



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 16 2017

Ms. Kaitlyn Magro,
Administrator
St. Jude's Haven, Inc.
1072 Mt. Airy Drive
Johnstown, Pennsylvania 15904

RE: St. Jude's Haven Personal Home
License #: 307870

Dear Ms. Magro:

As a result of the Department of Human Services' annual licensing inspection on August 11, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 30787 - 08/11/2017 - Bomberger, Cybil
 PCH Name: ST. JUDE'S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION
 The medical evaluation for Resident #1, completed on 2/24/17, does not have the fields for height, weight, pulse and blood pressure completed.

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.

Upon DME's being returned to me I will clearly check all required fields are properly documented. If in fact I do find any areas left blank I will return to PCP to complete form.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kaitlyn Magro*

| | |
|--|--------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) KAITLYN MAGRO-Administrative | Date 8/24/17 |
|--|--------------|

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

| | |
|--|---|
| The above plan of correction is approved as of <u>9/1/17</u> (Date) | Plan of correction implementation status as of <u>9/6/17</u> (Date) |
| The above plan of correction was approved by <u>BMS</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: 30787 - 08/11/2017 - Bomberger, Cybil
 PCH Name: ST. JUDE'S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION

The menus posted were for the previous and current week. The next week's menu was not posted in a conspicuous and public place.

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.

Menu's will be completed one month in advance. I will check to ensure there is always at least a week in advance menu posted in a conspicuous + public place.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Kathryn Magro

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

Kathryn Magro - Administrator

Date *8/24/17*

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The above plan of correction is approved as of

9/1/17
 (Date)

Plan of correction implementation status as of

9/6/17
 (Date)

The above plan of correction was approved by

BS
 (Initials)

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

Violation Report: 30787 - 08/11/2017 - Bomberger, Cybil
 PCH Name: ST. JUDE'S HAVEN PERSONAL HOME

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

Loperamide, prescribed for Resident #2 and expired as of 3/17/17, was located in the home's 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.

I will be conducting a day at the beginning of each month where I personally go through our med room to ensure that no medications are outdated. I contacted PCP to see if they wanted to reorder medication or discontinue. PCP chose to discontinue medication and it was properly disposed of in coffee grounds.

* All staff responsible for medication administration shall receive reeducation on identifying and properly disposing of expired and discontinued medications. This reeducation shall be completed within one month from the receipt of this plan.

BAS 9/1/17

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kaitlyn Magro*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kaitlyn Magro - Administrator* Date *8/24/17*

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Violation Report: 30787 - 08/11/2017 - Bomberger, Cybil
 PCH Name: ST. JUDE'S HAVEN PERSONAL HOME

1. REGULATION 55 Pa.Code §2600

2600.187(a) - A medication record shall be kept to include the following for each resident for whom medications are administered:

- (1) Resident's name.
- (2) Drug allergies.
- (3) Name of medication.
- (4) Strength.
- (5) Dosage form.
- (6) Dose.
- (7) Route of administration.
- (8) Frequency of administration.
- (9) Administration times.
- (10) Duration of therapy, if applicable.
- (11) Special precautions, if applicable.
- (12) Diagnosis or purpose for the medication, including pro re nata (PRN).
- (13) Date and time of medication administration.
- (14) Name and initials of the staff person administering the medication.

2a. DESCRIPTION OF VIOLATION

The medication administration record for Resident #3 does not document the staff person who administered the prescribed medications Ranitidine, Magnesium OX, Donepezil and APAP/Codeine on 8/7/17 at 8 PM.

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.

We recently switched to Quick Mar on 8/1/17. Staff member who did not document medication is learning to use computer. I have continued to give support and check behind her to ensure medications are documented and that she is understanding Quick Mar.

* The administrator shall review the medication administration records for all current residents on a weekly basis for a period of one month, and thereafter according to the annual practicum reviews required for medication administration certification. The weekly reviews shall start upon receipt of this plan. *BAS 8/11/17*

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Kathryn Magro*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Kathryn Magro-Administrator* Date *8/24/17*

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The above plan of correction is approved as of 9/1/17
 (Date)

The above plan of correction was approved by BAS
 (Initials)

Plan of correction implementation status as of 9/6/17
 (Date)

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