



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 07 2017

Ms. Aundrea Leonard,
Owner/Partner
Elite Care Group LLP
125 Treymore Court
Pennington, New Jersey 08534

RE: Liza's House
1357 Blue Mountain Drive
Danielsville, Pennsylvania 18038
License #: 214770

Dear Ms. Leonard:

As a result of the Department of Human Services' annual licensing inspections on June 1, 2017 and August 3, 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.

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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Carbon Monoxide Detector in the home did not have batteries that were labeled with the date of installation. Devices are required by the Care Facilities Carbon Monoxide Standards Act to have batteries labeled with the date of installation and to replace at least once annually or at such time as the carbon monoxide alarm signals a drained or failing battery, which ever is sooner.

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.

1-The regulation is important to ensure the safety of the residents, staff and visitors.

2 - the violation was received because our new compliant carbon monoxide detector, did not have an installation date labeled on the battery.

3-The regulation was violated due to a misunderstanding of the regulation, thinking that the manufacturer date complied with the requirement of the regulation.

4-The battery has been labeled in the carbon monoxide detector. Please see attached. This label was installed on 6/2/2017.

5-Batteries will be labeled and added as part of our annual replacement schedule. Additionally during environmental rounds which are conducted regularly the monitor will be checked to ensure compliance. This plan of correction will be added to our Quality Assurance program

6-The maintenance coordinator will continue to ensure compliance. Additionally any designee will monitor as needed.

The administrator shall monitor and assure ongoing compliance. m 8/31/17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Aundrea Leonard*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Aundrea Leonard Administrator Date July 28, 2017

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

The above plan of correction is approved as of <u>7/31/17</u> (Date)	Plan of correction implementation status as of <u>8/31/17</u> (Date)
The above plan of correction was approved by <u><i>m</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: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

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
 Resident # 1's resident agreement dated [REDACTED] 17 was signed by Resident #1's designee but was not signed by the resident. The agreement did not indicate if the resident had refused or was unable to sign the resident agreement contract.

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.

1-This regulation is important as it serves as a binding contract for services provided to the resident by the community.

2-As noted in 25b – The agreement was not signed by the resident however the representative did sign and date.

3-Resident was very sad and crying about moving out of her house into a community. Resident cried through agreement process and did not want to sign, stating she might sign it later.

4-Immediately after survey exit conference, Administrator reviewed contract with the resident again and resident signed the agreement. The updated agreement with resident signature, was copied and provided to the designated representative and returned to the resident's chart. See attached.

5-Administrator or designee to ensure agreement under 25b will be completed by designated representative and resident. A review of all agreements was completed while were in compliance with resident and designated representatives signatures.

6-Administrator/designee will be responsible for ensuring that all agreements are completed, including required signatures of the resident, designated representative signature administrator or designer. This POC has been added to our quality assurance program.

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
Aundrea Leonard Administrator			July 28, 2017

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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: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION


The home was found to have a package of 5 slices of Oscar Myer brand turkey luncheon meat that was not dated when opened in the main kitchen refrigerator. The expiration date could not be determined.
 One package of 5 slices of American cheese dated 04/18/17 found in the main kitchen refrigerator on the date of inspection and ½ head of cabbage that was turning black had a date of 05/01/17.

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.


- 1-The regulation is important as it ensures the safety of food items stored.
- 2-Several items were found in Kitchen refrigerator.
- 3-Expired items were removed as soon as surveyor commented.
- 4-Items expiring are being conducted. All items stored are labeled and circulated. Staff have been educated on the requirements and the importance of 103i.
- 5-Ongoing text are done on a regular basis. Additionally training for any new staff is provided on orientation.
- 6-All staff are required to ensure that items expiring/expired are removed immediately from refrigerators. This POC has been added to our quality assurance process.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Aundrea Leonard Administrator	Date July 28th, 2017
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Violation Report: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION
 On 6/1/17, at approximately 10am, the door on the front porch facing route 248 leading to the ramp required great force to open. The bottom of the door is catching making it extremely difficult to open and close, blocking egress from 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.

1-The regulation is important to ensure compliance of 121a.

2-The violation was received as surveyor noted that the bottom of the door exiting to Blue Mountain Drive, was catching, making it difficult to open for surveyor.

3-As per surveyor, the bottom of the doors weather stripping was catching. The weatherstripping is to prevent cold air from entering building and prevention of any type of pests entering the building and pest control.

