



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: April 10, 2018

Ms. Julian Davenport
Administrator
Karen Adams
314 Fallowfield Avenue
Charleroi, PA 15022

RE: The Adams House
Certificate #: 413710

Dear Ms. Davenport:

As a result of the Department of Human Services' licensing inspection on November 7, 2017 and November 8, 2017, of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink that reads "Janine Wenzig".

Janine Wenzig
Human Services Licensing Supervisor

Enclosure
Licensing Inspection Summary

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JAN 03 2018

Page 2 of 15

Violation Report: 41371 - 11/07/2017 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa. Code §2600

2600.5(a)(1) - The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to: Agents of the Department.

2a. DESCRIPTION OF VIOLATION

On 11/7/2017, at approximately 2:30 p.m., an agent of the Department requested records, including a list of current residents, a staff list, and resident #3's record. By approximately 3:45 p.m., Staff person C had not provided the resident's record.

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 next page. Page 2A of 15

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1/3/18

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

The above plan of correction is approved as of 2/2/18 (Date)

Plan of correction implementation status as of 2/2/18 (Date)

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

The above plan of correction was approved by (Initials)

Page 2A of 15

page 2 of 15

Staff Person C had not been trained in retrieving records and documents, [redacted] new and just settling into this new position of the morning shift which include duties that [redacted] had not done before. Immediately, Staff Person C will be trained on 2600.5(a)(1), access and record retrieval, and the list of information that the department requests every time they come in. We are also using the departmental template of regularly requested documents (Entrance Conference Guide) from the department's website as a source in training for the primary morning shift retrieval lessons. The Administrator will familiarize Staff Person C with what and where they need to retrieve things on that list, including list of current residents, a staff list, the resident record files and the staff record files.


3/2/18

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh
 PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 55 Pa.Code §2800
 2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION
 The following reportable incidents on the following dates were not reported to the Department:
 -On 3/22/17 police responded to the home due to a disorderly conduct investigation.
 -On 8/24/2017, resident #1 alleged resident #2 was harassing him/her and had instigated a physical altercation, causing the resident to feel fearful and threatened. Resident #1 called the police who responded to the incident.
 In June 2017, resident #3 was ordered Warfarin 5mg, once daily in the evening. An additional 2mg of Warfarin was ordered for 6/15/2017 and 6/16/2017. However, the additional 2mg were not administered on 6/15/2017 and 6/16/2017. This medication error was not reported to the Department.

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.

please see next page - 3A of 15

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

Signature of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Juliana Davenport* Date *1/3/18*

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The above plan of correction is approved as of 3/1/18 (Date)
 The above plan of correction was approved by [Signature] (Initials)
 Plan of correction implementation status as of 3/1/18 (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

The home will develop a personalized test and training materials for our home and staff will be given several opportunities to complete the materials. Staff will not be able to return to work until passed at a rate of 90% or above. The home will conduct the training at the next staff meeting scheduled for January 23, 2017. All staff will be trained on reportable incidents per regulation 2600.16(c). This will be a mandatory training for everyone that works at the Adam's House PCH. Every new staff will also be required to do so and this will be part of our ongoing training. It will be used as a refresher course every quarter to serve as regular reminders for all staff. The home will keep all documentation and send it to the department once completed.

The administrator will review all unusual incidents in the home at least weekly to ensure all have been reported to the Department in the required time frames and by the required reporting method.

J. 3/21/18

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JAN 03 2018

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh
 PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE
 Human Services Licensing

1. REGULATION 66 Pa.Code §2600
 2600.20(b)(4) - Resident funds and property shall only be used for the resident's benefit.

2a. DESCRIPTION OF VIOLATION
 On 11/7/2017, staff person B drove residents #1 and #4 to the local food pantry. Each received a box of food with produce, meat, canned goods, and other nonperishable food items. The produce, meat, and canned goods were taken from the residents and divided between the home and staff person B. Resident interviews indicate that trips to the food pantry occur monthly, and staff person B "Takes whatever the home needs, takes some for the workers," and the residents keep "Whatever is left over."

