



pennsylvania
DEPARTMENT OF HUMAN SERVICES

SEP 12 2017

Mr. Larry Z. Liang,
Owner
Pennstate Best Care, Inc.
347 73rd Street
Brooklyn, New York 11209

RE: Haskins House
1009 Rhoads Avenue
Secane, Pennsylvania 19018
License #: 138550

Dear Mr. Liang:

As a result of the Department of Human Services' annual licensing inspection on June 8, 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: 13855 - 06/08/2017 - Freeman, Sabrina
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION
 The trash can in the shower room did not have a lid.

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.

New trash can with lid was purchased on 7/5/17 and placed in the bathroom.
 Administrator to monitor daily that kitchen and bathroom receptacles have a lid.

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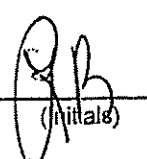
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sonja A. Miller Administrator Date 7/7/17

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

The above plan of correction is approved as of 7/18/17
 (Date)

Plan of correction implementation status as of 7/13/17
 (Date)

The above plan of correction was approved by 
 (Initials)

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

Violation Report: 13855 - 06/08/2017 - Freeman, Sabrina
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
 Bedroom #9 did not have a source of light that can be turned on/off from bedside.

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

The lamp in the room was moved to bedside on 6/9/17 as shown in picture.
 Administrator will monitor daily to ensure every resident has an operable lamp at bedside.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Sonora Miller Administrator</i>	Date <i>7/7/17</i>
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The above plan of correction is approved as of <u>7/8/17</u> (Date)	Plan of correction implementation status as of <u>7/8/17</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: 13855 - 06/08/2017 - Freeman, Sabrina
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION
 On 6/8/17, at 11:45AM & 1:45 PM, the temperature in the refrigerator exceeded 40 degrees Fahrenheit, the temperature was 50 degrees.

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.

I disagree with this violation. I checked all fridges and freezers daily for a week to make sure they were proper temperatures.

The fridge in kitchen was checked at meal time on inspection date and was higher due to opening the fridge. I looked at fridge at 3:00 on that day and it was 38 degrees.

Enclosed is a picture today 7/7/17 at 1:30pm and it is exactly 40 degrees.

Kitchen staff will monitor that food is stored in refrigerator at or below 40 degrees. Frozen food will be kept at or below 0 degrees.

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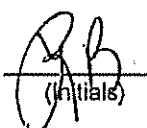
Signature of Legal Entity Representative (Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Songta makes Administration Center</i>	Date <i>7/7/17</i>
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Violation Report: 13855 - 06/08/2017 - Freeman, Sabrina
 PCH Name: HASKINS HOUSE

1. REGULATION 55 Pa.Code §2600
 2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION
 The home did not have emergency evacuation diagrams on the 1st or 2nd floor of the home. The Administrator stated that she did not know that the home had to have posted emergency evacuation diagrams.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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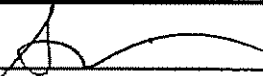
Emergency evacuation diagrams were placed in frames and hung on each floor of the facility on 6/15/17.

Enclosed are pictures of them hanging on the wall in the facility.

Administrator to monitor daily that emergency evacuation diagrams are posted on each floor and in a public place.

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)	Date
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Sandra Miller Administrator
 7/7/17

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Violation Report: 13855 - 06/08/2017 - Freeman, Sabrina
 PCH Name: HASKINS 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

The home failed to dispose of discontinued medication. The Artificial Saliva was discontinued for resident #1; however, the medication was still in the medication cabinet at the time of inspection on 6/8/17.

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.

Administrator removed discontinued medication immediately at time of inspection.

Nurses will monitor monthly during medication audits that any medication not on MAR be removed.

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)

Sonia Archer, Administrator License

Date

7/7/17

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