



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JUN 07 2018

Ms. Laura B. Segers
Owner/Administrator
Laura B. Segers and Joel W. Segers
1502 East Washington Street
New Castle, Pennsylvania 16101

RE: La Casa Personal Care Home
Certificate #: 402110

Dear Ms. Segers:

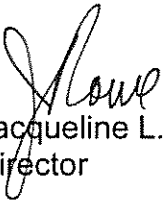
As a result of the Department of Human Services' Licensing annual licensing inspection on October 26, 2017 and March 7, 2018, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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,


Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2800**

PCH Name: LA CASA PERSONAL CARE HOME		License Number: 40211
Address: 1502 E WASHINGTON STREET, NEW CASTLE, PA 16101		County: Lawrence
Administrator: LAURA B SEGERS AND JOEL SEGERS LA CASA PCH		Region: WEST
Legal Entity Name: LAURA B SEGERS AND JOEL W SEGERS		
Legal Entity Address: 1502 E. WASHINGTON STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy C-2 LP 12/20/1998 LABOR AND INDUSTRY		 FEB 28 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Working Staff: 10
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspection Dates and Department Representatives On-Site 10/26/2017: Bartlett, Patricia; Georgoulia, Karen		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13 Number of Residents Served: 13 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 10 Are 80 Years of Age or Older: 5 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 3	

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
 PCH Name: LA CASA 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

House Bill No. 1785, The Influenza Awareness Act of 2016, requires that preparation and publication of information relating to the Influenza Awareness Act and the influenza vaccine is posted in a public place in the facility year-round. The Influenza Awareness information was not posted in the home.

Care Facility Carbon Monoxide Alarms Standards Act of June 23, 2016 requires that a carbon monoxide detector listed as complying with the Approved American National Standard for Gas and Vapor Detectors and Sensors be installed and maintained for any fossil fuel-burning device or appliance. The home did not have a carbon monoxide alarm installed for the kitchen's natural gas stove or for the basement natural gas furnace.

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 Influenza Awareness poster has now been posted in the dining room of the home.
 Administrator will check monthly to ensure that the poster is in place.

Two Carbon Monoxide Alarms have been purchased and installed in the home – one is in the dining room, near the kitchen, and the other is just outside the furnace room in the basement.
 Administrator will check weekly to ensure the alarms are in place and working. Both alarms comply with the Approved National Standard for Gas and Vapor Detectors and Sensors and were installed according to the instructions. Staff has been taught the purpose and importance of the alarms.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LAURA SEGERS, ADMIN/OWNER</i>	Date <i>2/28/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 4-16-18
 (Date)

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

Plan of correction implementation status as of 4-16-18
 (Date)

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

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
 PCH Name: LA CASA PERSONAL CARE HOME

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

2a. DESCRIPTION OF VIOLATION

The blue non-slip bath mat on the floor of the second floor common bathroom had multiple areas of a black substance, which appears to be mold, on the edges.

The ceiling fan in resident #6's and resident #7's shared bathroom has an accumulation of dust covering the vent.

There were multiple coffee cups in the kitchen cabinet which were soiled with black debris and had water stains due to a water leak in the kitchen ceiling.

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 bath mat in the second floor common bathroom has been replaced with a new bath mat. Other bath mats in the other bathrooms have been examined and cleaned or replaced as needed. Staff has been instructed to examine and clean bath mats each and every time they clean the bathroom, and to discard and replace them as needed. The Administrator has purchased extra new bath mats to have in the supply closet so there is no delay in replacing worn mats. The Administrator will check bath mats bi-weekly to ensure that they are mold-free, clean and in good condition.

The ceiling fan in the shared bathroom has been thoroughly cleaned. The Administrator has amended the bathroom cleaning checklist to include exhaust fans. The Administrator will monitor bi-weekly to ensure bathroom fans are cleaned thoroughly.

The cups were washed during the inspection and the cabinet was thoroughly wiped out and cleaned. Following the inspection, the Administrator repainted the entire inside of the kitchen cabinet with several coats of white paint. Staff was instructed to clean the insides of the cabinets in the kitchen on a regular, rotating basis. Administrator will monitor insides of cabinets weekly to ensure that they are clean and tidy.

Immediately: A designated staff person shall monitor the home daily to ensure sanitary conditions are maintained.

4-16-18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER

Date 2/28/18

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 (Initials)

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FEB 28 2018

Page 4 of 22

Violation Report: 40211 - 10/26/2017 - Barlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

WEST VIRGINIA BOARD
HEALTH SERVICES DIVISION

1. REGULATION 55 Pa.Code §2600

2600.85(e) - Trash outside the home shall be kept in covered receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was an uncovered 32 gallon, blue trash can on the exterior deck full of drywall scraps, damaged ceiling tiles, paper trash, and approximately 20 cigarette butts.

