



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

DEC 15 2017

Ms. Stacie Millett Rechlicz  
Administrator  
Millett Pines LLC  
1300 Morgan Highway  
Clarks Summit, Pennsylvania 18411

RE: The Pines at Clarks Summit  
License #: 226120

Dear Ms. Rechlicz:

As a result of the Department of Human Services' (Department) annual licensing inspection on October 26, 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 "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 22612 - 10/26/2017 - OHaire, Anne  
 PCH Name: THE PINES AT CLARKS SUMMIT

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 home utilizes a gas fired boiler and a gas fired clothes dryer. The boiler had a carbon monoxide detector installed on the ceiling directly above the boiler and the clothes dryer had a carbon monoxide detector located in the center of the room. The two carbon monoxide detectors were both less than 15 feet away from the appliance as required by the Care Facility Carbon Monoxide Standards Act.

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.

Carbon monoxide detectors were installed in the facility by FAST, Inc.(Fire Alarm Service Technology, Inc) and hardwired into our Fire Detection System. Our Director of Maintenance was given a copy of the new regulations covering Carbon Monoxide detectors and the parameters for installation. Unfortunately, the carbon monoxide monitors near the clothes driers and the boiler were not placed properly. The Director of Maintenance was couniciled regarding the error. On 11/3/17 Spectrum Electric moved the carbon monoxide monitors so they are 15 feet away from the source of the fossil fuel for the clothes driers and the boiler, bringing them into compliance with the regulations required by the Care Facility Carbon Monoxide Standards Act. The Director of Mainenance and the Administrator/Designee will ensure ongoing compliance with this regulation.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stacie Milette Rechucz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) STACIE MILETT RECHUCZ - ADMINISTRATOR <sup>Date</sup> 11-27-17

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

The above plan of correction is approved as of <u>11-28-17</u> (Date)  The above plan of correction was approved by <u><i>m</i></u> (Initials)	Plan of correction implementation status as of <u>11-28-17</u> (Date)  <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
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Violation Report: 22612 - 10/26/2017 O'Haire, Anne  
 PCH Name: THE PINES AT CLARKS SUMMIT

**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 person "A" DOH 11-16-15 did not have annual training for 2016 with meeting the residents' needs through utilizing the residents' prescreening, assessment tool, medical evaluation and support plan.

**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.*

Training on each specific topic listed under this regulation is important to ensure that staff persons receive the necessary training to successfully provide essential resident care services. Direct care staff person "A", who has been a Medication Technician and Resident Care Aide for many years, did not attend the inservice training for meeting residents' needs by utilizing the residents' prescreen, assessment tool, medical evaluation and support plan because she was attending class for her nursing degree. Although the Director of Wellness reviewed this information with staff person "A" at an alternate time, she did not obtain the necessary documentation (ie: "A"'s signature) that acknowledges that the training was completed. The DOW was counceled about obtaining the necessary signatures and ensuring that the required training is complete for all direct care staff members.

In the future, the DOW will ensure that all required training is completed and is documented. The Administrator/Designee will ensure ongoing compliance.

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Signature of Legal Entity Representative (Required on EVERY Page) <i>Stacie Millett Rechlicz</i>			
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>STACIE MILLETT RECHLICZ - ADMINISTRATOR</i>			Date <i>11-27-17</i>
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Violation Report: 22672 - 10/26/2017 - O'Haire, Anne  
 PCH Name: THE PINES AT CLARKS SUMMIT

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

Department Representatives observed the facility's fire drill log. The fire drill log does not indicate the number of residents in the home when the alarm sounded during the fire drills held on the following dates: 11/28/16 at 3:31pm, 11/30/16 at 12:05am, 12/28/16 at 1:55pm, and 1/4/17 at 11:05am.

The fire drill log indicates that there were 40 residents in the home when the alarm sounded and that 41 residents evacuated to the designated meeting place during the fire drill held on 10/5/17 at 9:28am.

**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.*

Recording fire drill information helps facilities ensure compliance with all of the regulations relating to fire drills, and to identify and correct problems with evacuation. Although the fire drill log indicates the number of residents evacuated on the 4 dates noted above, the number of residents in the home was not included. Because the Director of Maintenance, who runs the fire drill, was recording more information than is required, the space to record the number of residents in the home was full and the information was omitted. Discussion with the Department Representatives at the time of the inspection helped us to determine that simplifying the documentation would be beneficial in optimizing fire drill log accuracy.

The Director of Maintenance was counseled regarding the importance of accuracy when recording information in the fire drill log. In the future, the Director of Maintenance will review the fire drill log for accuracy.

The Administrator/Designee will ensure ongoing compliance with fire drill log accuracy.

Repeat Violation: Yes	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Stacie Millet Rechlicz*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *STACIE MILLET RECHLICZ - Administrator* Date *11-27-17*

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Violation Report: 22612 - 10/26/2017 - OHaire, Anne  
 PCH Name: THE PINES AT CLARKS SUMMIT

**1. REGULATION 55 Pa.Code §2600**  
 2600.132(d) - Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert.

**2a. DESCRIPTION OF VIOLATION**  
 Based upon the fire safety expert's fire safety inspection of the building, the facility has a maximum of 10 minutes to safely evacuate the residents to internal fire safe areas. This determination was made based upon the design and construction of the building. On 9/29/17 at 6:20am, the facility conducted a fire drill in which it took 11 minutes and 17 seconds to fully evacuate the residents to the fire safe areas. This is over the maximum amount of time granted by the fire safety expert.

**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.*

Conducting fire drills in personal care facilities is very important. If drills are not practiced regularly and accurately, injuries and fatalities may result if an actual fire occurs. Evacuation of residents to fire safe areas within the maximum evacuation time prevents fire-related death and injury. On 9/29/17, the fire drill which was conducted took longer than the maximum specified time and was an unsuccessful drill.

After reviewing what happened during the unsuccessful drill, it was determined that there were several new staff members on the 11 pm - 7 am shift. The fire drill procedures, safety and ways in which staff could better work together were rereviewed with staff. A repeat, unannounced fire drill was conducted the following night. The second drill was successful and both drills were logged.

The Director of Maintenance will ensure safe and timely evacuation of residents and staff by continued education about procedures during fire drills.

The Administrator/Designee will ensure ongoing compliance with fire drill procedures.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) Stacie Millett Rechütz 11-27-17

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) STACIE MILLETT RECHÜTZ - Administrator Date

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Violation Report: 22512 - 10/26/2017 - OHaire, Anne

PCH Name: THE PINES AT CLARKS SUMMIT

**1. REGULATION 55 Pa.Code §2600**

2500.185(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 glucometer prescribed to resident # 1 is not calibrated to the correct date.

The glucometer prescribed to resident # 2 is not calibrated to 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.*

Although the correct date and times for both residents glucometer readings were entered into their Medication Record correctly, the glucometers themselves were not calibrated correctly. The glucometers were immediately updated with the correct date and time. It was found after review with nurses and Med Techs that the date and time were easily changed when trying to review the glucometer history. The Director of Wellness reviewed with nurses and Med Techs the importance of making sure the glucometers were always calibrated with the correct date and time.

The DOW will monitor for accuracy.

The Administrator/Designee will ensure ongoing compliance with these regulations.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

*Stacie Millett Reahler*

*11-27-17*

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

*STACIE MILLETT REAHLER - Administrator*

Date

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(Initials)