



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

SEP 29 2017

Ms. Suzanne Owens,  
President/CEO  
Peter Becker Community  
Attn: Director of Personal Care  
800 Maple Avenue, 1<sup>st</sup> Floor  
Harleysville, Pennsylvania 19438

RE: Peter Becker Community  
License #: 127730

Dear Ms. Owens:

As a result of the Department of Human Services' annual licensing inspection on July 12, 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](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 "Jacqueline L. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 12773 - 07/12/2017 - Kazlmer, Lauren  
 PCH Name: PETER BECKER COMMUNITY

**1. REGULATION 55 Pa.Code §2800-2800.185(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**  
 On 7/12/17, resident #1's order for Mucinex 800mg PRN was not located in the medication cart.

**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.*

Effective 7/26/2017, 11-7 shift will check PRN medications monthly to ensure that any expired PRN medication that was disposed of is ordered in a timely manner so that it will be available for administration when needed. PBC SNF also has stock Mucinex 600mg available if the medication was required to be administered and was not available. All staff will be notified of this change at our 8/1/2017 staff meeting and staff currently working as of 7/26/2017 will be notified of change via staff communication book on each unit. 11-7 staff will sign off monthly that the check was completed.

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

Printed Name and Title of Legal Entity Representative *Suzanne Owens*  
 (Required on EVERY Page) *President / CEO* Date *7/31/2017*

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

The above plan of correction is approved as of <u>7/28/17</u> (Date)	Plan of correction implementation status as of <u>7/31/17</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: 12773 - 07/12/2017 - Kazimer, Lauren  
 PCH Name: PETER BECKER COMMUNITY

1. REGULATION 55 Pa.Code §2600  
 2600.227(g) - Individuals who participate in the development of the support plan shall sign and date the support plan.

2a. DESCRIPTION OF VIOLATION  
 Resident #2's support plan, dated 9/8/16, was not signed by the assessor.

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.

Above resident's RASP was corrected by assessor and was signed and dated appropriately. As of 7/26/2017, assessor was reminded to ensure and double check when completing a RASP that it is signed and dated. Supervisor will audit for signatures.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Suzanne Owens          President/CEO</i>	Date <i>7/31/2017</i>
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The above plan of correction is approved as of 7/31/17  
 (Date)

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

Plan of correction implementation status as of 7/31/17  
 (Date)

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

**Violation Report: 12773 - 07/12/2017 - Kazmer, Lauren**  
**PCH Name: PETER BECKER COMMUNITY**

**1. REGULATION 55 Pa.Code §2600**  
 2600.233(c) - If key-locking devices, electronic cards systems or other devices that prevent immediate egress are used to lock and unlock exits, directions for their operation shall be conspicuously posted near the device.

**2a. DESCRIPTION OF VIOLATION**  
 The directions for operating the locking mechanism are not conspicuously posted near the SDCU outdoor courtyard gate

**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 picture was placed near the courtyard gate with the code to open the gate by the PC coordinator on 7/27/2017. All staff was notified that this picture with the code to open the gate must remain in place as per regulation.

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

Printed Name and Title of Legal Entity Representative *Suzanne Owens* Date *7/31/2017*  
 (Required on EVERY Page) *President / CEO*

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