4-The violation was immediately reported to the maintenance coordinator. The door and the weatherstripping was slightly adjusted for better fitment and said weatherstripping.

5-The door noted in the violation is only used for evacuation. Ongoing monitoring of the door, has been added to the ongoing environmental rounding. Any further issue with the door will be addressed immediately.

6-Maintenance coordinator and/or designee Will be responsible for ensuring compliance of regulation 121a. Additionally this plan of correction has been added to our quality assurance program.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Aundrea Leonard Administrator	Date July 28th, 2017
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Violation Report: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

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 DME dated 03/29/17 did not contain or have a list of the resident's medications attached.

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.

- 1-The medical a valuation is important because it supports information regarding the resident.
- 2-Resident #2's DME was completed, however it was noted by surveyor that the medication list was not attached to the DME. The medication list was noted in the chart but not physically attached to the DME.
- 3-The violation was caused as the medication list was not physically attached to the DME.
- 4-During reviews of the DME, administrator and designee to ensure compliance of 14a2, in addition to all other components of the required DME.
- 5-The violation was corrected on day of survey, immediately after surveyor noted violation during the exit conference. A full audit was conducted and all DME's have the medication list attached.
- 6-Administrator/designee will ensure compliance of the regulation. This plan of correction is added to our quality assurance program.

Repeat Violation: Yes Date(s) of Previous Violation(s): 06/23/2016

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date July 28th, 2017
 Aundrea Leonard, Administrator

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Violation Report: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident # 3's OTC Priser Vision daily supplements had an expiration date of 03/17.
 Resident # 4's OTC Muscle Foot repair cream had an expiration date of 01/16.

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.

1-The regulation is important to ensure the safety and well-being of the residents the community serves.

2-During regular environmental walk-throughs of resident rooms, resident #3and #4, OTC items were found. These items were removed by PCA, from the resident rooms immediately and the families were notified. Both families requested to have these items saved and picked up by the families. Items were stored in a locked med cart. These items were not in use, however they were expired and should not have been in the med cart.

3-Surveyor noted these items during med review.

4-The items were immediately removed by the med tech during the survey and were locked in the administrators office. Both resident # 3 and resident #4 families have retrieved these items.

5-Med Techs and nurses have been educated on the importance of ensuring that no OTC/CAM are expired. Protocol of where to put expired items that families would like to take back has also been instructed to staff. Staff to continue doing ongoing rounds in resident rooms to ensure compliance of the regulation. Med cart reviews are also being conducted.


6-Med Techs will continue to do monitoring and will be responsible to ensure compliance. This POC has been added to our quality assurance process.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Aundrea Leonard, Administrator	Date July 28th, 2017
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Violation Report: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

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 does not have procedures for the safe use of medications. Resident # 1's Acetaminophen 500 Mg. tabs. to be taken 2 tabs by mouth every 8 hours as needed for pain or fever was not available 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.

1-The regulation is important to ensure that medications are available to residents as needed in addition to the required medications.

2-During the med observation by the surveyor it was noted that resident #1 PRN acetaminophen 500 mg was not available in the cart.


3-Resident #1 was just readmitted the [redacted] before survey from the hospital. The medications during her hospital stay were removed from the cart. New orders the medications were added to the cart for resident #1. The acetaminophen 500mg was not located in cart.

4-Item was a immediately ordered and received on day of survey.

5-Medications will be re-ordered when they reach a one-week supply that's ensuring that all meds prescribed are available. Ongoing checks of residents medications are being done, to ensure that compliance of required medications, in addition to as needed medications are available.


6-Med techs and nurses will ensure that regulation is in compliance. Pharmacy consultant audits will also be conducted as needed. This plan of correction has been added to our quality assurance program.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Aundrea Leonard, Administrator	July 28th, 2017

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Violation Report: 21477 - 06/01/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

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 # 1's RASP dated 1/20/17 did not list his/her medical diagnosis on the RASP.

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.

1-The regulation is important to ensure the care services that need to be available and are offered the residents

2-Resident #1's RASP did not include the diagnosis that are listed on the DME.

3-During the exit conference it was noted that the information for the RASP medical diagnosis were not filled in.

4-During the exit conference it was noted that the information was incomplete. The RASP was immediately completed including the required diagnoses that was noted on the DME. See attached.

5-An audit of all other RASPs were conducted and all diagnoses pages were complete.

