



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: January 19, 2018

Ms. Charity A. Lytle
Owner
Lytle's Personal Care Home, LLC
4508 National Pike
Markleysburg, Pennsylvania 15459

RE: Lytle's Personal Care Home, LLC
Certificate #: 443910

Dear Ms. Lytle:

As a result of the Department of Human Services' licensing inspection on May 9, 2017 and May 11, 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 that reads "Jon Kimberland".

Jon Kimberland
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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

PCH Name: LYTLE S PERSONAL CARE HOME LLC		License Number: 44391
Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459		County: Fayette
Administrator: Kera Fazenbaker		Region: WEST
Legal Entity Name: LYTLES PERSONAL CARE HOME LLC		
Legal Entity Address: 4508 NATIONAL PIKE, MARKLEYSBURG, PA 15459		
Certificate(s) of Occupancy C-2 LP 03/24/1994 PA Dept L&I		RECEIVED DEC 20 2017 WEST REGION FIELD OFFICE (Human Services Licensing)
Staffing Hours		
Resident Support: 0	Total Daily Staff: 33	Waking Staff: 25
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Complaint		
On-Site Inspections Dates and Department Representatives On-Site 05/09/2017: Pfaff, Vicki; Flinner-Alman, Lisa 05/11/2017: Pfaff, Vicki		
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: 30 Number of Residents Served: 30 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: 2 Number of Hospice Residents in past year: 5	Number of Residents who: Receive Supplemental Security Income: 15 Are 60 Years of Age or Older: 19 Have Mental Illness: 10 Have an Intellectual Disability: 1 Have a Mobility Need: 3 Have a Physical Disability: 2	

DEC 20 2017

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

Direct care staff person A started working in the home on 10/14/16 and is not a resident of Pennsylvania. The home has not requested an FBI background check for direct care staff person 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.

A PA criminal history check was completed on staff member A on 10-11-16. She was also given a request to get fingerprints on 6-7-17, Lytle's PCH never received any results. Upon calling Cogent they could not find results and refunded money. Employee A was again sent to get fingerprints and was told by going postal the fingerprint site that no one was doing fingerprints at this time. Staff member A resigned, her last day was 11-22-17 she found another job. Lytle's PCH received a letter from PA Dept. of aging dated 12-8-17 with the new guidelines and Lytle's PCH will follow those guidelines upon hiring any new employees.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Charity Lytle

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

Charity Lytle

Date 12-18-17

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

The above plan of correction is approved as of 12-22-17
(Date)

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

Plan of correction implementation status as of 12-22-17
(Date)

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

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST PENNSYLVANIA FIELD OFFICE
HUMAN SERVICES LICENSING

1. REGULATION 55 Pa.Code §2600

2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 5/9/17, the home served 30 residents, of which three residents require assistance with evacuation during an emergency. Resident #1's assessment and support plan, dated 3/9/17, indicate in the resident requires total physical assistance to evacuate. The resident also requires the use of a lifting device in order to evacuate. However, according to the home's staffing schedule, only 1 direct care staff person worked 10:00 p.m. - 8:00 a.m. from 4/29/17 through 5/8/17.

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.

Lytles PCH currently has two immobile residents. A level of care determination has been sent to AAA to complete on resident #1. Upon determination, resident may be skilled level. Owner and Admin talked to resident #1 she is willing to go to skilled facility if determined that level of care. Going forward admin/owner to ensure employee schedules support the # of residents that require assistance with evacuation.

See Page 3 of 116

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle* Date *12-18-17*

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

The above plan of correction is approved as of <u>12-27-17</u> (Date)	Plan of correction implementation status as of <u>12-27-17</u> (Date)
The above plan of correction was approved by <u>X</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: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2800.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION

On 5/9/17, the home served 30 residents, of which three residents require assistance with evacuation during an emergency. Resident #1's assessment and support plan, dated 3/9/17, indicate in the resident requires total physical assistance to evacuate. The resident also requires the use of a lifting device in order to evacuate. However, according to the home's staffing schedule, only 1 direct care staff person worked 10:00 p.m. - 8:00 a.m. from 4/29/17 through 5/8/17.

