FIELD OFFICE  
Human Services Licensing

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

The assessment for resident #1, admitted on [redacted] 16, does not include the date it was finalized.

The assessment for resident #2, admitted on [redacted] 16, does not include the date it was finalized. Also, the assessment does not include diagnoses of atrial fibrillation, congestive heart failure, diabetes, and chronic kidney disease stage 3 as indicated on the resident's medical evaluation, dated [redacted] 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.

For resident #1, the date the administrator signed the assessment was used for the finalized date. (See attached)

For resident #2, the date the administrator signed the assessment was used for the finalized date. (See attached). Diagnoses were added to the assessment page (see attached)

Special attention is required by the person completing the form to be sure all information is included.

All records must be double checked by the administrator to ensure that all information is complete before signing.

*Within 30 days of receipt of the plan of correction: all staff persons responsible for completing assessments will receive education concerning the accuracy and completion of the form, including the date it was finalized. Documentation of the education shall be kept. JW. 5/19/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Marcia Houston*

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

*Marcia Houston*

Date

*5-4-17*

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*5/19/17*  
(Date)

Plan of correction implementation status as of

*5/19/17*  
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *JW.*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

*JW.*  
(Initials)

Violation Report: 30187 - 03/16/2017 - Park, Beth  
PCH Name: DAYSPRING PERSONAL CARE HOME

WEST PENNSYLVANIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

An assessment for resident #3 was completed on 2/16/16. Another assessment was completed; however, it does not include the date the assessment was finalized. Also, the assessment does not include a diagnosis of Parkinson's disease as indicated on the resident's medical evaluation, dated 8/11/16.

An assessment for resident #4 was completed on 7/10/15. Another assessment was completed; however, it does not include the date the assessment was finalized.

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.

For resident #3, the date the administrator signed the assessment was used for the finalized date (see attached). The diagnosis of Parkinson's was added to the assessment (see attached)

For resident #4, the date the administrator signed the assessment was used as the finalized date (see attached)

Special attention is required by the person completing the form to be sure all information is included.

All records must be double checked by the administrator to ensure that all information is complete before signing.

*Within 30 days of receipt of the plan of correction: all staff persons responsible for completing assessments will receive education concerning the accuracy and completion of the form, including the date it was finalized. Documentation of education shall be kept. MCH 5/19/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Marcia Houston*

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

*Marcia Houston*

Date

*5-4-17*

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*5/19/17*  
(Date)

Plan of correction implementation status as of

*5/19/17*  
(Date)

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

The above plan of correction was approved by

*MCH*  
(Initials)

MAY 08 2017

Violation Report: 30187 - 03/16/2017 - Park, Beth  
PCH Name: DAYSPRING PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE  
Human Services Licensing

1. REGULATION 55 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

The support plan for resident #1, admitted on [redacted] 16, does not include the date it was finalized.

The support plan for resident #2, admitted on [redacted] 16, does not include the date it was finalized.

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.

For resident #1 the date the administrator signed the assessment was used for the finalized date (see attached).

For resident #2, the date the administrator signed the assessment was used for the finalized date (see attached).

Special attention is required by the person completing the form to be sure all information is included.

All records must be double checked by the administrator to ensure that all information is complete before signing.

*Within 30 days of receipt of the plan of correction: all staff persons responsible for completing support plans will receive education concerning the accuracy and completion of the form, including the date it was finalized. Documentation of the education shall be kept. JW. 5/19/17*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
(Required on EVERY Page)

*Marcia Houston*

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

*Marcia Houston*

Date

*5-4-17*

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*5/19/17*  
(Date)

Plan of correction implementation status as of

*5/19/17*  
(Date)

The above plan of correction was approved by

*MH*  
(Initials)

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

Violation Report: 30187 - 03/16/2017 - Park, Beth  
 PCH Name: DAYSPRING PERSONAL CARE HOME

WEST VIRGINIA FIELD OFFICE  
 Human Services Licensing

**1. REGULATION 55 Pa.Code §2600**  
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

**2a. DESCRIPTION OF VIOLATION**  
 Resident #3's assessment, signed on 8/11/16, includes diagnoses of anxiety, depression, dementia and psychosis; however, the resident's support plan, signed on 8/11/16, does not address the services the home will provide regarding these diagnoses.

**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.*

For the support plan for resident #3, the following was added:

Staff to watch for unusual behavior, contact doctor if any significant changes. (see attached)

Special attention is required by the person completing the form to be sure all information is included.  
 All records must be double checked by the administrator to ensure that all information is complete before signing.

*Within 15 days of receipt of the plan of correction: the administrator will review all support plans to ensure they are accurate and complete, including the services that will be provided for all identified needs. JW. 5/19/17*

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Marcia Houston</i>	Date <i>5-4-17</i>
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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