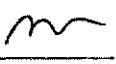
6-The administrator/designee will ensure that all pages of the RASPs are completed for each resident.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Aundrea Leonard, Administrator	Date July 28th, 2017
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Violation Report: 21477 - 08/03/2017 - Foulkes, Kimberli

PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

On 8/3/17, the door on the front porch facing Blue Mountain Drive leading to the ramp required great force to open. The bottom and top of the door appears to be catching making it extremely difficult to open and close, blocking egress from 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.

1-The regulation is important to ensure compliance of 121a.

2-The violation was received as surveyor noted that the bottom of the door exiting to Blue Mountain Drive, was catching, making it difficult to open for surveyor. The door was adjusted after the 6/1/17 survey.

3-As per surveyor, the bottom of the doors weather stripping was catching. Seasonal changes appear to have impacted the frame and weather stripping of the door.

4-The door and the weatherstripping was slightly adjusted for better fitment and said weatherstripping. A 1/16 of an inch hinge plate was removed. The door/frame was sanded and filed. The weatherstripping was readjusted again.

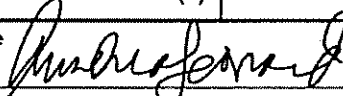
5-The door noted in the violation is only used for evacuation. Ongoing monitoring of the door, has been added to the ongoing environmental rounding. Any further issue with the door will be addressed immediately. Adjustments to be made door frame and weatherstripping as needed to accommodate seasonal changes and the effects on the door

6-Maintenance coordinator and/or designee Will be responsible for ensuring compliance of regulation 121a. Additionally this plan of correction has been added to our quality assurance program.

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) Aundrea Leonard,
Administrator

Date 8/17/2017

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

The above plan of correction is approved as of

8/21/17
(Date)

Plan of correction implementation status as of

8/21/17
(Date)

The above plan of correction was approved by

MW
(Initials)

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

Violation Report: 21477 - 08/03/2017 - Foulkes, Kimberli
 PCH Name: LIZA S HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.184(b) - If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

2a. DESCRIPTION OF VIOLATION

On 8/3/17, a package of Extra Strength Pain Relief Acetaminophen 500 Caplets belonging to resident #1 was located in the home's overflow medication cabinets and was not labeled with the resident's name.

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.

1-The regulation is important to ensure that medications are available to residents as needed in addition to the required medications.

2-During the med observation by the surveyor it was noted that resident #1 PRN acetaminophen 500 mg was not available in back up supply in residents container.

3-Resident #1 was just readmitted the [redacted] before survey from the hospital. The medications during her hospital stay were removed from the cart. New orders the medications were added to the cart for resident #1. The acetaminophen 500mg was not located in cart.

4-Item was a immediately labeled prior to survey exit conference.

5-Ongoing checks to of residents medications are being labeled including resident overflow cabinet, to ensure that compliance of regulation.

6-Med techs and nurses will ensure that regulation is in compliance. Pharmacy consultant audits will also be conducted as needed. This plan of correction has been added to our quality assurance program.

The administrator shall monitor for ongoing compliance. M 8/2/17

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Audrea Leonard</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Audrea Leonard, Administrator	August 17th, 2017

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

The above plan of correction is approved as of <u>8/2/17</u> (Date)	Plan of correction implementation status as of <u>8/2/17</u> (Date)
The above plan of correction was approved by <u>M</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: 21477 - 08/03/2017 - Foulkes, Kimberli

PCH Name: LIZA S HOUSE

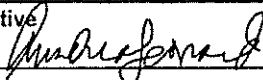
1. REGULATION 55 Pa.Code §2600
 2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's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

2a. DESCRIPTION OF VIOLATION
 Resident #2's RASP dated did not list his/her medical diagnosis on the RASP.

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.

- 1-The regulation is important to ensure the care services that need to be available and are offered the residents
- 2-Resident #1's RASP did not include the diagnosis that are listed on the DME.
- 3-During the exit conference it was noted that the information for the RASP medical diagnosis were not filled in.
- 4-During the exit conference it was noted that the information was incomplete. The RASP was immediately completed including the required diagnoses that was noted on the DME.
- 5-An audit of all other RASPs were conducted and all diagnoses pages were complete.
- 6-The administrator/designee will ensure that all pages of the RASPS are completed for each resident. This violation has been added to our QA program.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Aundrea Leonard, Administrator	Date August 17th, 2017
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