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 trashcan was emptied after the conclusion of the inspection and was moved around to the trash area. All trash can lids were placed on the trash cans. Staff was reminded that lids must be kept on trash cans. Administrator will monitor weekly that all trash cans have lids on them.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
 PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.87 - The home's rooms, hallways, interior stairs, outside steps, outside doorways, porches, ramps, evacuation routes, outside walkways and fire escapes shall be lighted and marked to ensure that residents, including those with vision impairments, can safely move through the home and safely evacuate.

2a. DESCRIPTION OF VIOLATION

There were no light bulbs in exterior sconces at both sides of the basement emergency exit to Addis Street.

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.

Lightbulbs were installed in the exterior light fixtures the day of the inspection. It was determined that a resident had removed the light bulbs. Administrator discussed the issue with the resident and explained why it is important not to remove light bulbs. Administrator will check weekly that lightbulbs are in place and working.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/31/2016	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LAURA SEGERS, ADMIN/OWNER* Date *2/28/18*

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 (Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
 PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
 The bathroom ceiling around the light/fan fixture, in shared first floor bathroom, has rust colored water damage measuring approximately 18" by 19" inches.
 The wall on both sides of the lower level emergency exit door, on the Addis Street side, have water damage measuring approximately 38" by 11" exposing the studs along the bottom of the wall
 The lower level emergency exit door to Addis Street does not close completely due to water damage to the door.
 Approximately 8' by 6' of kitchen ceiling was water damaged exposing the ceiling studs and wiring.

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 bathroom ceiling has received several new coats of paint. The Administrator will monitor the condition of the ceiling on a weekly tour of the home.

The Administrator has repaired the walls surrounding the lower level emergency exit door by removing damaged areas and replacing with new wall board, taping the seams, and applying several coats of joint compound. These areas will be primed and painted as soon as the joint compound is completely dry. (The cold and damp weather has slowed down this process.) Expected completion date: 3/07/18. All walls will be monitored by the Administrator in a weekly inspection of the premises.

The lower level emergency exit door has been repaired by the Administrator (with sanding and chiseling) so as to allow the door to open and close freely. The condition of all doors will be monitored by the Administrator in a weekly tour of the home.

The kitchen ceiling is in the process of being replaced by the Administrator due to an ongoing and stubborn leak from where several roof sections meet above the kitchen. He has worked repeatedly on the problem and has made progress, but has not completely solved the problem yet. (It only leaks in heavy rainstorms.) The wiring is all in Romex and all completely out of reach, so has never been a safety issue. Expected completion date: 3/31/18.

See page 8 of 22

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>LAURA SEGERS, ADMIN/OWNER</i>	Date <i>2/28/18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>1-16-18</u> (Date) The above plan of correction was approved by <u>K</u> (Initials)	Plan of correction implementation status as of <u>4-16-18</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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APR 15 2018

Violation Report: 40211 - 10/28/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION

The bathroom ceiling around the light/fan fixture, in shared first floor bathroom, has rust colored water damage measuring approximately 18" by 19" inches.

The wall on both sides of the lower level emergency exit door, on the Addis Street side, have water damage measuring approximately 38" by 11" exposing the studs along the bottom of the wall

The lower level emergency exit door to Addis Street does not close completely due to water damage to the door.

Approximately 8' by 6' of kitchen ceiling was water damaged exposing the ceiling studs and wiring.

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.

Immediately; The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Hazardous conditions will be corrected immediately. 4-14-18 ✓

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

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

LAWRA SEGERS, ADMIN/OWNER

Date 4/13/18

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The above plan of correction is approved as of

4-16-18
(Date)

Plan of correction implementation status as of

(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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FEB 28 2018

WARRANTY WORK ORDER
Form 100-100-0000

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.92 - Windows, including windows in doors, must be in good repair and securely screened when doors or windows are open.

2a. DESCRIPTION OF VIOLATION
The dining room window screen has a hole measuring approximately 1 1/2" by 1".
The living room window, closest to the staircase, does not have a screen.

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.

New window screens for these two windows were ordered and installed. All window screens will be inspected by the Administrator on a weekly tour of the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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The above plan of correction is approved as of 4-16-18 (Date)
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Plan of correction implementation status as of 4-16-18 (Date)
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 Not Implemented

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WEST VIRGINIA POLICE
Bartlett, Patricia

Page 8 of 22

Violation Report: 40211 - 10/20/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.93(a) - Each ramp, interior stairway and outside steps must have a well-secured handrail.

2a. DESCRIPTION OF VIOLATION
The third floor exterior fire escape wooden handrail is not secure and moves approximately 6" from side to side.

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 handrail has been properly attached with supporting brackets so that it does not move. The Administrator will monitor the condition of all handrails on a weekly tour of the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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WILSON COUNTY HEALTH DEPARTMENT
REGISTRATION DIVISION

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION
Approximately 1/2 of the non-slip surface was worn on approximately 33 exterior wooden steps from the third floor fire escape to the sidewalk on Addis Street side of the home.
There was no non-slip surface on approximately 4' of exterior decking leading from the dining room exit to the wooden deck.

