



**pennsylvania**

DEPARTMENT OF HUMAN SERVICES

JAN 26 2018

Ms. Anissa Rosemas,  
Personal Care Home Administrator  
Hollidaysburg Veterans' Home  
P.O. Box 319  
Hollidaysburg, PA 16648

RE: Hollidaysburg Veterans' Home  
License #: 343600

Dear Ms. Rosemas:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on November 14, 2017, and November 15, 2017 the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 34360 - 11/14/2017 - Heemer, Laura  
 PCH Name: HOLLIDAYSBURG VETERANS HOME

**1. REGULATION 55 Pa.Code §2600**

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 11-14-2017 at 10:00 pm, Resident 1 was treated in an undignified and disrespectful manner when a medical treatment was administered to Resident 1, in front of other residents in the shared bedroom. Staff Person A did not provide privacy to Resident 1 when this medical treatment was administered.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

*Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.*

*See attached. Page 2A*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>Anissa Rosenus RCHA</i>	<i>KARRY BROOKS RCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>Anissa Rosenus RCHA</i>	<i>KARRY BROOKS RCHA</i>	Date	<i>12/13/2017</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/18/17  
 (Date)

Plan of correction implementation status as of 1/22/18  
 (Date)

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

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

Hollidaysburg Veterans Home

License # 343600

Page : 1

Regulation Cited: 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.

How was the regulation violated: On 11/14/2017 at 10:00pm Resident 1 was treated in an undignified and disrespectful manner when a medical treatment was administered to Resident 1 in front of other residents in a shared bedroom. Staff person A did not provide privacy to Resident 1 when his medical treatment was administered.

Benefit of the regulation: Protects residents' right to privacy while protecting other residents from dangerous and harmful items.

Action plan to fix right away and prevent in the future: A portable privacy screen will be used to provide privacy to residents in their room when staff are administering medical treatments, during bathing, dressing and changing. This will be an ongoing practice moving forward.

Who is responsible for preventing future violation: Nursing Department

Date corrected by: 12/7/2017

Administrator Signature: *Crisis Rosemas*

Date: 12/13/17

Administrator Signature: *Kenny Brooks*

Date: 12/13/17

\* Staff have received training on the use of the privacy screen.

\* During daily walk-throughs of the facility, the administrator will monitor that the privacy of the residents is being maintained during care.

*BOS* 12/18/17

Violation Report: 34360 - 11/14/2017 - Heemer, Laura  
 PCH Name: HOLLIDAYSBURG VETERANS HOME

1. REGULATION 55 Pa.Code §2600  
 2600.102(e) - Privacy shall be provided for toilets, showers and bathtubs by partitions or doors.

2a. DESCRIPTION OF VIOLATION  
 Bathrooms located in the home have stalls without doors to ensure privacy to residents. This includes the men's' restroom identified as room B204 which has a toilet with a curtain instead of a door and Restroom BC3 that has two toilets with curtains instead of doors.

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

*See attached. 3A*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Mrs. Rosa Rosa PCHA* *KIMMY BROOKS PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Mrs. Rosa Rosa PCHA* *KIMMY BROOKS PCHA* Date *12/13/17*

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

The above plan of correction is approved as of 12/18/17  
 (Date)

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

Plan of correction implementation status as of 1/22/18  
 (Date)

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

Hollidaysburg Veterans Home

License # 343600

Page : 1

Regulation Cited: 2600.102(e)- Privacy shall be provided for toilets, showers, and bathtubs by partitions or doors.

How was the regulation violated: Bathrooms located in the hall have stalls without doors to ensure privacy to residents. This includes the men's restroom identified as rooms B204 which has a toilet with a curtain instead of a door and restroom BC3 that has two toilets with curtains instead of doors.

Benefit of the regulation: Doors and partitions in bathrooms ensure privacy.

Action plan to fix right away and prevent in the future: Maintenance had a vendor called in on 12/12/17 to provide pricing for the 2 rooms that were cited, B204 and BC3. These rooms are BC-03-04 common restroom on the ground floor C wing to include 4 commode stalls. Secondly the vendor will provide a cost estimate for B204 to provide a single partition to gain privacy for a commode. Once we receive pricing from the vendor assuming it's under 5K, we will start the PO process to have the work completed. One wing at a time will be completed until all areas are addressed. If the dollar amount exceeds 5k we will have to obtain 3 price quotes and bid the project out. The status of this project will be communicated to DHS on an ongoing basis until all areas reach completion.

- POC Maintenance will obtain a vendor to provide the 2 restrooms that were cited with partitions and doors for privacy.
- Moving forward our Project manager at Fort Indiantown GAP is working on a capital improvement project that will address all the restrooms in MH, heating and ventilation upgrade, windows and door upgrades. The bathroom /shower room portion of the capital project will be addressed at a future date. All work will require design drawings with Labor and industry approval.

Who is responsible for preventing future violation: Administration and Maintenance Departments

Date corrected by: Ongoing monthly process until completion.

