



pennsylvania
DEPARTMENT OF HUMAN SERVICES

FEB 02 2018

Ms. Tawny Myers,
Administrator
Shirley Home for the Aged, Inc.
17050 Country View Lane
Shirleysburg, Pennsylvania 17260

RE: Shirley Home for the Aged
License #: 343970

Dear Ms. Myers:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on December 12, 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.

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: 34397 - 12/12/2017 - Heemer, Laura
PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa.Code §2600

2600.25(c)(13) - The contract shall include written information on the resident's rights and complaint procedures as specified in § 2600.41 (relating to notification of resident rights and complaint procedures).

2a. DESCRIPTION OF VIOLATION

The contracts for Resident 1 and Resident 2 do not include complaint procedures.

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.

On 12/13 Had resident 1 + Resident 2 review the missing pages of Complaint Procedures and house rules and both residents signed the missing pages and they were attached to contract. Enclosed a copy of the signed statements from Resident 1 + Resident 2.

Effective 12/13, when doing the contracts the Administrator and/or designee will verify that all pages are accounted and available for review.

A new copier was purchased on 12/19/17.

The administrator, and or designee, will complete an audit all resident records to assure that each resident contract contains information regarding complaint procedures. A meeting will immediately be held with any resident whose contract was found to be in need of this information. During the meeting, the resident will be informed of his/her complaint rights and a copy of the information will be placed into the contract. The audit shall be completed within 20 days from the receipt of this plan.

BAS
1/8/18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *B. J. John*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Brenda J. John Administrator* Date *12/27/17*

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

The above plan of correction is approved as of 1/8/18
(Date)

Plan of correction implementation status as of 1/8/18
(Date)

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

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

Violation Report: 34397 - 12/12/2017 - Heemer, Laura

PCH Name: SHIRLEY HOME FOR THE AGED

1. REGULATION 55 Pa.Code §2600

2600.227(d) - Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.

2a. DESCRIPTION OF VIOLATION

The Document of Medical Evaluation for Resident 1, dated 2/8/2017, indicates Resident 1 has a diagnosis of Schizo Affective Disorder, bipolar type. This resident's support plan, finalized on 3/6/2017, does not include the name and phone number of the psychiatrist who treats Resident 1, the name of the psychiatric rehabilitation program where Resident 1 receives services, and does not document the services to meet the needs of this diagnosis.

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.

on 12/13, The name and phone number of the psychiatrist for Resident 1 was placed on the support plan. Also the diagnosis of Schizo Affective Disorder, bipolar type was documented on the support plan to meet the needs of this diagnosis. The Psychiatric Rehabilitation program was listed under plan to meet psychological need on the support plan.

Effective 12/13, The Administrator or/oc designee will take the time to verify that the documents of medical evaluation and the support plans have the same diagnosis.

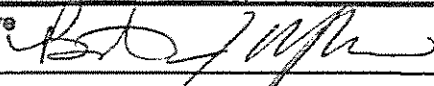
The administrator, and or designee, will complete an audit all current resident support plans to ensure that the support plan documents the contact information for and a description of the services the resident is receiving from outside service providers. The audit shall be completed within 30 days from the receipt of this plan.

1/8/18 BJS

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)

Brenda J. John Administrator

Date

12/27/17

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