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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Next page please. - See page 4A of 15

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1/3/17

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

The above plan of correction is approved as of 1/3/18 (Date)
 The above plan of correction was approved by [Signature] (Initials)

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

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

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of 15

The Administrator allowed Staff Person B to drive residents to the foodbank back in August of 2017. It was my understanding that they would be able to get snacks and food for themselves and add that to their lockers at no cost to them (through the donations of businesses). After the department came in on the complaint and told us about this issue, we talked to each resident that has visited the food bank with Staff Person B. We were told that Staff Person B was keeping some of that food to use for the home; however, that food was never on the menu. When talking to Staff Person B, she said that ~~she~~ would keep some of the things the resident did not want for herself. Staff Person B was immediately discharged and the policy of no residents being allowed to utilize the food bank with the help of any staff was put into place. All snacks and extra food items are encouraged to be bought with personal needs allowance, friends or family gifts, or to be retrieved from the free stores independent of the home's staff.

Handwritten signature and date: 3/21/18

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JAN 03 2018

Page 5 of 15

Violation Report: 41371 - 11/07/2017 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.42(b) - A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

2a. DESCRIPTION OF VIOLATION

Resident #3 has a diagnosis of unstable type 1 diabetes, according to resident's home health nurse. The resident's October medication administration record (MAR) for 10/28/2017 at 8:00 p.m., indicates the resident's blood glucose level was 328. The resident is prescribed insulin on a sliding scale, and the resident should have received 4 units of insulin; however, 5 units of insulin were administered.

The next morning, 10/29/2017, at approximately 6:00 a.m., staff person A tested resident #3's blood glucose which indicated it was only 27. Staff person A did not contact 911 until 6:54 a.m. Mon Valley emergency medical services arrived at the home at 7:04 a.m. According to the report from EMS, the resident was found unresponsive lying in his/her bed. "According to personal care staff [his/her] sugar has been 27 for the past hour but waited to call 911 because [he/she] wanted to see if sugar would come up on its own while the personal care staff made breakfast for the rest of the residents." Resident #3 required on-site treatment by EMS and was transported to the hospital for additional diagnostic tests and treatment. The failure of the home to respond immediately to the resident's medical emergency has caused Resident #3 to fear for his/her health.

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.

Please see next page - 5A of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Julian Davenport

Date

1/3/18

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The above plan of correction is approved as of

3/2/18
(Date)

Plan of correction implementation status as of

3/2/18
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

Page SA 015

The 8:00 p.m. medication error of giving 5 units instead of 4 units resulted in the next morning's low blood sugar. The evening staff that gave the incorrect dosage will be retrained on diabetes education, along with all other direct care staff. They will be witnessed to giving the correct dosage at the correct time according to doctor's orders. This will happen on January 9, 2018.

At approximately 6:15 a.m. the next morning Staff Person A, tested Resident #3's blood glucose, Resident #3 was up and alert although sleepy as he normally is. Staff Person A told Resident #3 that breakfast will be ready soon and [redacted] should eat because [redacted] blood glucose is normally low in the morning due to [redacted] being an unstable diabetic. Staff Person A then made the mistake of going on to continue [redacted] morning duties. Staff Person A should have waited while the Resident #3 was still cognitive and conscious, helped [redacted] to the dining room for breakfast or brought Resident #3's breakfast to [redacted] bedside. If breakfast was not finished cooking, Staff person A should have at least followed diabetic protocol and gave Resident #3 something to raise [redacted] blood sugar immediately such as juice. Staff Person A should have called Resident #3's doctor to receive instructions. Staff Person A checked on Resident #3 about 15 minutes later around 6:30 a.m. [redacted] again told Resident #3 to get to the breakfast table so [redacted] can eat. Resident #3 "moaned a bit, complained because [redacted] does not like to get up in the morning". At this point, Staff Person A should have rechecked Resident #3's blood sugar and took appropriate action according to the doctor's instruction which is usually always to call 911 if blood glucose is rechecked and still bottomed out. Staff Person A should have already brought Resident #3's breakfast to [redacted] bedside or physically escorted [redacted] to the dining room while waiting for EMS. But [redacted] instead continued with [redacted] morning routine serving food and getting lunches ready for partial program. That took about 15 more minutes, then at about 6:45 before Staff Person A finally went to go physically help Resident #3 to the breakfast table and [redacted] found [redacted] unresponsive. At this point, Staff Person A failed at trying to wake [redacted] so he could give [redacted] juice and cookies. [redacted] then finally proceeded to call the ambulance which arrived a few minutes later and proceeded to scream at the Staff Person A. This staff person had NOT done what all of our staff are trained to do, check blood sugar, if low give juice and call the doctor, recheck in 15 minutes, call 911 if still low, encourage the resident to eat breakfast. If blood sugar does not rise a call to 911 should be made. The Staff Person A did not intentionally neglect Resident #3 out of any type of discord. The resident's doctor should be called and proper incident report faxed. The ignorance is that blood sugar was not rechecked in this instance, the resident did not receive any sustenance, and the staff continued with their duties. The staff person failed to recognize the severity of the situation and should have called the resident's doctor and call 911 immediately after if ordered. This staff person as well as all other staff persons will be re-educated on diabetes education on January 9, 2018. We will also dedicate time to this incident during the staff meeting on January 23, 2018. We did make a mistake and not sending the proper documentation and incident reports. The staff did not write an incident report for emergency services and the staff has not sent any information to the doctor. The issue with reporting is being addressed with all staff as stated on page 3 of this violation report.

