



pennsylvania
DEPARTMENT OF HUMAN SERVICES

JAN 04 2018

Ms. Sharon Ahearn
Administrator
Sharon Ahearn
44 Broad Street
Pittston, Pennsylvania 18640

RE: Adult Personal Care Home
License #: 243860

Dear Ms. Ahearn:

As a result of the Department of Human Services' (Department) annual licensing inspection on November 16, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

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

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

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

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 24386 - 11/16/2017 - Deluca, Amy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

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

According to resident #1's support plan addendum documentation the resident has been physically and verbally aggressive with other residents. Support plan addendum documentation dated 1/10/2017 indicates the resident had slapped resident #2; According to addendum documentation dated 3/20/17 resident #1 became angry at resident #3, held the resident's wrist, and caused bruising to resident #3's wrist. The home did not report these incidents to the Department's regional office.

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.

I completely understand the violation and the importance of reporting any and all incidents or conditions of abuse to the departments of Personal Care Home Regional office or Personal Care Home Complaint hotline within 24 hours. We are implementing a zero tolerance policy for abuse. If any resident exhibits any aggressive behavior towards another resident or staff member they will immediately given a 30 day notice and be put into a replacement process to be removed from the facility and relocated in a timely manner as per regulations.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 12/18/17

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

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

Date 12/15/17

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 12/18/17
 (Date)

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

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

Violation Report: 24386 - 11/16/2017 - Deluca, Amy
 PCH Name: ADULT 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
 The home did not have a carbon monoxide monitor installed near the gas stove located in the kitchen as required by the Care Facility Carbon Monoxide Alarms Standards Act.

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

I completely understand the violation and the importance of having a carbon monoxide monitor installed near the gas stove, located in the kitchen. On the day of inspection a monitor was properly installed in the kitchen near the gas stove as per regulation. The carbon monoxide monitor is scheduled to be serviced on a monthly basis to assure it is in proper working order.

The administrator shall become familiar with the Care Facility Carbon Monoxide Alarms Standards Act and shall be responsible for ongoing compliance.

M 12/18/17

Repeat Violation: No	Date(s) of Previous Violation(s):			
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 (Required on EVERY Page) *Sharon Ahearn*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sharon Ahearn Administrator	Date 12/15/17
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Violation Report: 24386 - 11/16/2017 - Deluca, Amy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.51 - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (OAPSA) (35 P.S. §§ 10225.101-10225.5102) and 6 Pa.Code Chapter 15 (relating to protective services for older adults).

2a. DESCRIPTION OF VIOLATION

The criminal background check of staff member B, who was hired 9/4/2017, was not obtained until 11/2/2017.

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.

I completely understand the violation and the importance of obtaining a criminal background check for all staff members within 30 days of hire date as per regulations. For any and all future hires a background check will be run on and never after the hire date and recieved before the start date to ensure ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance -

m
 12/18/17

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Violation Report: 24386 - 11/16/2017 - Deluca, Amy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 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

The temperature in the bedroom closest to the front door of the home measured 67.8.

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.

I completely understand the violation and the importance of the indoor temperature in all areas used by the residents while they are present in the home shall be maintained at a minimum of 70 degrees ferenheit. A schedule has been implemented to check all thermostates every 3 to 4 hours on a dailly basis to ensure obngong compliance.

The administrator shall monitor and be responsible for ongoing compliance.

[Signature]
 12/18/17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

Sharon Ahearn

Printed Name and Title of Legal Entity Representative
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Sharon Ahearn Administrator

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Violation Report: 24386 - 11/16/2017 - Deluca, Amy
 PCH Name: ADULT 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 storm door of the exit leading from the den area located to the right of the kitchen could not be pushed open due to a black floor mat that had been placed on the floor of the porch directly in front of the exit.

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.

I completely understand the violation and the importance of having all exits unlocked and unobstructed per regulations. On the day of inspection the black floor mat was removed from the exit in front of the storm door in the den area located to the right of the kitchen, leaving the area unobstructed. A policy was implemented that no floor mats will be placed near any exits to ensure ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance.

m
12/18/17

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Violation Report: 24386 - 11/16/2017 - Deluca, Amy
 PCH Name: ADULT PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.


2a. DESCRIPTION OF VIOLATION

Resident #4's documentation of medical evaluation form (DME) dated 7/25/17 was completed more than 12 months after the previous evaluation, which was completed on 5/18/2016.

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.

I completely understand the violation and the importance of completing all medical evaluations in a timely manner. Administration will develop a schedule that includes all current residents and will add new residents as they are admitted. As administrator I will check 30- 60 days ahead on annual evaluations to ensure ongoing compliance.

The administrator shall be responsible for ongoing compliance.

 12/18/17

Repeat Violation: Yes Date(s) of Previous Violation(s): 11/22/2016

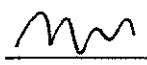
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 PCH Name: ADULT PERSONAL CARE HOME

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

Administrator A handed resident # 3 the medication Lorazepam to take at approximately 1:30pm but did not initial the resident's Medication Administration Record (MAR) until approximately 2:30pm when the resident's medications were being audited.

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.

I completely understand the violation and the importance of recording in the resident's MAR at the exact time of medication administration. On the day of inspection this violation was corrected and all medications that have since been administered are immediately recorded in all residents medication administration records as per regulations to ensure ongoing compliance.

The administrator shall monitor and be responsible for ongoing compliance

[Signature]
 12/18/17

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