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 purchased and applied non-slip paint to all of these surfaces in the week following the inspection. However, after a very hard winter, and the use of ice-melting compounds, the areas are once again in need of the reapplication of non-skid materials. Surfaces will be pressure-washed, and, when dry, will be primed and new non-skid materials will be applied. Because the surfaces must be completely dry before new materials can be applied, the completion of the project is dependent on the weather. Expected completion date: 4/30/18. Administrator will monitor the condition of the exterior non-slip surfaces on weekly tour of the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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

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 Fully Implemented
 Partially Implemented - Adequate Progress
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 Not Implemented

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FEB 28 2018

Violation Report: 40211 - 10/26/2017 - Barlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2800.100(a) - The exterior of the building and the building grounds or yard must be in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
The second floor wooden emergency exit landing was missing the fourth deck board creating a gap in the floor boards measuring approximately 1 1/4" by 2' 3".
The third floor wooden emergency exit landing had a gap measuring approximately 1 1/4" by 1' 2".
There were approximately four wooden deck boards measuring approximately 3' 8" by 6" on the exterior walkway, near the dryer vent, which bowed approximately 3/4" when weight was applied.

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.

New deck boards were purchased and installed in these areas by the Administrator. The area under the exterior walkway has been reinforced and no longer flexes when walked on. The Administrator will monitor the condition of the decking in a weekly tour of the home.

Immediately: The administrator or designated staff person shall conduct a monthly assessment of the exterior of the building, building grounds and yard to ensure all areas are in good repair and free of hazards. Any hazards will be immediately corrected. 4-16-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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

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Plan of correction implementation status as of 4-16-18 (Date)

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

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

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FEB 28 2018

WESTERN PENNSYLVANIA
STATE UNIVERSITY

Violation Report: 40211 - 10/28/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.101(j)(7) - Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on at bedside.

2a. DESCRIPTION OF VIOLATION
There is no lamp or other source of lighting by resident #2's bedside. The closest lighting was on top of a dresser 36" from the resident's bed.
There is no lamp or other source of lighting by resident #3's bedside
There is no lamp or other source of lighting by resident #4's bedside. The closest lighting was 53" from the resident's bed.

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.

Lamps have been installed in all three of these locations, within easy reach of the bed.
Administrator will monitor the location and condition of bedside lamps in a weekly tour of the home.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LAURA SEGERS, ADMIN/OWNER* Date *2/28/18*

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

The above plan of correction is approved as of 4-16-18
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(Initials)

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FEB 28 2018

WESTERN STATE PENITENTIARY

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.105(g)(1) - To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use.

2a. DESCRIPTION OF VIOLATION
There was an accumulation of dryer lint approximately 1/2" thick in the basement clothes dryer lint trap.

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.

All dryer lint was removed during the inspection. The staff has been instructed on the importance of keeping the dryer lint traps clean. A new sign has been mounted on the wall near the dryers to remind staff of the importance of keeping the dryer lint traps clean. A new dryer lint trap was purchased and installed for the basement dryer, as the old one had openings in the screen. The Administrator will monitor the condition of the dryer lint traps on a weekly tour of the home, as well as random checks throughout the week.

Immediately: A designated staff person will check the lint traps of all clothes dryers daily to ensure there is no accumulation of lint. 4-1675,

Repeat Violation: Yes Date(s) of Previous Violation(s): 10/31/2018

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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

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

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FEB 28 2018

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES

Violation Report: 40211 - 10/28/2017 - Bartlett, Patricia PCH Name: LA CASA PERSONAL CARE HOME	
1. REGULATION 05 Pa.Code §2600 2600.105(g)(2) - Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.	
2a. DESCRIPTION OF VIOLATION There was an accumulation of dryer lint measuring approximately 6" long by 2" thick hanging from the exterior dryer vent.	
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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>	
<p>All dryer lint was removed during the inspection. The staff has been instructed on the importance of keeping the exterior dryer vents clean and of the use and location of a brush provided for this purpose. A new sign has been mounted on the wall near the dryers to remind staff of the importance of keeping the exterior dryer vents clean. The Administrator will monitor the condition of the exterior dryer vents in a weekly tour of the home.</p>	
Repeat Violation: No	Date(s) of Previous Violation(s):
Signature of Legal Entity Representative (Required on EVERY Page) <i>Laura Segers</i>	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Laura Segers, Admin/Owner</i> Date <i>2/28/18</i>	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!	
The above plan of correction is approved as of <u>4-16-18</u> (Date)	Plan of correction implementation status as of <u>4-16-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

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FEB 28 2018

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.121(a) - Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

2a. DESCRIPTION OF VIOLATION

The second floor emergency exit leading from resident#1's bedroom to the outside is obstructed by a three-speed white oscillating fan measuring approximately four feet tall and a circular white plastic laundry hamper measuring approximately three feet tall with clothing inside.