Resident #1 no longer resides in the home.

Immediately - The home will reassess residents when needs are increased, to ensure the home is able to meet the resident's needs. On 3/21/18

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh	WEST REGION FIELD OFFICE
PCH Name: THE ADAMS HOUSE	Human Services Licensing

1. REGULATION 55 Pa.Code §2600
 2600.42(b) - A resident shall be compensated in accordance with State and Federal labor laws for labor performed on behalf of the home.

2a. DESCRIPTION OF VIOLATION
 Resident #1 performs work for the home on a daily basis, including taking out the garbage, washing dishes, and serving food. The resident is not compensated for this work in accordance with state and federal labor laws for this work.

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.

please see next page - 6A of 15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
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The above plan of correction is approved as of <u>3/21/18</u> (Date)	Plan of correction implementation status as of <u>3/21/18</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
The above plan of correction was approved by <u><i>M</i></u> (Initials)	

Page 6A of 15

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Effective immediately we will time how long each task it takes to complete. We will compile that into a weekly average for those tasks and we will pay the resident according with local, state, and federal guidelines. All times will be recorded and documented as well as documentation of monies paid to Resident #1. We want to continue to encourage this resident to help with these small tasks such as setting the table or taking down the garbage. It has been helping ~~me~~ tremendously with ~~my~~ mental illness and depressive episodes.

Resident #1 being compensated for the work and a record of hours worked and payments is being kept.

on
3/2/18


3/2/18

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh
PCH Name: THE ADAMS HOUSE WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.83(a) - The indoor temperature, in areas used by the residents, shall be at least 70°F when residents are present in the home.

2a. DESCRIPTION OF VIOLATION
On 11/7/2017 at approximately 2:45p.m., the temperature in resident #5's bedroom was 62 degrees Fahrenheit. An agent of the Department discovered that the top pane of the bedroom window was open approximately 4 inches. The resident was unaware of this and required assistance to close the window at the top.

On 11/8/2017 at approximately 9:45a.m., the temperature in the living room was 68 degrees Fahrenheit. Multiple residents in the room were wearing coats.

Resident interviews indicate that during periods of cold weather, the second floor of the home is extremely cold, residents wear multiple coats to bed, and residents believe they are getting sick due to the temperature.

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.

Please see next page - 7A of 15

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

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 1/3/18

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

The above plan of correction is approved as of 3/24/18 (Date)

Plan of correction implementation status as of 3/24/18 (Date)

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

The above plan of correction was approved by (Initials)

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The temperature gauge has been set now to 71 degrees F instead of 70 degrees F. The administrator has checked the temperatures 3 times a week and they are holding true. Immediately the administrator will check the temperatures gauges three times per week to make sure they do not dip below 70. Although we cannot stop resident's from opening their windows; housekeeping has been assigned to check windows Monday through Friday in each room to make sure they have not been left opened. Documentation of these checks will be created and staff will be trained on them at the next meeting, Jan. 23, 2018.