Administrator Signature: Cristina Roemer

Date: 12/13/17

Administrator Signature: Wally Brock

Date: 12/13/17

Violation Report: 34360 - 11/14/2017 - Heemer, Laura  
 PCH Name: HOLLIDAYSBURG VETERANS HOME

**1. REGULATION 55 Pa.Code §2600**

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

**2a. DESCRIPTION OF VIOLATION**

On 7-27-2017 at 09:35 am, a fire drill was held by the home. During this drill there were 120 Residents present in the home but only 119 Residents evacuated.

On 8-25-2017 at 3:50 pm, a fire drill was held by the home. During this drill 117 Residents were present in the home but only 116 Residents evacuated.

On 9-28-2017 at 1:10 pm, a fire drill was held by the home. During this drill 117 Residents were present in the home but only 116 Residents evacuated.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See attached. Page 4A*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Melissa Roseman, PCHA*      *Kennedy Brooks, PCHA*

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

*Melissa Roseman, PCHA*      *Kennedy Brooks, PCHA*      Date *12/13/17*

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

The above plan of correction is approved as of 12/18/17  
 (Date)

Plan of correction implementation status as of 1/22/18  
 (Date)

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

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

Hollidaysburg Veterans Home

License # 343600

Page : 1

Regulation Cited: 2600.132(d) Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specific in writing within the past year by a fire safety expert.

How was the regulation violated: On 7/27/17 at 09:35 am, a fire drill was held by the home. During this time there were 120 Residents present in the home but only 119 Residents evacuated. On 8/25/17 at 03:50 PM, a fire drill was held by the home. During this time there were 1117 Residents present in the home but only 116 Residents evacuated. On /28/17 at 01:10 PM, a fire drill was held by the home. During this time there were 117 Residents present in the home but only 116 Residents evacuated.

Benefit of the regulation: Evacuation within the maximum evacuation time prevents fire-related death and injury.

Action plan to fix right away and prevent in the future: A fire drill will be held monthly on rotating shifts, days and times that meet the regulations. Moving forward any drill that is conducted that would result in any resident refusal to evacuate, a second drill will be conducted in that same month till compliance is met with this regulation.

Who is responsible for preventing future violations: Facility Fire Safety Expert

Date corrected by: 11/15/17

Administrator Signature:

Christa Rosemar

Date: 12/13/17

Administrator Signature:

Wendy Brown

Date: 12/13/17

\* The administrator shall monitor the fire drill record on a monthly basis to identify and provide remediation to any problems identified.

BAS  
12/18/17

Violation Report: 34360 - 11/14/2017 - Heemer, Laura  
 PCH Name: HOLLIDAYSBURG VETERANS HOME

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(1) - Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**2a. DESCRIPTION OF VIOLATION**

Two upholstered chairs that do not have tags confirming the upholstery meets the California Standards for Flame Retardance were present in the outside designated smoking area of 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.

*See attached. Page 5A*

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Signature]</i>	<i>KARRY BROOKS PCHA</i>
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Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	<i>ANISSA ROSEMER, PCHA</i>	<i>KARRY BROOKS PCHA</i>	Date	<i>12/13/17</i>
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 12/18/17  
(Date)

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

Plan of correction implementation status as of 1/22/18  
(Date)

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

Hollidaysburg Veterans Home

License # 343600

Page : 1

**Regulation Cited: 2600.144(c)(1):** Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

**How was the regulation violated:** Two upholstered chairs that do not have tags confirming the upholstery meets the California Standards for flame Retardance were present in the outside designated smoking area of the home.

**Benefit of the regulation:** Greatly reduces the risk of a fire associated with unsafe smoking and ensures that both residents and staff know what must be done in the event of a fire.

**Action plan to fix right away and prevent in the future:** The two chairs were immediately removed from the designated smoking area. Only furniture that is made of fire resistant material will be allowed in the designated smoking area. This will ensure compliance of the regulation.

**Who is responsible for preventing future violation:** Housekeeping Department

**Date corrected by:** 11/15/2017

Administrator Signature: *Christa Roseman*

Date: 12/13/17

Administrator Signature: *Kenny Brooks*

Date: 12/13/17

\* During the next staff meeting, staff members will be re-educated to remove any non-fire resistant furniture found in the designated smoking area, or immediately inform administration so that the non-fire resistant furniture can be scheduled for removal.

*MS* 12/18/17

Violation Report: 34380 - 11/14/2017 - Hoemer, Laura  
 PCH Name: HOLLIDAYSBURG VETERANS HOME

**1. REGULATION 55 Pa.Code §2500**

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**

On 11-15-2017 a Provent Inhaler used by Resident [redacted] was unsecured on a night stand in a bedroom D209 which is shared by four Residents.

On 11-15-2017 a small unlabeled plastic bag with approximately 15 large white tablets identified as belonging to Resident [redacted] was unsecured and located on a night stand in shared bedroom D209 when Resident [redacted] was not present in the room.