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.

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate level of supervision to meet the health and safety needs of residents as identified in the residents' assessments and support plans. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met. 12-26-17

Immediately: The administrator or designee shall review all resident assessments and support plans to determine the appropriate level of staffing needed to provide the appropriate care and services to each resident, including the appropriate level of staffing to evacuate all residents in the event of an emergency within the safe evacuation specified in writing by the home's fire safety expert. This person shall monitor the staffing schedule weekly to ensure the staffing levels are met to meet the resident's needs. 12-26-17

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)

Administrator

Date

12-26-17

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

The above plan of correction is approved as of

12-27-17
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

[Handwritten Signature]
(Initials)

DEC 20 2017

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST HAVEN FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B was the only staff person present in the home from 10:00 p.m. to 6:00 a.m. on 4/22/17, 4/26/17, 4/28/17, 4/30/17 through 5/4/16, 5/6/17 and 5/8/17. Staff person B is not currently certified in obstructed airway techniques and CPR. Staff person B's most recent CPR and AED certification expired 12/2016.

Direct care staff person C was the only staff person present in the home from 10:00 p.m. to 6:00 a.m. on 5/7/17 and 5/9/17. Staff person C is not currently certified in obstructed airway techniques and CPR. Staff person C's most recent CPR and AED certification expired 12/2016.

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.

Direct care staff person B CPR was re-certified on 5/12/17. A monitor will be put into place to check all staff members CPR and will be checked ^{immediately} monthly by admin/owner.

(monitor enclosed)

Direct care staff person C CPR was re-certified on 5/12/17. A monitor will be put into place immediately to check all staff members CPR and will be checked monthly by admin/owner.

See 1092400110

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle* Date *12-18-17*

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

The above plan of correction is approved as of <u>12-27-17</u> (Date)	Plan of correction implementation status as of <u>12-21-17</u> (Date)
The above plan of correction was approved by <u><i>CL</i></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

DEC 26 2017

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.83(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

Direct care staff person B was the only staff person present in the home from 10:00 p.m. to 6:00 a.m. on 4/22/17, 4/26/17, 4/28/17, 4/30/17 through 5/4/17, 5/6/17 and 5/8/17. Staff person B is not currently certified in obstructed airway techniques and CPR. Staff person B's most recent CPR and AED certification expired 12/2016.

Direct care staff person C was the only staff person present in the home from 10:00 p.m. to 6:00 a.m. on 5/7/17 and 5/9/17. Staff person C is not currently certified in obstructed airway techniques and CPR. Staff person C's most recent CPR and AED certification expired 12/2016.

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.

Immediately: The administrator or designee who schedules staff shall ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation will be present in the home at all times. 12-23-17

Immediately: The administrator or designee shall review the schedule and staff working hours weekly to ensure at least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and cardiopulmonary resuscitation has been present in the home at all times. 12-26-17

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)

Administrator

Date 12-26-17

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

The above plan of correction is approved as of 12-27-17
(Date)

Plan of correction implementation status as of _____
(Date)

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

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

DEC 20 2017

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST PENNSYLVANIA OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff persons B and D did not receive training in the following areas during the 1/1/16 to 12/31/16 staff training year:

- * Medication self-administration
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Care for residents with dementia and cognitive impairments
- * Care for residents with mental illness or mental retardation or both if the population is served in 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.

Lytle's PCH has implemented a yearly staff training schedule and all trainings are up to date. Lytle's PCH will complete staff training schedules annually.

See page 5A of 10

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle* Date *12-18-17*

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

The above plan of correction is approved as of <u>12-27-17</u> (Date)	Plan of correction implementation status as of <u>12-27-17</u> (Date)
The above plan of correction was approved by <u><i>KL</i></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: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
- (1) Medication self-administration training.
 - (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
 - (3) Care for residents with dementia and cognitive impairments.
 - (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
 - (5) Personal care service needs of the resident.
 - (6) Safe management techniques.
 - (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
Direct care staff persons B and D did not receive training in the following areas during the 1/1/16 to 12/31/16 staff training year:

- * Medication self-administration
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Care for residents with dementia and cognitive impairments
- * Care for residents with mental illness or mental retardation or both if the population is served in 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.