2/26/18

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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

2a. DESCRIPTION OF VIOLATION

The glucometer for resident #3 was used to test resident #6's blood glucose at 8:00 p.m. on 11/2/2017, and 11/4/2017, 11/5/2017, 11/6/2017 and 11/7/2017.

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.

please see next page - 8A of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Julian Davenport

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

Julian Davenport

Date

1/3/18

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The above plan of correction is approved as of

3/2/18
(Date)

Plan of correction implementation status as of

3/2/18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

Page 8A of 15

Effective immediately during inspection, those glucometers have been thrown away and new glucometers have been bought at the expense of the care home not the residents. The new meters all have their names on both the meter and the meter back. On January 9, 2018, all staff will be retrained on insulin procedures and using glucometers only for the designated name. Documentation for these trainings will be kept for each staff. This will also be addressed at our monthly meeting January 23, 2018.

Physicians of residents notified.

The administrator will observe each staff person who performs blood glucose checks at least once per week for 3 months to ensure proper procedures are followed.


3/2/18

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh
PCH Name: THE ADAMS HOUSE
JAN 03 2018

1. REGULATION 65 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.102(c) - There shall be at least one bathtub or shower for every ten or fewer users, including residents, staff persons and household members. Human Services Licensing

2a. DESCRIPTION OF VIOLATION
On 11/7/2017 and 11/8/2017, the home served 21 residents; however, there was only one functioning shower/bathtub available for residents' use.

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.

Please see next page 9A of 15

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Juliana Daverport*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Juliana Daverport* Date *1/3/18*

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

The above plan of correction is approved as of *3/21/18* (Date)
The above plan of correction was approved by *[Signature]* (Initials)
Plan of correction implementation status as of *3/20/18* (Date)
 Fully Implemented
 Partially Implemented - Adequate Progress
 Partially Implemented - Inadequate Progress
 Not Implemented

Page 9A of 15

The shower was leaking along the side and puddling under the floor mats soaking them creating an unsafe conditions whenever any resident took a shower. It was closed down to put a hard shower door and better drainage so no further damage and no accidents happened. The shower has been fixed and has been available for residents' use.

M. Stubs

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Page 10 of 15

Violation Report: 41371 - 11/07/2017 - Hoover, Josh	WEST REGION FIELD OFFICE
PCH Name: THE ADAMS HOUSE	Human Services Licensing

1. REGULATION 56 Pa.Code §2600
 2600.142(a) - The home shall assist the resident to secure medical care if a resident's health status declines. The home shall document the resident's need for the medical care, including updating the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION
 Resident #3 has a diagnosis of unstable type 1 diabetes, according to resident's home health nurse. The resident's October medication administration record (MAR) for 10/28/2017 at 8:00 p.m., indicates the resident's blood glucose level was 328. The resident is prescribed insulin on a sliding scale, and the resident should have received 4 units of insulin; however, 5 units of insulin were administered.

The next morning, 10/29/2017, at approximately 6:00 a.m., staff person A tested resident #3's blood glucose which indicated it was only 27. Staff person A did not contact 911 until 6:54 a.m. Mon Valley emergency medical services arrived at the home at 7:04 a.m. According to the report from EMS, the resident was found unresponsive lying in his/her bed. "According to personal care staff [his/her] sugar has been 27 for the past hour but waited to call 911 because (he/she) wanted to see if sugar would come up on its own while the personal care staff made breakfast for the rest of the residents." Resident #3 required on-site treatment by EMS and was transported to the hospital for additional diagnostic tests and treatment.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
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please see next page - 10A of 15

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

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

Julian L. [Signature] Date *1/3/18*

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

The above plan of correction is approved as of <u>3/21/18</u> (Date) The above plan of correction was approved by <u>[Signature]</u> (Initials)	Plan of correction implementation status as of <u>3/21/18</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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Immediately, the administrator will make up a template for the staff to easily contact a resident's doctor through fax for non-emergency situations as needed to maintain effective communication. Staff will call the doctor when a resident's insulin is low or very high. If not reachable, staff will call 911. During the next staff meeting all staff will be trained when to call the ambulance due to a resident's health status. They will also have retraining on diabetic education January 9, 2018. The home will document whenever a resident goes to the hospital. All paperwork of these trainings will be sent to the Department for further evaluation. Immediately the administrator will send these insulin training records to the department after completion.

