



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 14 2017

Ms. Terushia Jackson,  
Administrator  
Rebecca's Personal Care Home, Inc.  
118 Masters Avenue  
Everett, Pennsylvania 15537

RE: Rebecca's at Everett  
License #: 324070

Dear Ms. Jackson:

As a result of the Department of Human Services' annual licensing inspections on March 30, 2017 and July 18, 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: 32407 - 03/30/2017 - Palermo, Michael  
 PCH Name: REBECCA'S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

**2a. DESCRIPTION OF VIOLATION**

The contract for Resident #1 was not signed by the resident.

**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 the violation listed above (2600.25(b)) I had Resident #1 place a marking to the best of the resident's ability on the contract and I signed as the witness to the marking.

The administrator is conducting an audit of all current + contracts to ensure compliance and that all required signatures are present.

In the future the administrator will use a checklist for all new admission to ensure all paperwork is signed and completed by residents and/or designated person.

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) <i>Terushia Jackson, Administrator</i>	Date <i>7/18/17</i>
---	---------------------

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

The above plan of correction is approved as of 7-20-17 (Date)

Plan of correction implementation status as of 7-20-17 (Date)

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

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

Violation Report: 32407 - 03/30/2017 - Palermo, Michael  
 PCH Name: REBECCA'S AT EVERETT

**1. REGULATION 55 Pa.Code §2600**

2600.26(b) - The quality management plan shall address the periodic review and evaluation of the following:

- (1) The reportable incident and condition reporting procedures.
- (2) Complaint procedures.
- (3) Staff person training.
- (4) Licensing violations and plans of correction, if applicable.
- (5) Resident or family councils, or both, if applicable.

**2a. DESCRIPTION OF VIOLATION**

The home has not had a quality management review during the last twelve months.

**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.

*Periodic quality management meetings will be held and lead by the administrator. These meetings will be at least quarterly, beginning on 5/19/17*

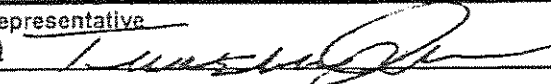
*A detailed list of all areas covered during the meeting will be documented and kept with staff training schedule.*

*Scheduling the meeting during regular staff meetings will ensure that all staff are present for quality management meetings.*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)



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

*Terushia Jackson, Administrator*

Date *7/18/17*

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

The above plan of correction is approved as of 7-20-17  
 (Date)

Plan of correction implementation status as of 7-20-17  
 (Date)

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

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

Violation Report: 32407 - 03/30/2017 - Palermo, Michael  
 PCH Name: REBECCA'S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
 2600.64(c) - An administrator shall have at least 24 hours of annual training relating to the job duties.

2a. DESCRIPTION OF VIOLATION  
 Staff Person A, the home's administrator, completed only 16 hours of annual training in training year 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.

To correct the violation listed above (2600.64(c)) the administrator has purchased training to be done online. The website is Institute for Professional Care Education. The administrator will also be taking the Medication Train the trainer course in Sept along with my diabetes education and CPR and first aid. Training hours will total at least 32 hours during 2017.

For future reference, I will have my own training schedule

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

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

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Terushia Jackson, Administrator*      Date *7/18/17*

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

The above plan of correction is approved as of <u>7-20-17</u> (Date)	Plan of correction implementation status as of <u>7-20-17</u> (Date)
The above plan of correction was approved by <u>gc</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: 32407 - 03/30/2017 - Palermo, Michael  
 PCH Name: REBECCA'S AT EVERETT

**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**

Staff Person B did not receive training in any of the required topics of this regulation during training year 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.

The administrator added ancillary staff to direct care staff training schedule. This will ensure that ancillary staff are aware and present for all required meetings.

██████████ is no longer an employee of the home. ██████████ is our other kitchen staff member. ██████████ has been updated on required trainings. Fire safety and Emergency preparedness will be held in Sept 2017.

A copy of training schedule will be attached.

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

Signature of Legal Entity Representative  
 (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) Terushia Jackson Admin      Date 7/18/17

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

The above plan of correction is approved as of <u>7-20-17</u> (Date)	Plan of correction implementation status as of <u>7-20-17</u> (Date)
The above plan of correction was approved by <u>BE</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: 32407 - 03/30/2017 - Palermo, Michael  
PCH Name: REBECCA'S AT EVERETT

1. REGULATION 55 Pa.Code §2600  
2600.82(c) - Poisonous materials shall be kept locked and inaccessible to residents unless all of the residents living in the home are able to safely use or avoid poisonous materials.

2a. DESCRIPTION OF VIOLATION  
Two 16 ounce bottles of "100% Acetone" nail polish remover with a manufacturer's label indicating, "If ingested, call poison control center immediately," were found in an unlocked cabinet in the Beauty salon, which was accessible to residents. All residents of the home have not been assessed capable of recognizing and using poisons safely.

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

All poisonous items have been removed from the beauty salon and locked in the staff room.

A note has been posted on the door of the salon explaining that all chemicals and/or beauty products can not be left in the salon if it is unlocked. The products should be given to staff to be locked in the staff room if it is to be left for the resident to use.

