



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: September, 2017

Ms. Andrea L. Stone
President
Personacorp Inc.
86 Main Street
Stouchsburg, Pennsylvania

RE: Liberty Square Personal Care
License #: 205720

Dear Ms. Stone:

As a result of the Department of Human Services' licensing inspection on May 17, 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20572 - 05/17/2017 - Novak, Ryan
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed atorvastatin 40mg on 4/14/17 at 8pm, the home did not submit an incident report to the Department regarding the medication error.

Resident #1 has an order for blood glucose readings twice daily before breakfast and dinner. Blood glucose readings were not completed on 4/1, 4/3 at breakfast, 4/11 at dinner, 4/13 at dinner, from 4/14 at dinner to 4/17 at dinner, and 4/18/17 the dinner reading was not completed. The home did not submit an incident report to the Department regarding the medication error.

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

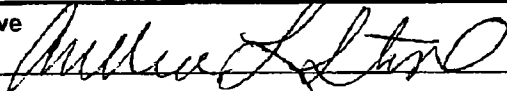
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Facility will notify the Department's PCH regional office within 24 hours regarding a medication error, and all other 18 events which are also reportable. (OE 9-6-17)

DCS will document all medication errors in a log which will be kept in the medication room. Administrator will review this log daily and do the reporting.


Adm will also ensure that all staff know what events are reportable, and what the home's process is regarding reporting so the home completes their reporting to the Northeast Regional office within the required 24 hours. (9-6-17)

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) Andrea L Stone, administrator Date 08-23-2017

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

The above plan of correction is approved as of <u>9-6-17</u> (Date)	Plan of correction implementation status as of <u>9-6-17</u> (Date)
The above plan of correction was approved by  (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: 20572 - 05/17/2017 - Novak, Ryan
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION
The home utilizes video cameras in the homes common areas such as the bar, dining room and the smoking area. The cameras are recording which is prohibited.

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.

Recording option turned off on all security cameras.

Recording will resume in external public areas after signs are posted.

The Administrator will continue to oversee the video camera system to ensure ongoing compliance.

The home will also send digital photos to the regional office of the posted signs.

8/9-6-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Andrea L Stone

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

Andrea L Stone, admin.

Date 08-23-2017

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(Date)

Plan of correction implementation status as of 9-6-17
(Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 20572 - 05/17/2017 - Novak, Ryan
PCH Name: LIBERTY SQUARE PERSONAL CARE

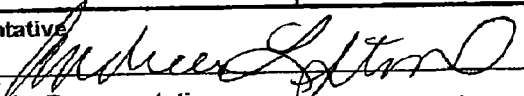
1. REGULATION 55 Pa.Code §2600
2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
The DME for Resident #1 dated 12/6/16 notes "see med list" however nothing is attached and nothing is noted for the residents ability to self medicate.

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.

Facility will securely attach all additional paperwork received with DME together to avoid misplacement. This will be done as soon as DME is handed over to facility.
Administrator will be responsible for handling of DME.

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) Andrea L Stone, admin Date 08-23-2017

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Violation Report: 20572 - 05/17/2017 - Novak, Ryan
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #1 did not receive the prescribed atorvastatin 40mg on 4/14/17 at 8pm.
 Resident #1 has an order for blood glucose readings twice daily before breakfast and dinner. Blood glucose readings were not completed on 4/1, 4/3 at breakfast, 4/11 at dinner, 4/13 at dinner, from 4/14 at dinner to 4/17 at dinner, and 4/18/17 the dinner reading 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.

Facility will follow the directions of the prescriber for all medications and blood glucose testings.
 If resident refuses a medication or a blood glucose test, it will be properly documented and reported to the prescriber, resident's designated person, and the Department.
 The Administrator will oversee to ensure ongoing compliance. Cp. 9-6-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Andrea L Stone, admin</i>	Date <i>08-23-2017</i>
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Violation Report: 20572 - 05/17/2017 - Novak, Ryan
PCH Name: LIBERTY SQUARE PERSONAL CARE

1. REGULATION 55 Pa.Code §2600

2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #1 did not receive the prescribed atorvastatin 40mg on 4/14/17 at 8pm.

Resident #1 has an order for blood glucose readings twice daily before breakfast and dinner. Blood glucose readings were not completed on 4/1, 4/3 at breakfast, 4/11 at dinner, 4/13 at dinner, from 4/14 at dinner to 4/17 at dinner, and 4/18/17 the dinner reading was not completed.

The home did not notify the prescriber regarding the medication errors.

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.

Facility will report all medication errors immediately to the resident, the resident's designated person and the prescriber. Administrator will be responsible for reporting.

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Signature of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Andrea L Stone* Date *08-23-2017*

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Violation Report: 20572 - 05/17/2017 - Novak, Ryan
PCH Name: LIBERTY SQUARE PERSONAL CARE

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

Resident #1's most recent assessment was completed on 2/15/16.

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.

Administrator will complete an annual assessment for each resident.

Assistant administrator will help to monitor DME and assessment dates.

Adm will ensure that all existing residents have a current assessment and support plan.

AS
9-6-17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Andrea L Stone*

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