The lower level emergency exit door, in the hallway to Addis Street, was obstructed by a 9-drawer dresser, measuring approximately 54 inches long by 3 feet tall, a headboard and footboard and a small wooden table and chair.

The second floor emergency exit leading from resident#1's bedroom to the outside is obstructed on the exterior by a planter measuring approximately 14 inches by 14 inches by 20 inches restricting the door from opening more than approximately 21 inches.

The ground level of the Addis Street fire escape was obstructed by a roll of tar paper measuring approximately 56" long.

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.

All obstructions to all of the emergency exits were cleared immediately after the inspection. Staff were reminded that emergency exits must stay completely clear at all times. Administrator will monitor this in the weekly tour of the home, as well as random checks throughout the week.

Immediately: A designated staff person will check the home daily on each shift to ensure all stairways, hallways, doorways, passageways and egress routes from rooms and from the building are unlocked and unobstructed.

4-16-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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

The above plan of correction is approved as of 4-16-18 (Date)

Plan of correction implementation status as of 4-16-18 (Date)

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

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

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Page 15 of 22

Violation Report: 40211 - 10/28/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code 52800

2600.123(c) - For a home serving nine or more residents, an emergency evacuation diagram of each floor showing corridors, line of travel to exit doors and location of the fire extinguishers and pull signals shall be posted in a conspicuous and public place on each floor.

2a. DESCRIPTION OF VIOLATION

The emergency evacuation diagram in the home's dining room did not indicate the correct orientation to fire exits. The emergency evacuation diagram was configured upside-down and backwards.

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 emergency evacuation diagram was removed and replaced with a corrected version. (At some point the diagram had apparently been moved to the opposite wall, which is believed to be what caused it to no longer appear accurate.) The Administrator will monitor the location and accuracy of the emergency evacuation diagrams in a weekly tour of the home.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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Plan of correction implementation status as of 4-16-18 (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: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.132(e) - A fire drill shall be held during sleeping hours once every 6 months.

2a. DESCRIPTION OF VIOLATION
The home conducted a sleeping hour fire drill on 9/24/16 at 11:20 p.m. However the next sleeping hour fire drill was not conducted until 5/15/17 at 11:35 p.m.

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 sleeping hour fire drills will be held every six months, as required, rather than twice yearly.
Administrator will monitor to ensure that this takes place.

Immediately: The administrator will monitor the fire drill record on a monthly basis to ensure a sleeping hour fire drill is conducted at least every six months and all residents are evacuated to a public thoroughfare or to a fire-safe area within the time specified in writing by a fire safety expert within the past year. 4-16-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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(Date)

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(Initials)

Plan of correction implementation status as of 4-16-18
(Date)

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

FEB 28 2018

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Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN SERVICES
www.wvdhhs.gov

1. REGULATION 55 Pa.Code §2600

2600.171(b)(5) - If staff persons or volunteers of the home provide transportation for the residents, the vehicle must have a first aid kit with the contents in § 2600.96 (relating to first aid kit).

2a. DESCRIPTION OF VIOLATION

The first aid kit in the home's vehicle did not include adhesive tape.

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.

Adhesive tape was added to the first aid kit in the vehicle. Administrator will check first aid kits weekly to ensure that all necessary supplies are in them. Staff will also be reminded to replace supplies as they use them. A box of extra supplies is kept in the office.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
(Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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The above plan of correction is approved as of 4-16-18
(Date)

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

Plan of correction implementation status as of 4-16-18
(Date)

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

FEB 28 2018

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Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

WEDNESDAY, FEBRUARY 28, 2018
10:58 AM EST

1. REGULATION 56 Pa.Code §2800

2600.183(b) - Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

2a. DESCRIPTION OF VIOLATION

Resident #4's glucometer kit, including lancets and test strips was unlocked, unattended and accessible on a dining room table used for group activities.

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 was unaware that keeping a glucometer kit (with the resident's name clearly marked) in an accessible area was not allowed, as it does not include any medications or syringes. However, the glucometer kits are now kept locked in the medication cabinet and brought out as needed. Staff has been instructed in the new procedure. The Administrator will monitor daily that this is in compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *LAURA SEGERS, ADMIN/OWNER* Date *2/28/18*

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

The above plan of correction is approved as of 4-16-18 (Date)

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

Plan of correction implementation status as of 4-16-18 (Date)

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

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
 PCH Name: LA CASA PERSONAL CARE 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 October 2017 medication administration record (MAR) master key does not indicate the staff person C's name or initials to identify the specific MAR entries from 10/1/17 through 10/26/17.

- * Resident #4
- * Resident #5
- * Resident #7

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.

