



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 6, 2017

Ms. Georgetta Stotka
Co-Owner / President
Advanced Personal Care Home, Inc.
PO Box 5, 245 Center Street
Clarksville, Pennsylvania 15322

RE: Advanced Personal Care Home
Certificate #: 440480

Dear Ms. Stotka:

As a result of the Department of Human Services' licensing inspection on July 10, 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: ADVANCED PERSONAL CARE HOME		License Number: 44048
Address: 245 CENTER STREET PO BOX 5, CLARKSVILLE, PA 15322		County: Greene
Administrator: Georgeffa Stotka		Region: WEST
Legal Entity Name: ADVANCED PERSONAL CARE HOME INC		RECEIVED
Legal Entity Address: PO BOX 5 245 CENTER STREET, CLARKSVILLE, PA 15322		
Certificate(s) of Occupancy C-2 LP 11/16/1992 L&I		SEP 29 2017 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours Resident Support: 0 Total Daily Staff: 32 Waking Staff: 24		
Type of Inspection: Partial		BHA Docket Number: Notice: Unannounced
Reason(s) for Inspection(s) Complaint, Incident		
On-Site Inspections Dates and Department Representatives On-Site 07/10/2017: Eveses, Joseph; Roser, Ashley		
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: 39 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: 1 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 28 Are 60 Years of Age or Older: 20 Have Mental Illness: 26 Have an Intellectual Disability: 3 Have a Mobility Need: 2 Have a Physical Disability: 0

Violation Report: 44048 - 07/10/2017 - Eveges, Joseph
PCH Name: ADVANCED PERSONAL CARE HOME

SEP 29 2017

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).

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 7/17, between 8:00 a.m. and 12:00 p.m., resident #1 left the home and had not returned by 12:00 p.m. A missing person report was filed with Pennsylvania State Police. However, the home did not report this incident to the Department until 7/10/17.

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.

Resident 1 left the PCH on 7/17 and did not return by 12pm on 7/17, a incident report was then filed along with a missing person report to the State Police. Unfortunately the DPW report failed to send via fax which we were unaware of. Once it was brought to our attention that the incident report was not recieved by the DPW it was resent immediately. Now and in the future Advanced PCH will print out a fax confirmation report to assure all reports are sent and recieved in a timely manner.

Immediately: The administrator or designee shall review all reportable incidents and conditions at least weekly to ensure all reportable incidents and conditions are reported to the Department in accordance with regulation 2600.16c.

10-2-17

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

Signature of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotke*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Georgetta Stotke* Date *9-29-17*

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

The above plan of correction is approved as of 10-2-17 (Date)

Plan of correction implementation status as of 10-2-17 (Date)

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

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

SEP 29 2017

Violation Report: 44048 - 07/10/2017 - Eveges, Joseph
PCH Name: ADVANCED PERSONAL CARE HOME

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

The July 2017 medication administration record (MAR) for resident #1 indicates the following medications were refused by the resident at 8:00 p.m. on 7/5/17 as follows:

- * Clopidogrel - 75mg
- * Pravastatin - 40mg
- * Metoprolol - 25mg
- * Clonazepam - 0.5mg
- * Mirtazapine - 15mg

However, the resident was not present in the home at 8:00 p.m. on 7/6/17.

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 and medication train the trainer reviewed the incident with the staff person that was the medication pass person on that shift. Staff person was written up and immediately retrained on proper medication pass procedures. A medication pass review training is scheduled for 10-4-17 for all employees. Now and in the future Administrator or medication train the trainer will review the MARs weekly to assure all staff are documenting correctly.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Georgetta Stotke

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

Georgetta Stotke

Date 9-29-17

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

The above plan of correction is approved as of 10-2-17
(Date)

Plan of correction implementation status as of 10-2-17
(Date)

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

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