Jan 18

Immediately and at least weekly thereafter -
The administrator will review residents' health status with staff to ensure all changes are addressed.

Resident #3 no longer resides in the home.

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JAN 03 2018

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
 2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

2a. DESCRIPTION OF VIOLATION
 Resident #3 is prescribed Humalog insulin before meals, at 8:00 a.m., 12:00 p.m. and 5:00 p.m. and and at 8:00 p.m. on a sliding scale. However, the November 2017 MAR does not include the amount of insulin administered at 8:00 a.m., 12:00 p.m. and 5:00 p.m. on 11/1/2017, 11/2/2017, 11/3/2017, 11/4/2017, 11/5/2017, 11/6/2017 or 11/7/2017.
 Resident #4 is ordered fasting blood sugar readings at 6:00 a.m. Monday, Wednesday and Friday and resident #5 is ordered blood sugar readings twice a day at 8 a.m. and 8 p.m. However, resident #4 and #5 did not have blood sugar testing on 11/8/2017 at 8:00 a.m. because there were no test strips available in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please see next page 11A of 15

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

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

Date 1/3/18

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 (Date)

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

Plan of correction implementation status as of 3/2/18
 (Date)

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- Not Implemented

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Immediately the administrator will contact the pharmacy who operates the eMar to add amount of insulin administered so that it may be included in the staff's eMar documentation. Currently the eMar does not include insulin amount. Staff will be trained on the new information and how to input the insulin amounts on the eMar. The care home bought new glucose meters for every resident that uses insulin at the personal care home. We bought the same meter for everyone and also bought extra strips that are stored in the office so if any resident runs out of strips due to extra glucose testing a month we have extra available. Staff will be informed of the extra strips and protocol will be made to contact the administrator if anyone ever is getting low so they don't run out.

Immediately - A designated staff person will complete a medication audit at least monthly, to include diabetes supplies.

Staff who administer insulin retrained by Certified Diabetes educator on 1/9/18.

1/8/18

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

JAN 03 2018

1. REGULATION 55 Pa.Code §2800
2800.187(d) - The home shall follow the directions of the prescriber.

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

In June 2017, resident #3 was prescribed Warfarin 5mg, once daily in the evening. An additional 2mg of Warfarin was ordered for 6/15/2017 and 6/16/2017. However, the additional 2mg of Warfarin was not administered on 6/15/2017 and 6/16/2017.

Resident #3 is prescribed insulin before meals and at bedtime on a sliding scale as follows, based on blood glucose testing that is also prescribed 4 times daily.

-Before meals: 5 units base; <70=0 units, 70-149=5 units, 150-200=8 units, 201-250=11 units, 251-300=14 units, 301-350=17 units, 351-400=20 units, >400=23 units and call MD

-Before Bed: 20 Units Lantus; Humalog: 200-250=2 units, 251-300=3 units, 301-350=4 units, 351-400=5 units, >400=6 units and call MD

-On 10/28/2017, at approximately 8:00 p.m., resident #3's blood glucose was 328, indicating that the resident should have received 4 units of insulin. However, 5 units of insulin were administered.

-Also, staff interviews indicated that that the resident's physician is not called when the resident's blood glucose readings are over 400, because the staff cannot reach the physician. At times, staff will call the resident's home health nurse, and at other times staff will administer insulin based on the residents wishes.

-On 11/5/2017, at approximately 8:00 p.m., resident #3's blood glucose reading was 248. No Humalog was administered, but according to the sliding scale, 2 units should have been administered. On 11/6/2017 and 11/7/2017 at 8:00 p.m., the resident's glucometer read "HI," indicating that the residents blood glucose was >600. The resident's physician was not notified, and 10 units of Humalog were administered per the resident's suggestion. The sliding scale indicates 6 units and call physician.

