



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 04 2017

Ms. Jessica Scheffner,
Administrator/Secretary of Corp
Mrs. Bush's Personal Care Home, Inc.
P.O. Box 327, 302 Kunkletown Road
Kunkletown, Pennsylvania 18058

RE: Mrs. Bush's Personal Care Home I
License #: 228350

Dear Ms. Scheffner:

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

PCH Name: MRS BUSH S PERSONAL CARE HOME I		License Number: 22835
Address: PO BOX 327 302 KUNKLETOWN ROAD, KUNKLETOWN, PA 18058		County: Monroe
Administrator: Jessica Scheffner		Region: NORTHEAST
Legal Entity Name: MRS BUSH'S PERSONAL CARE HOME INC		
Legal Entity Address: PO BOX 327 302 KUNKLETOWN RD, KUNKLETOWN, PA 18058		
Certificate(s) of Occupancy		
I-1 and R-2 03/09/2014 Eldred Twnshp Monroe Cty	C-2 LP 10/10/1995 PA Dept of L&I	C-2 LP 04/13/1989 PA Dept of L&I
Staffing Hours		
Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
06/08/2017: Foulkes, Kimberli; Dumas, Gerald		
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: 70	Number of Residents Served: 53	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: 0	Number of Residents who:
		Receive Supplemental Security Income: 0
		Are 60 Years of Age or Older: 53
		Have Mental illness: 1
		Have an Intellectual Disability: 0
		Have a Mobility Need: 3
		Have a Physical Disability: 3

Violation Report: 22835 - 06/08/2017 - Foulkes, Kimbrell
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

1. REGULATION 55 Pa.Code §2605

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

Exterior lighting does not exist alongside the home's east annex to the home's front exterior fire safe area.

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

Violation has been corrected with installation of a new LED light on the exterior of the east annex which will provide lighting on the pathway leading to the front exterior fire safe area. See photo on next page. The Administrator is responsible to monitor for ongoing future compliance with this regulation.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Jessica Scheffner</i>	Date <i>7/27/17</i>
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The above plan of correction is approved as of 8/11/17
(Date)

Plan of correction implementation status as of 8/11/17
(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: 22835 - 06/08/2017 - Foulkes, Kimberl
PCH Name: MRS BUSH S PERSONAL CARE HOME I

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
A tube of triple antibiotic cream was found expired (dated 2/2016) in the home's first aid kit which was stored in the home's Gray Honda Van used to transport 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.

Violation was corrected at the time of inspection by removal of the tube of antibiotic cream from the first aid kit. The tube was not replaced as it is not required in the first aid kit. Monthly first aid kit checks will be done by a nursing supervisor. Administrator will be responsible for monitoring ongoing future compliance with this regulation.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Jessica Scheffner*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Jessica Scheffner* Date *7/27/17*

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

The above plan of correction is approved as of 8/11/17
(Date)

Plan of correction implementation status as of 8/11/17
(Date)

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

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

Violation Report: 22835 - 06/08/2017 - Foukes, Kimberl
 PCH Name: MRS BUSH S PERSONAL CARE HOME I

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 did not implement procedures for the safe use of medications and medical equipment.
 The Medication Administration Record for resident #1 on 6/7/17 at 8pm had 228 recorded for the glucometer reading. The reading in the glucometer for 6/7/17 at 8pm was 225.

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 individual staff person responsible for the transcription error was counseled and instructed to double check the blood sugar/glucose reading after recording it in the computer against the reading on the glucometer to avoid future errors. The nursing supervisor will conduct weekly glucometer audits to insure glucometer readings are being documented accurately. Administrator is responsible to monitor ongoing future compliance with this regulation.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffer*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Jessica Scheffer* Date *7/27/17*

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

The above plan of correction is approved as of <u>8/11/17</u> (Date)	Plan of correction implementation status as of <u>8/11/17</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