



pennsylvania
DEPARTMENT OF HUMAN SERVICES

DEC 28 2017

Ms. Lauren Everett
Administrator
Phoebe Home Incorporated
1925 Turner Street
Allentown, Pennsylvania 18104

RE: The David A. Miller Personal Care Community
License #: 216170

Dear Ms. Everett:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 18, 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

Violation Report: 21617 - 10/18/2017 - Yellenic, Cludy
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.17 - 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
 The home had a binder (unlocked) on the side of the medication cart with each residents care needs on cards. And, there was a small brown paper bag taped to the outside of the medication cart with empty medication wrappers in it, with the resident's name, and the names of the medications printed on the wrappers.

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.

SEE ATTACHED

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) Beth Chickilly RN PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) BETH CHICKILLY RN PCHA Date 11/21/17

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

The above plan of correction is approved as of <u>12/6/17</u> (Date)	Plan of correction implementation status as of <u>12/6/17</u> (Date)
The above plan of correction was approved by <u>M</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 Personal Care Homes- 55 Pa. code chapter 2600

(11)

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.17 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 residents power of attorney for health care of health care proxy or a resident's designated person, or if a court orders disclosure.

Violation: The home had a binder (unlocked) on the side of the medication cart with each residents care needs on the cart. And, there was a small brown paper bag taped to the outside of the medication cart with empty medication wrappers in it, with the resident's name, and the names of the medications printed on the wrappers.

Plan of Correction:

The Binder with resident care needs was removed from the medication cart. This binder along with any other confidential resident information is stored in the nursing office which is locked when unattended.

A Collection container for medication packets is now stored in the locked medication cart and emptied into a locked shredding bin after medication pass to protect resident privacy.

• The Administrator will monitor for compliance of both procedures.

All staff were inserviced in regards to resident confidentiality and the proper storage of resident information.

PCHA Signature: Beth Chickilly, RN PCHA Date: 11/21/17

12/6/17

Violation Report: 21617 10/18/2017 Yelloric, Cindy
FCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION
Resident #1's and 2's glucometers had dried blood on the machines.

The home had a house glucometer they used for residents if they did not have a physician's order for a blood glucose test, but were showing signs of an abnormal blood sugar level.

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.

SEE ATTACHED

The administrator shall monitor for ongoing compliance. m 12/6/17

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Signature of Legal Entity Representative
(Required on EVERY Page) Beth Chickilly RN PCHA

Printed Name and Title of Legal Entity Representative
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(Date)

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(Date)

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

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

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.85 (a) Sanitary conditions shall be maintained.

Violation: Resident #1 and #2's glucometers had dried blood on the machines. The home had a house glucometer they used for the residents if they did not have a physician's order for a blood glucose test, but were showing signs of an abnormal blood sugar level.

Plan of Correction:

Daily audits will be performed on all glucometer machines to ensure cleanliness and maintain sanitary conditions. These audits will be conducted by the 11-7 personnel but monitored by the administrator.

The house glucometer was disposed of immediately. A new, sealed, glucometer was purchased to be kept in a locked drawer in the nursing office and only used in the event of an emergency. Once used, this glucometer will become the personal property of the resident it was utilized for, and a new glucometer will be purchased by the facility.

All med tech's and licensed staff were inserviced on this new procedure, as well as regulations involving sanitary conditions and glucometers.

PCHA Signature: Beth Chickilly RN PCHA Date: 11/21/17

12/6/17

Violation Report: 21617 10/18/2017 Yellenic, Cindy
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.102(i) - A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

2a. DESCRIPTION OF VIOLATION
 An unlabeled bar of soap was located in the bathroom of Room #M315 which is a double occupancy 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.

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The administrator shall monitor for ongoing compliance. m 12/6/17

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Printed Name and Title of Legal Entity Representative <small>(Required on EVERY Page)</small> BETH CHICKILLY RN PCHA		Date 11/21/17

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.102 (i) A Dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Violation: An unlabeled bar of soap was located in the bathroom of Room M315 which is a double occupancy room.

