



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Mailing Date: May 16, 2017

Ms. Carolyn Arotin,
Owner/Administrator
Arotin's Hummingbird Estate Inc.
400 Park Avenue
Patton, Pennsylvania 16668

RE: Arotin's Hummingbird Estate
Certificate #: 333070

Dear Ms. Arotin:

As a result of the Department of Human Services' licensing inspection on April 19, 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.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett Swanger".

Brett Swanger
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason
 PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.66(b) - The plan must include training aimed at improving the knowledge and skills of the home's direct care staff persons in carrying out their job responsibilities. The staff training plan must include the following:

- (1) The name, position and duties of each direct care staff person.
- (2) The required training courses for each staff person.
- (3) The dates, times and locations of the scheduled training for each staff person for the upcoming year.

2a. DESCRIPTION OF VIOLATION

The home's staff training plan does not include the name, position and duties of each direct care staff person, the required training courses for each staff person or the dates, times and locations of the scheduled training for each staff person for the upcoming year. In addition, all of the topics required under this chapter are not included in the home's 2017 training plan.

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 Page 2A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Arotin Administrator* Date *5-11-17*

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

The above plan of correction is approved as of 5/16/17
 (Date)

Plan of correction implementation status as of 5/16/17
 (Date)

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

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

AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.66(b)

All training listed will be at the Arotin's Hummingbird Estate, 400 Park Ave., Patton, PA, at 2:30 pm., on dates listed.

All training conducted will be 30 minutes to 1 hour long (length will be documented).

Training Source Instructors: (Resta) Nursing Agency and [REDACTED]
[REDACTED] Administrator Arotin's Hummingbird Estate.

Content of Course Title:

More training may be added as needed or repeated.

Attached Record of Training 55 Pa Code 2600.65(i) "Staff Training Plan".

In the future we will use the required training (attached) and the Record of Training 55 Pa Code 2600.65(i).

* The home completed and has implemented a 2017 Training schedule.
BBS
5/16/17

Carolyn Arotin
5-11-17

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason
 PCH Name: AROTIN S HUMMINGBIRD ESTATE

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

2a. DESCRIPTION OF VIOLATION

On 4-19-17 at approximately 2:30pm, staff person A was preparing to inventory resident 1's *Hydrocodone Apap 10 - 325 mg* tablets. Staff person A failed to use sanitary practices as evidenced by pouring the tablets into an ungloved hand to count them.

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 page 3A

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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Arotin Administrator* Date *5-11-17*

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The above plan of correction is approved as of <u>5/16/17</u> (Date) The above plan of correction was approved by <u>BAS</u> (Initials)	Plan of correction implementation status as of <u>5/16/17</u> (Date) <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
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AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.85(a)

Staff person A and the entire medication staff have been retrained on the use of sanitary practices. Including the handling, distribution, and storage of medications. A review why you use gloves, wash hands, sanitize your work area, putting on and taking off gloves and proper hand washing was conducted.

Attached training records.

Medication staff will be monitored by Med Trainer. PRN specifically on sanitary procedures and documented.

Form attached and training information used.

Carolyn Arot
5-11-17

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason
PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.133(a)(2) - If the home serves nine or more residents, if the exit or way to reach the exit is not immediately visible, access to exits shall be marked with readily visible signs indicating the direction to travel.

2a. DESCRIPTION OF VIOLATION

The hallway containing bedrooms 5, 6, 7 and 8 does not have a direct visual line to the nearest exit. There are no exit signs marking the line of travel to the exits. On 4-19-19, the home served nine residents.

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 page 4A

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Carolyn Arotin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carolyn Arotin Administrator* Date *5-11-17*

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AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.133(a)(2)

Have ordered exit sign w/arrow to show the line to travel to the exits. All exits in the building are readily visible indicating the direction to travel.

Temporary homemade sign has been posted. When ordered sign is received it will be immediately posted.

Carolyn Arot
5-11-17

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason
 PCH Name: AROTIN S HUMMINGBIRD ESTATE

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

The home has four residents that receive blood sugar testing. The home has not implemented procedures for the use of medical equipment as evidenced by multiple blood glucose readings documented on the home's medication administration records (accucheck & insulin logs) that do not appear as measurements on the residents' glucometers. This includes:

Resident #1's morning reading of 141 on 4-12-17 as documented by staff B.