During the month of October, 2017, staff person C, who had successfully completed the Diabetic Training class, administered some of the insulin injections, under the supervision of a staff person (B or D) who had completed both the Diabetic Training class and the Medication Administration Course. The Administrator was of the understanding that this was acceptable under the law, since Regulation 2600.190(a) specifically does not list any form of insulin. However, after having the issue clarified by the inspectors, staff person C was no longer allowed to administer insulin until she had also successfully completed the Medication Administration Course. She completed that course a few weeks after the inspection and is now fully qualified to administer all medications, including insulin.

Immediately: The administrator or designated staff person shall conduct an initial, and weekly thereafter, audit of the MARs to ensure all staff persons administering medications are indicated on the master MAR key. *4-16-18*

Repeat Violation: Yes	Date(s) of Previous Violation(s):	10/31/2016
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *LAURA SEGERS, ADMIN/OWNER* Date *2/28/18*

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 (Date)

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

Plan of correction implementation status as of *4-16-18*
 (Date)

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

FEB 28 2018

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Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia

PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.187(b) - The information in § 2600.187(a)(13) and § 2600.187(a)(14) shall be recorded at the time the medication is administered.

2a. DESCRIPTION OF VIOLATION

Resident 5's October 2017 MAR is initiated by direct care staff person B indicating the administration of multiple subcutaneous medications. However, direct care staff person C administered the medication as follows:

- * On 10/20/17 at 11:30 a.m., 5 units of Humalog
- * On 10/20/17 at 4:30 p.m., 5 units of Humalog
- * On 10/23/17 at 7:30 a.m., 12 units of Lantus and 7 units of Humalog
- * On 10/24/17 at 7:30 a.m., 12 units of Lantus and 9 units of Humalog
- * On 10/25/17 at 7:30 a.m., 12 units of Lantus and 7 units of Humalog

Resident #5's October 2017 MAR is initiated by direct care staff person D indicating the administration of Humalog 5 units on 10/25/17 at 11:30 a.m. However, direct care staff person C administered the medication.

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.

During the month of October, 2017, staff person C, who had successfully completed the Diabetic Training class, administered some of the insulin injections, under the supervision of a staff person (B or D) who had completed both the Diabetic Training class and the Medication Administration Course. The Administrator was of the understanding that this was acceptable under the law, since Regulation 2600.190(a) specifically does not list any form of insulin. However, after having the issue clarified by the inspectors, staff person C was no longer allowed to administer insulin until she had also successfully completed the Medication Administration Course. She completed that course a few weeks after the inspection and is now fully qualified to administer all medications, including insulin.

Immediately: The administrator or designated staff person qualified to administer medications shall conduct a weekly audit of all resident MARs to ensure medication administration is documented at the time of administration by the staff person administering medications. 4-16-18

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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The above plan of correction is approved as of <u>4-16-18</u> (Date)	Plan of correction implementation status as of <u>4-16-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

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FEB 23 2018

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.167(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 is prescribed Novolog Flexpen 100u/ml, inject 2 units subcutaneously 3 times daily before meals and sliding scale, max daily dose of 10 units as follows:

- 70-140 = 0 units
- 141-180 = 1 unit
- 181-220 = 2 units
- 221-260 = 3 units
- 261-300 = 4 units
- 301-340 = 5 units
- 341-400 = 6 units
- 401-500 = 8 units
- 501-greater = notify physician

On 10/20/17, at 7:30 a.m. the glucometer indicated 120 which the resident should have been administered 2 units of Novolog. However, the resident was administered 3 units.

Resident #8 was administered Clozapine 25mg, 1 tablet in the morning and 2 tablets at bedtime and Clozapine 100mg, 2 tablets at bedtime from 10/2/17 to 10/28/17. However, the home did not have a current prescription order for the medication and the medication is not indicated on the resident's October 2017 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

The staff has been re-trained to pay extremely close attention to the reading of an insulin sliding scale and to match that carefully with the blood sugar results on a glucometer, then to record the exact number of units administered on the insulin record sheet. The Administrator will continue to monitor this with random observations and checks.

The Administrator obtained a copy of the current prescription order for the Clozapine, and entered it in the MAR following the inspection. Because the Clozapine (being a special medication) is filled through a different pharmacy, it is not automatically listed on the printed MARS we receive from our "regular" pharmacy. Therefore, it needs to be entered by hand each month. The Administrator will check monthly, and more often as needed, that the Clozapine, and all other medications given, are listed correctly in the MAR.