Immediately: Direct care staff persons B and D did shall receive training in the following:

- * Medication self-administration
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan
- * Care for residents with dementia and cognitive impairments
- * Care for residents with mental illness or mental retardation or both if the population is served in the home.

Documentation of training shall be kept. 12-26-17

Repeat Violation: No	Date(s) of Previous Violation(s):	
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Signature of Legal Entity Representative
(Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Administrator</i>	Date <i>12-26-17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>12-27-17</u> (Date)</p> <p>The above plan of correction was approved by <u>[Signature]</u> (Initials)</p>	<p>Plan of correction implementation status as of _____ (Date)</p> <p><input type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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DEC 20 2017

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

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 fire drill record for the fire drill conducted on 4/8/17 at 5:00 a.m. indicates that 3 staff were present. According to the home's staffing schedule, only 1 direct care staff person is scheduled to be in the home from 10:00 p.m. - 8:00 a.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.

Only one staff member is present on 10pm-6am shift. Myself (owner) and husband were there and counted. moving forward on the fire drill record Lytle's PCH will only count staff that are on the schedule at the time of the fire drill.

See Page 6A of 10

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle* Date *12-28-17*

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

The above plan of correction is approved as of <u>12-27-17</u> (Date)	Plan of correction implementation status as of <u>12-27-17</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: 44381 - 05/09/2017 - Pfaff, Vick
PCH Name: LYTTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

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 fire drill record for the fire drill conducted on 4/8/17 at 5:00 a.m. indicates that 3 staff were present. According to the home's staffing schedule, only 1 direct care staff person is scheduled to be in the home from 10:00 p.m. - 8:00 a.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.

Immediately: Only staff scheduled for the shift may participate in fire drills. 12-26-17 ✓

Immediately: The administrator shall monitor the fire drill record monthly to ensure accuracy and completeness this shall include the correct number of staff participating in each fire drill. 12-26-17 ✓

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)

Administrator

Date

12-26-17

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

The above plan of correction is approved as of 12-27-17
(Date)

Plan of correction implementation status as of _____
(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: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Nursing Practice Licensing

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

Resident #2 is prescribed Nystatin 100,000 units/ml susp - Swish and swallow by mouth 2 teaspoon fulls [10 ml] four times daily as needed for thrush. On 5/9/17, the medication was not available in the home for administration.

Resident #3 is prescribed Hydrocodone-APAP 7.5-325mg - Take one tablet by mouth three times daily. The count sheet for the controlled medication indicates that 22 tablets remain. However, on 5/9/17, there were only 20 tablets remaining on the card with the last entry being on 5/7/17 at 8:00 p.m. There are MAR entries for 5/8/17 at 8:00 a.m., 2:00 p.m. and 8:00 p.m. and 5/9/17 at 8:00 a.m. and 2:00 p.m. that should result in 17 tablets remaining. According to staff interview, the home's procedure is that at change of shift, one medication technician counts the pills in the card and the other medication technician acknowledges the amount of medication that is noted on the control sheet. The discrepancy had not been noticed by medication administration staff during change of shift counts since 5/7/17.

Resident #4 is prescribed Hysingla ER 80 mg tablet - Take one tablet by mouth daily. Hysingla is a Schedule II controlled substance. On 5/9/17, 22 tablets were present on current card. The home did not have a control count sheet for the medication.

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 #2 had nystatin in her room on 5/9/17. Lytle's PCH got an order from physician for resident #2 to self administer nystatin, Resident #2 aware of keeping medication locked up at all times. Resident #2 was given a locked drawer in her room.

Resident #3 + Resident #4

Lytle's PCH has implemented that two staff members are present at count time and both sign off that all controlled II medications are present.