Plan of Correction:

Weekly room audits have been initiated. Monthly safety inspections are performed on each shift. Attached is the inspection for November. Administrator will monitor for compliance.

As this bar of soap had been labeled and was removed from the labeled box by the resident – this regulation will be reviewed during the December 2017 resident council meeting.

PCHA Signature: Beth Chickilly, PCHA Date: 11/21/17

A large handwritten signature and the date 12/6/17 are circled in black ink on the right side of the page.


Violation Report: 21617 - 10/18/2017 - Yolenic, Cindy
PCH Name: THE DAVIDA MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.103(i) - Outdated or spoiled food or dented cans may not be used.

2a. DESCRIPTION OF VIOLATION
2 bags of turkey lunch meat and a container of pickles was not labeled in the Victory refrigerator in the 4th floor kitchen.

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.

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.103 (i) Outdated or spoiled food or dented cans may not be used.

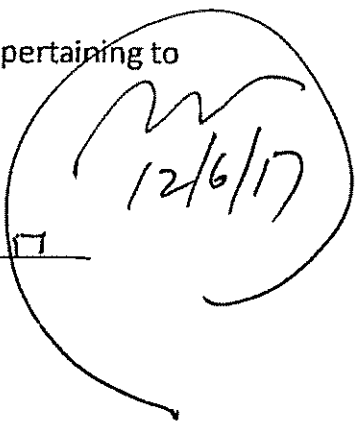
Violation: 2 bags of turkey lunch meat and a container of pickles was not labeled in the Victory refrigeration in the 4th floor kitchen.

Plan of Correction:

Administrator met with dietary managers and re-educated on compliance with this regulation. Daily refrigerator audits have been initiated and will be performed by dietary personnel. Administrator will monitor for compliance.

Dietary staff have been inserviced on this regulation –specifically pertaining to outdated or spoiled food and/or dented cans.

PCHA Signature: Beth Chickilly RN PCHA Date: 11/21/17

A large handwritten signature and date are circled in black ink. The signature is illegible but appears to be 'W'. The date is '12/6/17'.

Violation Report: 21617 - 10/18/2017 - Yeßenic, Cindy
 PCH Name: THE DAVID A. MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa. Code §2600
 2600.124 - The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of notification shall be kept.

2a. DESCRIPTION OF VIOLATION
 The home's notification to the local fire department on the number and location of residents with mobility needs was not current. The notice was dated 6/18/17 and indicated that the home had 24 residents that required assistance. As of 10/18/17 the home has only 20 residents that require assistance and the local fire department has not been notified of the change.

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.

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The administrator shall monitor for ongoing compliance. m 12/6/17

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 (Required on EVERY Page) Beth Chickilly RN PCHA

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) BETH CHICKILLY RN PCHA Date 11/21/17

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- Partially Implemented - Inadequate Progress
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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.124 The home shall notify the local fire department in writing of the address of the home, location of the bedrooms and the assistance needed to evacuate in an emergency. Documentation of the notification shall be kept.

Violation: The home's notification to the local fire department on the number and location of residents with mobility needs was not current. The notice was dated 6/18/17 and indicated the home had 24 residents that required assistance. As of 10/18/17 the home has only 20 residents that require assistance and the local fire department has not be notified of the change.

Plan of Correction:

Administrator has provided an updated letter to the local fire department. See attached notification. Future letters will be in the attached format.

PCHA Signature: Beth Chickilly R PCHA Date: 11/21/17

Violation Report: 21617 - 10/18/2017 Yellenic, Cindy
PCH Name: THE DAVIDA MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code 52600
2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #3's most recent DME was completed on 1/24/17, the previous DME was completed on 1/5/16.

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.

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly


Regulation 2600.141 (b) (1) A resident shall have a medical evaluation at least annually.

Violation: Resident #3's most recent DME was completed 1/24/17, the previous DME was completed 1/5/16.

Plan of Correction:

→ Administrator will be responsible for an auditing system of all DME's and will ensure 100% compliance. This audit will occur monthly. A new tracking system of DME due dates has been established to ensure more timely completion and reduce possibility of error.