See pch 2110122

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) **LAURA SEGERS, ADMIN/OWNER** Date **2/28/18**

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

The above plan of correction is approved as of 4-16-18 (Date)

Plan of correction implementation status as of 4-16-18 (Date)

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

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

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4

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

APR 15 2018

1. REGULATION 65 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #4 is prescribed Novolog Flexpan 100u/ml, inject 2 units subcutaneously 3 times daily before meals and sliding scale, max daily dose of 10 units as follows:
70-140 = 0 units
141-180 = 1 unit
181-220 = 2 units
221-260 = 3 units
261-300 = 4 units
301-340 = 5 units
341-400 = 6 units
401-500 = 8 units
501-greater = notify physician

On 10/20/17, at 7:30 a.m. the glucometer indicated 120 which the resident should have been administered 2 units of Novolog. However, the resident was administered 3 units.

Resident #8 was administered Clozapine 25mg, 1 tablet in the morning and 2 tablets at bedtime and Clozapine 100mg, 2 tablets at bedtime from 10/2/17 to 10/28/17. However, the home did not have a current prescription order for the medication and the medication is not indicated on the resident's October 2017 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.

Immediately: All staff persons qualified to administer medications will be re-educated on the proper procedure for medication administration including documentation of medications on the MARs, documentations of medication administration, following the orders of the prescriber, and reporting medication errors. Documentation of education shall be kept. 4-11-18

Immediately: A designated staff person qualified to administer medications shall audit all resident MARs weekly to ensure the proper procedure for medication administration including documentation of medications on the MARs, documentations of medication administration, following the orders of the prescriber, and reporting medication errors are followed. 4-12-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 4/13/18

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The above plan of correction is approved as of 4-7-18 (Date)

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

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

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Page 22 of 22

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Direct care staff person C has not successfully completed a Department-approved medication administration course or passed the Department's performance-based competency test. However, direct care staff person C administered multiple insulin injections to residents to include:

- Resident #4
 - On 10/18/17 at 7:30 a.m. was administered 10 units of Lantus and 3 units of Novolog
 - On 10/19/17 at 7:30 a.m. was administered 10 units of Lantus and 3 units of Novolog
 - On 10/20/17 at 11:30 a.m. was administered 2 units of Novolog
 - On 10/20/17 at 4:30 p.m. was administered 2 units of Novolog
 - On 10/23/17 at 7:30 a.m. was administered 10 units of Lantus and 2 units of Novolog
- Resident #5
 - On 10/20/17 at 11:30 a.m. was administered 5 units of Humalog
 - On 10/20/17 at 4:30 p.m. was administered 5 units of Humalog
 - On 10/23/17 at 7:30 a.m. was administered 12 units of Lantus and 7 units of Humalog
 - On 10/24/17 at 7:30 a.m. was administered 12 units of Lantus and 9 units of Humalog
 - On 10/25/17 at 7:30 a.m. was administered 12 units of Lantus and 7 units of Humalog
- Resident #7
 - On 10/18/17 at 7:30 a.m. was administered 88 units of Lantus and 11 units of Humalog
 - On 10/20/17 at 11:30 a.m. was administered 18 units of Humalog
 - On 10/20/17 at 4:30 p.m. was administered 20 units of Humalog
 - On 10/23/17 at 7:30 a.m. was administered 88 units of Lantus and 12 units of Humalog
 - On 10/24/17 at 7:30 a.m. was administered 86 units of Lantus and 10 units of Humalog
 - On 10/24/17 at 11:30 a.m. was administered 14 units of Humalog
 - On 10/25/17 at 7:30 a.m. was administered 88 units of Lantus and 12 units of Humalog

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.

During the month of October, 2017, staff person C, who had successfully completed the Diabetic Training class, administered some of the insulin injections, under the supervision of a staff person (B or D) who had completed both the Diabetic Training class and the Medication Administration Course. The Administrator was of the understanding that this was acceptable under the law, since Regulation 2600.190(a) specifically does not list any form of insulin. However, after having the issue clarified by the inspectors, staff person C was no longer allowed to administer insulin until she had also successfully completed the Medication Administration Course. She completed that course a few weeks after the inspection and is now fully qualified to administer all medications, including insulin.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 2/28/18

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

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Plan of correction implementation status as of 4-16-18 (Date)