On 11-15-2017 the following medications were unsecured in resident room C205, a bedroom shared by two residents,:

1. Clindamycin 1% Pledgets (wipes) in a box with a prescription label.
2. Clotrimazole Betamethason 45 gm tube.
3. Clindamycin PH 1% gel tube.
4. Silvadine 1% cream, 50 gm tube
5. 473 ml bottle of ISOPROPYL Alcohol with a prescription label

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See attached Page 6A*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Anissa Rosemer PHA* *KARRY BROOKS PHA*

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

*Anissa Rosemer PHA* *KARRY BROOKS PHA* Date *12/13/17*

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

The above plan of correction is approved as of 12/18/17  
 (Date)

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

Plan of correction implementation status as of 1/22/18  
 (Date)

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

Hollidaysburg Veterans Home

License # 343600

Page : 1

**Regulation Cited: 2600.183(b):** Prescription medications, OTC, 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.

**How was the regulation violated:** On 11/15/17 a Provent inhaler used by Resident [redacted] was unsecured on a nightstand in a bedroom. D209 which is shared by four Residents.

On 11/15/17 a small unlabeled plastic bag with approximately 152 large white tablets identified as belonging to Resident [redacted] was unsecured and locate on the nightstand in a shared bedroom D209 when resident [redacted] was not present in the room.

On 11/15/17 the following medications were unsecured in resident room C205, a bedroom shared by two residents:

1. Clindamycin 1% Pledgets (wipes) in a box with a prescription label
2. Clotrimazole Betamethason 45 gm tube
3. Clindamycin PH 1% gel tube
4. Silvadine 1% cream, 50 gm, tube
5. 473 ml bottle of ISOPRPLY alcohol with a prescription label

**Benefit of the regulation:** Medications and syringes will be safe from contamination, spillage, or theft and residents who are unable to self-administer medications will be safe from harming themselves with the medications.

**Action plan to fix right away and prevent in the future:** All medications were removed from the room and given to the LPN to secure in the medication cart. The residents agreed to no longer self-medicate, our nurses will administer their medications moving forward. In the future any resident that will self-medicate their own medications will be provided with a locked box to store their medications in. The LPN will check the room to ensure that all medications are kept locked.

**Who is responsible for preventing future violation:** Nursing Department

Date corrected by: 11/15/2017

Administrator Signature: Missie Rosemas

Date: 12/13/17

Administrator Signature: Vanny Brooks

Date: 12/13/17

\* During the next staff meeting, staff members will receive re-education on the need to have all medications locked and the procedure to follow if an unlocked medication is found in a resident's room.

BAS  
12/16/17

Violation Report: 34360 - 11/14/2017 - Heemer, Laura  
 PCH Name: HOLLIDAYSBURG VETERANS HOME

**1. REGULATION 55 Pa.Code §2600**

2600.185(a) - The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

**2a. DESCRIPTION OF VIOLATION**

The home does not have procedures for the safe use of medications and medical equipment. The home's Blood Glucose Monitoring Policy states: "The emergency Glucometer for the respective unit is to be utilized for those residents who do not have an order for routine accuchecks." This policy does not clearly state that the shared use of glucometers is prohibited and provide directions for what should be done with and "emergency glucometer" once it is used upon a resident. During interviews, inspectors found that not all of the home's Direct Care Staff members are aware that an Emergency Glucometer is not to be used on multiple Residents.

**3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)**

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

*See Attached. Page 7A*

Repeat Violation: No	Data(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Miss Rosemarie PCHA KENNETH BROOKS PCHA*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Miss Rosemarie PCHA KENNETH BROOKS PCHA* Date *12/13/17*

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

The above plan of correction is approved as of 12/19/17  
 (Date)

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

Plan of correction implementation status as of 1/22/18  
 (Date)

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

Hollidaysburg Veterans Home

License # 343600

Page : 1

**Regulation Cited: 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.

**How was the regulation violated:** The home does not have procedures for the safe use of medications and medical equipment. The home's Blood Glucose Monitoring Policy states "The emergency Glucometer for the respective unit is to be utilized for those residents who do not have an order for routine accuchecks." This policy does not clearly state that the shared use of the glucometer is prohibited and provide the directions for what should be done with and "emergency glucometer" once it is used upon a resident. During interviews, inspectors found that not all of the home's Direct Care Staff members are aware that an Emergency Glucometer is not to be used on multiple Residents.

**Benefit of the regulation:** Reduces the risk that medications and medical equipment will be misplaced, lost or misused.

**Action plan to fix right away and prevent in the future:** A revision of the Blood Glucose Monitoring Policy was immediately updated and all staff were re-educated on the process to discard the emergency glucometer once it is used. The revised policy is attached.

**Who is responsible for preventing future violation:** Nursing Department

**Date corrected by:** 12/8/2017

Administrator Signature: *Ariana Roemer*

Date: 12/13/17

Administrator Signature: *Kathy Brown*

Date: 12/13/17