



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 14 2017

Mr. Francisco Peters
AVP/Administrator
Allied Services Personal Care Inc.
100 Terrace Lane
Scranton, Pennsylvania 18508

RE: Allied Terrace
License #: 200250

Dear Mr. Peters:

As a result of the Department of Human Services' (Department) annual licensing inspection on September 19, 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

F. Peters

Violation Report: 20025 - 09/19/2017 - Harvey, Jason
PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.


2a. DESCRIPTION OF VIOLATION

Resident #1's admission date to the home was [redacted]. The home failed to secure resident #1's signature on the home's Admission Agreement dated [redacted].

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 administrator will initiate the admissions process by having any and all new residents sign the admission agreement first so that if the resident becomes exhausted, the pertinent document will be executed according to PA2600.25.b

Administrator will oversee to ensure ongoing compliance.  11-2-17

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

Signature of Legal Entity Representative (Required on EVERY Page)

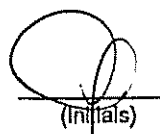
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) FRANCISCO PETERS Date 10-30-17

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

The above plan of correction is approved as of 11-2-17 (Date)

Plan of correction implementation status as of 11-2-17 (Date)

The above plan of correction was approved by


(Initials)

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

F. Peters

Violation Report: 20025 - 09/19/2017 - Harvey, Jason
PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
Direct care staff members A and B did not receive the following required annual training topic for the 2016 training year:
*Medication self-administration training
*Instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments support plan
*Personal care service needs of the resident

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 administrator in conjunction with the resident care coordinator will stop using HealthStream, Allied Services educational system as the required training for all clinical staffing. The resident care coordinator has been instructed to include the 7 mandated topics for the annual training for direct care staff persons in an effort to satisfy regulation 2600.65.f
Administrator will oversee to ensure ongoing compliance. CP
11-2-17

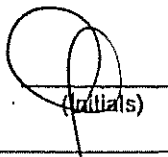
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
Francisco Peters 10-30-17

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Peters

Violation Report: 20025 - 09/19/2017 - Harvey, Jason
PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600
2600.132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the front exit during monthly fire drills on the following dates:

6/10/17, 7/12/17, 8/9/17, and 9/8/17.

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.

The administrator in conjunction with Allied Service Facilities Department (department entrusted to executing and policing stated task) has been reeducated to the mandate of utilizing alternate exit routes when performing monthly fire drills in order to meet the requirements of regulation 2600.132.f

The Administrator will oversee to ensure ongoing compliance. Cp. 11-2-77 17

Repeat Violation: No

Date(s) of Previous Violation(s):

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Violation Report: 20025 - 09/19/2017 - Harvey, Jason
PCH Name: ALLIED TERRACE

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

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation dated 3/23/2017 is incomplete. Resident #1's physician did not complete the required Section #7, "Ability to Self-Administer Medications."
The medical evaluations of resident #2 dated 1/27/2017; resident #3 dated 2/2/2017; resident #4 dated 9/7/2017 and resident #5 dated 9/26/2016 are incomplete since the attending physician for residents #2, #3, #4 and #5 did not provide their respective Medical Professional License number on the medical evaluations.

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 administrator in conjunction with the resident care coordinator and resident care coordinator assistant entrusted to execute and police the stated task have been reeducated to the importance of having the medical evaluation form completed 100% with no blank exceptions in order to satisfy regulation 2600.141(a)(2)

The Administrator will oversee to ensure ongoing compliance. Q. 11-2-17

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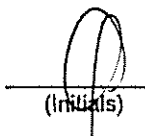
Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Francisco Peters* Date *10-30-17*

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V. Peters Page 6 of 7

Violation Report: 20025 - 09/19/2017 - Harvey, Jason
PCH Name: ALLIED TERRACE

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 properly maintain the blood glucose treatment sheet of the indicated resident due to staff incorrectly transcribing the blood glucose test results in the individual glucometer:

Resident #6-
7am on 9/15/17 the reading was 146 but was incorrectly transcribed as 126
8 pm on 9/14 the reading was 126 but was incorrectly transcribed as 128
8 pm on 9/5 the reading was 155 but was incorrectly transcribed as 158

Resident #6's Freestyle Freedom Lite blood glucometer was not calibrated with the correct time.

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 administrator in conjunction with the resident care coordinator will ensure that all glucometers be recalibrated in addition to educating the staff of the importance of correctly transcribing the blood glucose test results to the required documents as indicated on regulation 2600.185(a)

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10-30-17

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Violation Report: 20025 - 09/19/2017 - Harvey, Jason
PCH Name: ALLIED TERRACE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #4's admission date to the home was [REDACTED] Resident #4's initial assessment was completed on 10/12/2016 and not within 15 days of admission.

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 administrator in conjunction with the resident care coordinator will use the date of admission, the date the resident actually moves into the facility, instead of using the date that the resident executes the admission agreement, which may or may not be the actual date of admission in an effort to meet regulation 2600.225(a)

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

Signature of Legal Entity Representative
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Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Date 10-30-17

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