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

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

See page 22 of 22

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APR 15 2018

Page 22 of 22

Violation Report: 40211 - 10/26/2017 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2800.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION
Direct care staff person C has not successfully completed a Department-approved medication administration course or passed the Department's performance-based competency test. However, direct care staff person C administered multiple insulin injections to residents to include:
* Resident #4
On 10/18/17 at 7:30 a.m. was administered 10 units of Lantus and 3 units of Novolog
On 10/19/17 at 7:30 a.m. was administered 10 units of Lantus and 3 units of Novolog
On 10/20/17 at 11:30 a.m. was administered 2 units of Novolog
On 10/20/17 at 4:30 p.m. was administered 2 units of Novolog
On 10/23/17 at 7:30 a.m. was administered 10 units of Lantus and 2 units of Novolog
* Resident #5
On 10/20/17 at 11:30 a.m. was administered 5 units of Humalog
On 10/20/17 at 4:30 p.m. was administered 5 units of Humalog
On 10/23/17 at 7:30 a.m. was administered 12 units of Lantus and 7 units of Humalog
On 10/24/17 at 7:30 a.m. was administered 12 units of Lantus and 9 units of Humalog
On 10/25/17 at 7:30 a.m. was administered 12 units of Lantus and 7 units of Humalog
* Resident #7
On 10/18/17 at 7:30 a.m. was administered 88 units of Lantus and 11 units of Humalog
On 10/20/17 at 11:30 a.m. was administered 18 units of Humalog
On 10/20/17 at 4:30 p.m. was administered 20 units of Humalog
On 10/23/17 at 7:30 a.m. was administered 88 units of Lantus and 12 units of Humalog
On 10/24/17 at 7:30 a.m. was administered 88 units of Lantus and 10 units of Humalog
On 10/24/17 at 11:30 a.m. was administered 14 units of Humalog
On 10/25/17 at 7:30 a.m. was administered 88 units of Lantus and 12 units of Humalog

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.
Immediately: Only staff persons who have met the requirements of regulation 2800.190(a) shall be permitted to administer medications. Documentation of qualifications of any person administering medications in the home shall be kept in each staff person's record. 4-16-18
Immediately: The administrator shall review all staff person training records to ensure all staff persons administering medications are qualified to administer medications in accordance with regulation 2800.190(a) and the documentation is present in the staff person's record. 4-16-18

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 4/13/18

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

The above plan of correction is approved as of 4-16-18 (Date)

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

Plan of correction implementation status as of _____ (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

VIOLATION REPORT
PERSONAL CARE HOMES - 56 Pa.Code Chapter 2600

Page 1 of 6

PCH Name: LA OASA PERSONAL CARE HOME		License Number: 40211
Address: 1602 E WASHINGTON STREET, NEW CASTLE, PA 16101		County: Lawrence
Administrator: LAURA B SEGERS AND JOEL SEGERS		Region: WEST
Legal Entity Name: LAURA B SEGERS AND JOEL W SEGERS		
Legal Entity Address: 1602 E. WASHINGTON STREET, NEW CASTLE, PA 16101		
Certificate(s) of Occupancy C-2 LP 12/20/1986 LABOR AND INDUSTRY		<p align="center">RECEIVED</p> <p align="center">APR 15 2018</p> <p align="center">WEST REGION WELFARE OFFICE Human Services Agency</p>
Staffing Hours		
Resident Support: 0	Total Daily Staff: 13	Working Staff: 10
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 03/27/2018: Bartlett, Patricia; Evages, Joseph		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 13 Number of Residents Served: 13 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 0	Number of Residents who: Receive Supplemental Security Income: 11 Are 60 Years of Age or Older: 10 Have Mental Illness: 12 Have an Intellectual Disability: 1 Have a Mobility Need: 0 Have a Physical Disability: 3	

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Violation Report: 40211 - 03/27/2018 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

WEST PHOENIX DISTRICT
PHOENIX, ARIZONA 85009

1. REGULATION 55 Pa.Codo §2000

2600.42(s) - A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

2a. DESCRIPTION OF VIOLATION

On 3/9/18, there was a hole measuring approximately 2" by 2" in the door of the first floor common bathroom, permitting visibility of the toilet from the dining room. Numerous residents were observed utilizing the bathroom between approximately 9:00 a.m. and 10:00 a.m.

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 door was patched during the inspection, in view of the inspectors. A new door has been purchased and will be installed no later than 4/21/18. The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards, and that the residents' right to privacy during bathing, dressing, changing and medical procedures has not been infringed. Any problems or concerns will be addressed and resolved immediately.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura Segers

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

LAURA SEGERS, ADMIN/OWNER

Date 4/13/18

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

The above plan of correction is approved as of

4-16-18
(Date)

Plan of correction implementation status as of

4-16-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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APR 15 2018

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Violation Report: 40211 - 03/27/2018 - Barlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

WEST VIRGINIA HEALTH SERVICE
HUMAN RESOURCE DIVISION

1. REGULATION 58 Pa.Code §2800
2800.88(a) - Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

2a. DESCRIPTION OF VIOLATION
At approximately 9:50 a.m. there was rainwater seeping under the exit door leading from the basement to Addis Street, and a trail of water measuring approximately 20' long by 2" wide ran across the middle of the basement floor. A puddle of water measuring approximately 8" by 30" accumulated at the interior base of the door.

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.

Staff mopped up the water the day of the inspection. Administrator has since applied two coats of Flex-Seal Sealant to the threshold and surrounding door frame. Staff has been instructed to check this area during rainstorms to assure that, if this happens again, the water will be removed immediately and the administrator will be notified so he can implement additional measures if necessary to seal this area. The administrator or designee shall check all areas of the home at least weekly to ensure floors, walls, ceilings, windows, doors and other surfaces are clean, in good repair and free of hazards. Any problems or concerns will be addressed and resolved immediately.

