



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 21 2018

Ms. Wendy Peace
Owner/Administrator
Wendy Jo Peace
P.O. Box 536
429 Union Street
Big Run, Pennsylvania 15715

RE: Peace's Personal Care Home
Certificate #: 406550

Dear Ms. Peace:

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

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 40655 - 09/08/2017 - Cutler, Jan
PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2800.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION
At approximately 10:15 a.m., a medical evaluation for resident #1, dated 8/29/2016, was attached to the licensing inspection summary, dated 9/1/2016, which was posted on the bulletin board in the dining room.

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.

Was removed day of inspection will be sure to double check this inspection summary to be that NO papers are posted with residents names and information.

A designated staff person shall check the home at least weekly to ensure all resident records, including records attached to a license inspection summary, are kept in a confidential manner and are removed from the license inspection summary prior to it's being posted in the home. ^{W/P} p.w. 1/19/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/01/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace* Date *12-12-17*

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

The above plan of correction is approved as of <u>1/19/18</u> (Date)	Plan of correction implementation status as of <u>1/19/18</u> (Date)
The above plan of correction was approved by <u>W/P</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>p.w.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40655 - 09/08/2017 - Cutter, Jan
PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

The Influenza Awareness Act (HB 1785), enacted May 17, 2016, requires the home "shall ensure that the required influenza information is posted in a public place in the facility year round." However, the required Pennsylvania Department of Health influenza awareness poster was not posted in the home.

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 was not aware of these posters needing posted but I received 2 of them on 9-18-17 and they were put up that day on office door and main entrance door to the Personal Care Home.

WP

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Wendy Jo Peace

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

Wendy Jo Peace

Date 12-12-17

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

The above plan of correction is approved as of 1/19/18
(Date)

Plan of correction implementation status as of 1/19/18
(Date)

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

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

Violation Report: 40655 - 09/08/2017 - Cutter, Jan
PCH Name: PEACE S PERSONAL CARE HOME

1. REGULATION 56 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #2's medical evaluation, dated 4/5/2017, does not include the resident's height and weight. These sections of the form are blank.

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.

Height and Weight was added on 9-18-17 and was signed off by doctor also on that day. Administrator will try to make sure all sections of DME are answered on day of physical to insure that this doesn't happen again.

WP

see attached

Immediately: a designated staff person shall review resident records to ensure each resident has a medical evaluation completed in its entirety, to include height and weight. Any incomplete medical evaluations shall be returned immediately to the person who completed them for correction. Documentation of the review shall be kept.

kept. JW. 1/19/18

Repeat Violation: Yes Date(s) of Previous Violation(s): 09/01/2016

Signature of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Wendy Jo Peace* Date *12-12-17*

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

The above plan of correction is approved as of 1/19/18 (Date)

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

Plan of correction implementation status as of 1/19/18 (Date)

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