In the administrator's daily walk thru of the home the salon will be checked to ensure nothing hazardous is accessible.

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) *Terushia Jackson*      Date *7/18/17*

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

The above plan of correction is approved as of 7-20-17  
(Date)

Plan of correction Implementation status as of 7-20-17  
(Date)

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

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

Violation Report: 32407 - 03/30/2017 - Palermo, Michael  
 PCH Name: REBECCA'S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION  
 The home uses a house glucometer for blood glucose testing when residents are out of their supply of test strips. On 3/28/17 at 6:42 am, the house glucometer was used to test the blood sugar reading of Resident #4. A measurement of 151, which corresponded with the documented reading on Resident #4's medication administration record was found on the house glucometer, in addition to other readings. The measurement of 151 was not found on Resident #4's designated glucometer.

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 house glucometer was disposed of immediately. The medication technicians were brought together for a meeting with the administrator. The policy for glucometers was gone over. Making them aware of why residents must use their own meters and strips. If a resident runs out of test strips and do not have a back up the med tech must order strips for the resident from the home's pharmacy at the residents expense.*

*The administrator will perform weekly reading checks on records. The review will be documented on the Blood sugar readings form and signed by the administrator. This will ensure compliance in regards to only using the residents meter on them.*

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) <i>Terushia Jackson Administrator</i>	Date <i>7/18/17</i>
---	---------------------

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

The above plan of correction is approved as of <u>7-20-17</u> (Date)	Plan of correction implementation status as of <u>7-20-17</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: 32407 - 03/30/2017 - Palermo, Michael  
 PCH Name: REBECCA'S AT EVERETT

1. REGULATION 55 Pa.Code §2603  
 2600.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

A white post and picket fence, approximately four feet in height was unfinished and loosely anchored in the ground. An opening between the unfinished fence and the building, approximately three feet wide, led to a five foot drop to a gravel pathway, posing a significant hazard to residents of the home.

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

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

The fence post was reinforced and the opening has been closed off with chain link fencing. A photo is attached with this violation showing repairs.

During our quarterly quality management meetings the fence will be checked to ensure the safeguards are holding up and not posing any hazards to the residents of the home.

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) *Terushia Jackson Admin* Date *6/12/17*

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

The above plan of correction is approved as of 7-20-17  
 (Date)

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

Plan of correction Implementation status as of 7-20-17  
 (Date)

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

Violation Report: 32407 - 03/30/2017 - Palermo, Michael  
 PCH Name: REBECCA'S AT EVERETT

1. REGULATION 55 Pa.Code §2503  
 2300.101(e) - The bedrooms must have walls, floors and ceilings, which are finished, clean and in good repair.

2a. DESCRIPTION OF VIOLATION  
 In the home's laundry room, the suspended ceiling was missing two large 2 X 4 panels, exposing pink fiberglass insulation. Directly below was a large table for processing laundered clothing. Also, several other panels were water-stained and/or bowed over the clean, folded blankets.

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 laundry room tiles have been replaced with new tiles and the blankets rewashed to ensure no materials from the insulation is on the blankets.  
 A photo of the tiles replaced is attached to this violation  
 We have purchased additional tiles to keep in storage in case any become damaged in the future.

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      Date  
 (Required on EVERY Page) *Lecushia Jackson Admin*      *6/12/17*

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

The above plan of correction is approved as of <u>7-20-17</u> (Date)	Plan of correction implementation status as of <u>7-20-17</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 32407 - 03/30/2017 - Palermo, Michael  
 PCF Name: REBECCA'S AT EVERETT

**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 was admitted on [redacted] 17. The medical evaluation was completed on 11/3/16, more than 60 days prior to admission.

**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 prevent this from happening in the future all potential resident must make a new appointment with their physician and have a physical prior to acceptance into the facility. This will ensure all time sensitive forms are completed within the guidelines.*

*The resident's medical evaluation was not able to be redone within the regulation timeframe. We will ensure all future residents have an exam done prior to admission which would put the exam within the timeframe of the guidelines.*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Leticia Jackson Admin</i>	Date <i>6/12/17</i>
--	---------------------

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

The above plan of correction is approved as of 7-20-17  
 (Date)

Plan of correction implementation status as of 7-20-17  
 (Date)

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

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

Violation Report: 32407 - 03/30/2017 - Palermo, Michael  
PCH Name: REBECCA'S AT EVERETT

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

2a. DESCRIPTION OF VIOLATION  
The medical evaluation for Resident #5, dated 7/7/16, does not include height, weight or temperature.  
The medical evaluation for Resident #6, dated 4/21/16, does not include the birthdate and the medication regimen.

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 I now do my own vitals for the DME form if the physician does not fill it out. I also ask the physician to send a copy of the resident's current medication list along with the form.

Each medical evaluation will be reviewed by the Administrator to ensure that all required information is captured. -BE

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

Signature of Legal Entity Representative  
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative  
(Required on EVERY Page)      Date 6/12/17

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

The above plan of correction is approved as of 7-20-17  
(Date)

The above plan of correction was approved by  
(Initials)

Plan of correction implementation status as of 7-20-17  
(Date)

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