Resident #4 is prescribed blood glucose testing at 8:00 a.m. on Monday, Wednesday, and Friday; however, the resident's blood glucose was not tested on Wednesday 11/8/2017.

Resident #3 is prescribed blood glucose testing twice daily at 8:00 a.m. and 8:00 p.m., however, the resident's blood glucose was not tested on 11/8/2017 at 8:00 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.

See Page 13A of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Julian Davenport

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

Julian Davenport

Date 1/3/18

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

The above plan of correction is approved as of 2/2/18
(Date)

Plan of correction implementation status as of 2/2/18
(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: 41371 - 11/07/2017 - Hoover, Josh PCH Name: THE ADAMS HOUSE
1. REGULATION 55 Pa.Code §2600 2600.187(d) - The home shall follow the directions of the prescriber.

See Page 13 A of 15

Immediately staff will be instructed to follow what the doctor prescribes. The home will develop training materials to emphasize this by the the next staff meeting on the Jan. 23, 2018. The trainings will be documented and sent to the department after everyone completes them during that staff meeting. Staff will be trained on code 2600.187(d) at the next meeting on the 23 of January.

Staff retrained on Diabetes education and documentation and administration and documentation on 1/19/18.

Immediately and at least weekly thereafter -
A designated staff person will review the MAR to ensure all medications, including Warfarin and sliding scale insulin, are administered per prescriber's orders.

[Handwritten signature]
3/21/18

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JAN 03 2018

Violation Report: 41371 - 11/07/2017 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 58 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually,
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

The assessment for resident #3, dated 7/7/2017, does not include the diagnosis of Addison's disease, as indicated on the medical evaluation, dated 5/24/2017.

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.

please see next page - 14A of 15

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Date

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

The above plan of correction is approved as of 3/21/18
(Date)

Plan of correction implementation status as of 3/21/18
(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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The assessment for resident #3 was updated. mzh/18

Immediately the administrator and assistant will audit all resident files specifically the assessment and the medical evaluations that all information is consistent on both forms. Furthermore, in the future after any assessment or medical evaluation is filled out by one of the doctors, the assistant will also audit any new ones done by the doctor's or nurses to check that information is consistent are both forms. If it is not we will return forms to the doctor to have them correct the mistake to ensure compliance.

mzh/18

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JAN 03 2018

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Violation Report: 41371 - 11/07/2017 - Hoover, Josh PCH Name: THE ADAMS HOUSE	WEST REGION FIELD OFFICE Human Services Licensing
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1. REGULATION 55 Pa.Code §2600
2600.227(i) - The support plan shall be accessible by direct care staff persons at all times.

2a. DESCRIPTION OF VIOLATION
The agent of the Department then asked if staff person C could provide resident #3's support plan. Staff person C was unaware of what a support plan was, and called staff person D, the home's administrator. The support plans were in the locked upstairs office and staff person C used a butter knife to break in to the office to retrieve the binder containing resident support plans.

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.

please see next page - ISA of 15

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>William D. [Signature]</i>	<i>1/3/18</i>


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

The above plan of correction is approved as of <u>3/29/18</u> (Date)	Plan of correction implementation status as of <u>3/21/18</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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The support plans have normally been kept in the locked cabinet downstairs in the kitchen next to the aid station except when they're being audited as they happened to be. Morning staff has a key to upstairs so that they can access files if needed by the state. Immediately, locks will be changed due to staff losing a key to the upstairs office. Staff will be trained on proper procedures when a key goes missing or stolen which does not include breaking into any part of the home. All direct care aides are trained on resident support plans but they know them as "RASPs" not support plans. We will verbally train our staff on the usage of the term support plan as well as direct them to their proper location in the locked cabinet. This will happen at our next meeting, January 9, 2018. Furthermore, the administrative assistant who audits the support plans will be trained as to the importance of placing the support plans back in their designated accessible spot in the filing cabinet downstairs; this will happen at the end of each day even during auditing times. Effective immediately, the assistant has been verbally educated.

A handwritten signature in black ink, appearing to be "J. Smith", written vertically on the left side of the page.