Repeat Violation: *no* Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *LAURA SEGERS, ADMIN/OWNER* Date *4/13/18*

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(Initials)

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APR 15 2018

Violation Report: 40211 - 03/27/2018 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

REC'D - HEALTH SERVICES
PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

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

Resident #1's glucometer was not calibrated to the correct date and time. On 3/27/18 at 1:42 p.m., the glucometer indicated 3/28/18 at 12:31 a.m.

Resident #3 is prescribed Novolog Flexpen 100u/ml, Inject 2 units subcutaneously 3 times daily before meals and sliding scale, maximum daily dose of 10 units as follows:

- 75-150 = 0 units
- 151-200 = 2 unit
- 201-250 = 4 units
- 251-300 = 6 units
- 301-350 = 8 units
- 351-400 = 10 units
- 401-450 = 12 units
- 451-greater = nollify phyalolan

On 3/19/18 at 11:30 a.m., the glucometer reading and the amount of insulin administered was not indicated on the resident's March 2018 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.

Glucometers have now been checked and calibrated with the correct time and date. Administrator or designee will check the glucometers at least weekly to ensure that they are always correct. Administrator has trained the staff on how to adjust the glucometers and the importance of keeping them calibrated.

On 3/19/18 at 11:30am this resident's blood glucose was at 70, which indicated 0 units of insulin to be administered. The resident was experiencing a low blood sugar reaction and the staff member became busy giving the resident orange juice and helping him to keep his anxiety level down, and failed to document the glucose reading in the Blood Sugar Log. Staff has since been re-instructed as to the importance of always documenting correctly, even when there is no insulin administered. The administrator or a designated staff person qualified to administer medications shall audit the Blood Sugar Log and the MARS at least weekly to determine that all staff are following the correct procedure for documentation of medication and blood sugars.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Laura Segers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 4/13/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of <u>4-16-18</u> (Date)	Plan of correction Implementation status as of <u>4-16-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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: 40211 - 03/27/2018 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

WEST VIRGINIA STATE POLICE
Human Resources Training

1. REGULATION 55 Pa.Code §2800

2800.187(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 is prescribed Lantus Solostar, Inject 86 units subcutaneously, daily for diabetes. However, the resident's March 2017 MAR indicates inject 80 units subcutaneously.

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 MAR was corrected by the administrator the day of the inspection. The pharmacy was then called and asked to correct the information on their computer so that the MAR will always match the pharmacy label and the doctor's orders. The administrator will check the MARS monthly, before they are used, to ensure that they are absolutely correct.

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

Signature of Legal Entity Representative (Required on EVERY Page) Laura Segers

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 4/13/18

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Plan of correction implementation status as of 4-16-18 (Date)

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- Partially Implemented - Inadequate Progress
- Not Implemented

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

Violation Report: 40211 - 03/27/2018 - Bartlett, Patricia
PCH Name: LA CASA PERSONAL CARE HOME

WEST VIRGINIA STATE BOARD OF HEALTH
1900 UNIVERSITY AVENUE
MARTINSBURG, WV 26150-3000
304.263.4200

1. REGULATION 56 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #3 is prescribed Novolog Flexpen 100u/ml, Inject 2 units subcutaneously 3 times daily before meals and sliding scale, maximum daily dose of 10 units as follows:

- 75-160 = 0 units
- 151-200 = 2 units
- 201-250 = 4 units
- 251-300 = 6 units
- 301-350 = 8 units
- 351-400 = 10 units
- 401-450 = 12 units
- 451-greater = notify physician

The resident was not administered this medication to include:

- * On 3/15/18, at 11:30 a.m., the resident's blood glucose reading was 76. However, the resident was not administered any Novolog.
- * On 3/16/18, at 11:30 a.m., the resident's blood glucose reading was 171. However, the resident was only administered 2 units of Novolog.
- * On 3/16/18, at 4:30 p.m., the resident's blood glucose reading was 89. However, the resident was not administered any Novolog.
- * On 3/17/18, at 4:30 p.m., the resident's blood glucose reading was 81. However, the resident was not administered any Novolog.
- * On 3/18/18, at 4:30 p.m., the resident's blood glucose reading was 87. However, the resident was not administered any Novolog.

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 examination, and discussion with the Inspector, it was determined that the sliding scale used for this resident was confusing for the staff. The administrator called the doctor and he agreed to alter the sliding scale to make it much easier for the staff to understand and administer correctly. The administrator trained the staff to use the new sliding scale, and will monitor the MAR and the Blood Sugar Log at least weekly to ensure that there is no confusion and that the sliding scale is administered correctly.

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

Signature of Legal Entity Representative (Required on EVERY Page) Laura Segers

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) LAURA SEGERS, ADMIN/OWNER Date 4/13/18

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