PCHA Signature: Beth Chickilly PCHA Date: 11/21/17


12/6/17

Violation Report: 21617 - 10/18/2017 - Yellenic, Cindy
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa Code §2600
 2600.182(b) - Prescription medication that is not self-administered by a resident shall be administered by one of the following:
 (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
 (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
 (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
 (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine... injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
 Staff Person C's annual practicum for medication administration was completed on 6-20-17 the previous annual practicum was completed on 5-30-16, which is more than one year.
 Staff Person D's annual practicum for medication administration was completed on 6-23-17 the previous annual practicum was completed on 6-25-16, which is more than one year.

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.

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Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative (Required on EVERY Page) <i>Booth Chickilyn RN PCHA</i>		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>BOOTH CHICKILYN RN PCHA</i>		Date <i>11/21/17</i>

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A. Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.182 (b) Prescription medication that is not self-administered by a resident shall be administered by one of the following:

- (1) A physician, licensed dentist, licensed physician's assistant, registered nurse, certified registered nurse practitioner, licensed practical nurse or licensed paramedic.
- (2) A graduate of an approved nursing program functioning under the direct supervision of a professional nurse who is present in the home.
- (3) A student nurse of an approved nursing program functioning under the direct supervision of a member of the nursing school faculty who is present in the home.
- (4) A staff person who has completed the medication administration training as specified in § 2600.190 for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Violation: Staff Person C's annual practicum for medication administration was completed on 6-20-17 the previous annual practicum was completed on 5-30-16, which is more than one year. Staff Person D's annual practicum for medication administration was completed on 6-23-17 the previous annual practicum was completed on 5-25-16, which is more than one year.

Plan of Correction:

On the 1st of each month (email calendar triggers) Staff Development Coordinator to audit the completion dates of Med. Tech. training so that it is completed within the year. The administrator will monitor for compliance by receiving a monthly email spreadsheet from staff development coordinator of completion dates.

PCHA Signature: Beth Chickilly RN PCHA Date: 11/21/17

12/6/17

Violation Report: 21617 - 10/18/2017 - Yellenic, Cindy
 PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

- 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
 Resident #1 has an order for blood glucose readings daily at 6am. On 10/13/17 the MAR noted a blood glucose reading of 166, however the glucometer noted a reading of 168.
 Resident #2 has a physician's order for a blood glucose(BG) test to be administered twice daily. On the following dates and times the resident's actual BG# was transcribed on the MAR incorrectly: on 10/13/17 at Noon the BG#232 was recorded as 10 on the MAR; on 10/17/17 at Noon the BG#190 was recorded as 10 on the MAR; on 10/17/17 at 7:30am the BG#139 was recorded as 128 on the MAR; and, on 10/18/17 at 7:30am the BG#107 was recorded as 108.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

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

1. Resident 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
13. Date and time of medication administration
14. Name and initials of the staff person administering the medication

Violation: Resident #1 has an order for blood glucose reading daily at 6am. On 10/13/17 the MAR noted a blood glucose reading of 166, however the glucometer noted a reading of 168. Resident #2 has a physician order for a BG test to be administered twice daily. On the following dates and times the residents actual BG# was transcribed on the MAR incorrectly: 10/13/17 at noon the BG 232 was recorded as 10 on the MAR. on 10/17/17 at noon the BG 190 was recorded as 10 on the MAR on 10/17/17 at 7:30am the BG 139 was recorded as 128 on the MAR and on 10/18/17 at 7:30am the BG 107 was recorded as 108.

Plan of Correction:

The same employee was involved in on incidents. Administrator led an investigation which resulted in termination of this employee.

All Med tech's were inserviced on diabetic procedures and proper documentation. Nightly audits have been initiated of each diabetic resident's glucometers and EMAR's any discrepancy will be reviewed with the administrator.

→ Administrator will monitor for compliance.