Resident #4's morning reading of 141 on 4-14-17 as documented by staff B.

Resident #4's evening reading of 155 on 4-18-17 as documented by staff C.

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 Page 5A

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Arotin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Arotin Administrator* Date *5-11-17*

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AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.185(a)

An RN from a nursing agency came in on 5/3/17, to review with all the medication staff; the procedures for safe storage, access, security, distribution and use of medications and medical equipment.

I intend to use the information from this training for new staff as needed.

Attached is a sheet we are now using to check the glucometers daily for the next three weeks. Then we will go down to weekly checks. This will show staff the importance of keeping accurate records and using medical equipment properly.

Attached training information used.

Carolyn Arot
5-11-17

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason
 PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The home's master key does not include the printed full names of staff administering medications.

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 Page 6A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carolyn Crest

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

Carolyn Arotin - Administrator

Date *5-11-17*

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 (Initials)

AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.187(a)

Attached new master key for the medication log book.

All medication staff have printed, signed and initialed their names.
Anyone new; doing medications will do so in the future.

Carolyn Aust
5-11-17

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason
 PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident 2 receives blood sugar testing 4 times per day. A comparison of 22 readings stored on the resident's glucometer was made with readings documented on the accucheck & insulin log. 15 of the readings matched exactly, 1 reading was stored in the glucometer but not recorded on the accucheck & insulin log and the remaining 6 readings were transcribed incorrectly. The errors included:

- 4-15-17 at 8am 142 recorded instead of 140 by staff B
- 4-16-17 at 8am 148 recorded instead of 135 by staff B
- 4-17-17 at 8am 136 recorded instead of 146 by staff B
- 4-18-17 at 11am 214 recorded instead of 213 by staff A
- 4-18-17 at 8am 127 recorded instead of 124 by staff B
- 4-19-17 at 8am 135 recorded instead of 133 by staff A

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 page 7A

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Signature of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Crest*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Carolyn Crest Administrator* Date *5-12-17*

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 (Date)

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

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AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.187(b)

Staff ABC reviewed the importance of documenting medications at the time it is administered.

Attached documentation training.

In the future all new and old med staff will be trained annually and prn the importance of documenting immediately the medication(s) administered.

* The administrator, or designated staff member, will review the glucometers and Medication Administration documentation daily for the next three weeks. Any documentation errors will be immediately addressed with the responsible staff member.

BAS
5/16/17

Carolyn Costa
5-12-17

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason

PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

On 4-16-17 at 8am, Resident 3's blood sugar measured 152 and 2 units of Novolog insulin were administered. The blood sugar reading called for only 1 unit of insulin according to the following sliding scale prescribed for the resident:

- 81 - 149 = 0 units
- 150 - 180 = 1 unit
- 181 - 220 = 2 units
- 221 - 280 = 3 units
- 261 - 300 = 4 units
- 301 - 340 = 5 units

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

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See Page 8A

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Carolyn Aron Administrator* Date *5-12-17*

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AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.187(d)

An RN from a nursing agency came in on 5/3/17, to review with all the medication staff the importance of following directions of the prescriber.

The med training will do sporadic checks on different med staff.

The medication error was found on 4/19/17 and reported to DHS, family, resident and doctor (attached).

* The administrator, or designated staff member, will review the glucometers and medication Administration Records on daily basis for the next three weeks. Any medication errors will be immediately reported and addressed with the responsible staff person.

BAS
5/16/17

Carolyn Arot
5-12-17

Violation Report: 33307 - 04/19/2017 - McCloskey, Jason
 PCH Name: AROTIN S HUMMINGBIRD ESTATE

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 initial assessment for Resident 3, admitted [REDACTED] 17, was completed on 2-13-17.

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 Page 9A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Carolyn Aron

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

Carolyn Aron Administrator

Date 5-11-17

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 (Date)

The above plan of correction was approved by BAS
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- Partially Implemented - Inadequate Progress
- Not Implemented

AROTIN'S HUMMINGBIRD ESTATE
PCH

Regulation 55 Pa Code 2600.225(a)

All assessments have been reviewed for dates that are within 15 days of admission.

In the future dates will be reviewed before the time period of 15 days to make sure that they are accurate. Checks will be done by the persons that do assessments and support plans in the facility.

Carolyn Arab
3-11-17