Admin will check controlled count sheet weekly to ensure count sheets are present and medication is accounted for.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Charity Lytle*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle* Date *12-18-17*

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

The above plan of correction is approved as of <u>12-17-17</u> (Date)	Plan of correction implementation status as of <u>12-17-17</u> (Date)
The above plan of correction was approved by <u><i>CL</i></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: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

WEST REGION FIELD OFFICE
Human Services Division

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

The most recent Medication Administration Training Annual Practicum for Direct care staff person D was completed on 2/29/16. Staff person D administered medications to resident #3 on the following dates: April 4/3/17 through 4/7/17, 4/9/17 through 4/12/17, 4/14/17, 4/16/17, 4/17/17, 4/19/17, 4/21/17, 4/23/17 and 4/26/17.

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.

Direct care person D was medication recertified on 5-10-17.
She was again re-newed on 8-10-17 and 11-10-17.
Lytle's PCH will set up a monitor ^{immediately} to ensure employees have there medication Administration reviews.

(monitor enclosed)

Immediately: The Administrator shall review all records for staff persons administering medications to ensure all staff persons administering medications are qualified to administer medications. 12-17-17

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Charity Lytle* Date *12-18-17*

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

The above plan of correction is approved as of <u>12-27-17</u> (Date)	Plan of correction implementation status as of <u>12-27-17</u> (Date) <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
The above plan of correction was approved by <u><i>KL</i></u> (Initials)	

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
 PCH Name: LYTLE S PERSONAL CARE HOME LLC

DEC 20 2017

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

Resident #5's assessment, dated 2/2/17, was not updated to address the resident's recent mental health hospitalization due to suicidal/homicidal ideation.

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.

Assessment on Resident #5 was updated on 5-12-17 to address resident suicidal/homicidal ideation. Going forward admin/owner will add ~~sect~~ suicidal/homicidal ideation to assessment if indicated or needed.

See page 9A of 10

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Charity Lytle</i>	Date <i>12-18-17</i>
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The above plan of correction was approved by <u><i>✓</i></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

DEC 26 2017

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

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.

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Resident #5's assessment, dated 2/2/17, was not updated to address the resident's recent mental health hospitalization due to suicidal/homicidal ideation.

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.

Immediately: The administrator or designee will review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately. 12-26-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Heidi Paasun

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

Administrator

Date

12-26-17

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

The above plan of correction is approved as of

12-27-17
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC

DEC 20 2017

WEST REGION 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

The assessment for resident #6, dated 11/25/16, indicates in the mental health, Behavioral Health, and Cognitive Functioning Needs section that resident "has minimal confusion and may require reminders at times." However, the notes from the resident's physician visit on 3/23/17 indicates "senile dementia: advancing and very confused." The assessment was not updated with this information. The resident's assessment for managing finances is coded "E" (non-applicable); it does not address who manages the resident's finances. Resident's assessment also does not include the resident's admission to hospice services which began in January 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.

Resident #6 is confused and needs cues. He is alert to place, self and knows others. (example staff, family)
Physician last note stated confused. Physician last several notes did not address his confusion. Resident #6 RASP dated 11-25-17 still states he has confusion and needs cueing.

(Physician notes enclosed)

Resident #6 assessment was updated with who manages his finances and his admission date to hospice.

(assessment enclosed)

See page 10A of 10

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Charity Lytle* Date *12-18-17*

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

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

Plan of correction implementation status as of 12-27-17 (Date)

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

DEC 26 2017

Violation Report: 44391 - 05/09/2017 - Pfaff, Vicki
PCH Name: LYTLE S PERSONAL CARE HOME LLC
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 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

The assessment for resident #6, dated 11/25/16, indicates in the mental health, Behavioral Health, and Cognitive Functioning Needs section that resident "has minimal confusion and may require reminders at times." However, the notes from the resident's physician visit on 3/23/17 indicates "senile dementia: advancing and very confused." The assessment was not updated with this information. The resident's assessment for managing finances is coded "E" (non-applicable); it does not address who manages the resident's finances. Resident's assessment also does not include the resident's admission to hospice services which began in January 2016.

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

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Immediately: The administrator or designee will review all resident assessments for accuracy and completion. Any incomplete or inaccurate assessments will be corrected immediately. 12-26-17 ✓

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) *Administrator* Date *12-26-17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

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Plan of correction implementation status as of _____ (Date)

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

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