PCHA Signature: Beth Chickilly RN PCHA Date: 11/21/17

12/6/17

Violation Report: 21617 - 10/18/2017 - Yellenic, Cindy
PCH Name: THE DAVID A MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #2 has a physician's order for a blood glucose(BG) test to be administered 2 x daily with insulin coverage based on a sliding scale. On the following days and times the resident's BG was not tested: on 10/7/17 at Noon, 401 recorded on the MAR; on 10/8/17 at Noon, 401 recorded on the MAR; on 10/10/17 at 7:30am, 250 recorded on the MAR; on 10/10/17 of Noon, 401 recorded on the MAR; and on 10/13/17 at 5:30pm, 410 was recorded on the MAR.

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.

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Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.187 (d) The home shall follow the directions of the prescriber.

Violation: Resident #2 has a physician's order for a BG test to be administered 2x/daily with insulin coverage based on a sliding scale. On the following days and times the residents BG's was not tested on 10/17/17 at noon 401 recorded on the MAR, on 10/8/17 at noon, 401 recorded on the MAR; on 10/10/17 at 7:30am 250 recorded on the MAR, on 10/10/17 at noon 401 recorded on the MAR and on 10/13/17 at 5:30pm 410 recorded on the MAR.

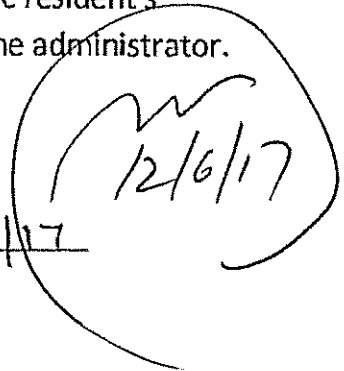
Plan of Correction:

The same employee was involved in on incidents. Administrator led an investigation which resulted in termination of this employee.

All Med tech's were inserviced on diabetic procedures and proper documentation. Nightly audits have been initiated of each diabetic resident's glucometers and EMAR's any discrepancy will be reviewed with the administrator.

→ Administrator will monitor for compliance.

PCHA Signature: Beth Chickilly PCHA Date: 11/21/17


12/6/17

Violation Report: 21617 - 10/18/2017 - Yellenic, Cindy
 PCH Name: THE DAVID A. MILLER PERSONAL CARE COMMUNITY

1. REGULATION 55 Pa.Code §2600
 2600.188(b) - A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

2a. DESCRIPTION OF VIOLATION
 Resident #2 has a physician's order for a blood glucose test to be administered 2 x daily and insulin coverage based on a sliding scale. On 10/13/17 at Noon the resident did not have a blood glucose test administered, however the #401 was recorded on the MAR and the resident was administered 7 units of insulin. The doctor was not notified of the missed glucometer test and the resident receiving 7 units of insulin based on a number that was not in the resident's glucometer.

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Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Beth Chickilly RN POHA* Date *11/21/17*

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The above plan of correction is approved as of *12/6/17* (Date)
 Plan of correction implementation status as of *12/6/17* (Date)

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

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

Violation Report Personal Care Homes- 55 Pa. code chapter 2600

The David A Miller Personal Care Community License number 216170

Administrator: Beth Chickilly

Regulation 2600.188 (b) A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Violation: Resident #2 has a physician's order for a BG test to be administered 2x/daily with insulin coverage based on a sliding scale. On 10/13/17 at noon the resident did not have a blood glucose test administered, however the 401 was recorded on the MAR and the resident was administered 7 units of insulin. The doctor was not notified of the missing glucometer test and the resident receiving 7 units of insulin based on a number that was not in the residents glucometer.

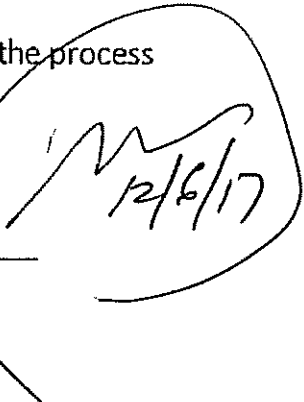
Plan of Correction:

The employee involved in this incident was terminated from employment.

All staff were inserviced on what constitutes a reportable incident and the procedural process for reporting medication errors.

→ Administrator will monitor all reportable incidents for completion of the process to include notifying the physician the same day an incident occurs.

PCHA Signature: Beth Chickilly RN PCHA Date: 11/21/17


12/6/17