



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 16 2018

Ms. Laura Mesoraco
Owner/Administrator/Secretary of Corporation
AM/PM Personal Care Home, Inc.
PO Box 123, 555 Adrian Road
Delancy, Pennsylvania 15733

RE: AM PM Personal Care Home
Certificate #: 407360

Dear Ms. Mesoraco:

As a result of the Department of Human Services' Licensing annual licensing inspection on December 13, 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, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

PCH Name: AM PM PERSONAL CARE HOME		License Number: 40736
Address: P O BOX 123 555 ADRIAN ROAD, DELANCEY, PA 15733		County: Jefferson
Administrator: Laura Mesoraco		Region: WEST
Legal Entity Name: AM PM PERSONAL CARE HOME INC		
Legal Entity Address: 555 ADRIAN ROAD PO BOX 123, DELANCEY, PA 15733		
Certificate(s) of Occupancy C-2 LP 02/25/1987 Labor & Industry		APR 01 2018 DEPT. OF LICENSING & REGULATION HARRISBURG, PA 17120
Staffing Hours		
Resident Support: N/A	Total Daily Staff: 31	Waking Staff: 23
Type of Inspection: Full	BHA Docket Number: N/A	Notice: Unannounced
Reason(s) for Inspection(s) Renewal		
On-Site Inspections Dates and Department Representatives On-Site 12/13/2017: Park, Beth; Cutler, Jan		
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: 32	Number of Residents who:	
Number of Residents Served: 30	Receive Supplemental Security Income: 3	
Secured Dementia Care Unit in Home: No	Are 60 Years of Age or Older: 30	
Area:	Have Mental Illness: 2	
Secured Dementia Unit Capacity, if Applicable:	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable:	Have a Mobility Need: 1	
Number of Current Hospice Residents: 0	Have a Physical Disability: 0	
Number of Hospice Residents in past year: 1		

Violation Report: 40736 - 12/13/2017 - Park, Belh
PCH Name: AM PM PERSONAL CARE HOME

VIOLATION REPORT (OF)
12/13/2017

1. REGULATION 55 Pa.Code §2800

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

The resident privacy coding document was attached to the license inspection summary, dated 12/15/2016, which was posted in the home and included the names of residents #4 and #5.

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 resident privacy coding document (dated 12/15/16) which included the names of resident #4 and #5 was removed the day of the inspection. (12/13/17).

Am/PM Cwnry/Administrator and Day to Day Manager will make sure to remove the document when posting any future inspection summaries.

Immediately: A designated staff person on each shift will check the home daily to ensure resident records, including LIS privacy coding documents, are kept in a confidential manner in accordance with 2600.17. *pl, 4/1/17*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

12/15/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

Laura J. Mesoraco

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

Laura J. Mesoraco

Date 4/1/17

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

The above plan of correction is approved as of

4/1/17
(Date)

Plan of correction implementation status as of

4/1/17
(Date)

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

The above plan of correction was approved by

pl
(Initials)

2018-04-02 10:00 AM
MONTGOMERY COUNTY

Violation Report: 40736 - 12/13/2017 - Park, Belh
PCH Name: AM PM 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 Influenza Awareness poster is not posted in accordance with the Influenza Awareness Act (HB 1785), effective July 16, 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.

Am/pm Owner/Administrator printed and posted
The Influenza Awareness poster on 12/14/17.
Please see attached photo.

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

Signature of Legal Entity Representative (Required on EVERY Page) *LJ Mesora*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Mesora, IC* Date *4/1/17*

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

The above plan of correction is approved as of <u>4/1/17</u> (Date)	Plan of correction implementation status as of <u>4/1/18</u> (Date)
The above plan of correction was approved by <u>LJ</u> (Initials)	<input checked="" type="checkbox"/> Fully Implemented <i>pu</i> <input type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40736 - 12/13/2017 - Park, Beth
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600
2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:
(1) Medication self-administration training.
(2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
(3) Care for residents with dementia and cognitive impairments.
(4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
(5) Personal care service needs of the resident.
(6) Safe management techniques.
(7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION
Direct care staff person A, hired 10/16/2001, did not have training in "Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan", during the 3/1/2016 through 2/28/2017 training year.

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 person "A" was trained in "Instruction on meeting the needs of the residents as described in the pre admission training form, assessment tool, medical evaluation and support plan" on 12/14/17. Please see attached training record.

In the future, Admin / Administrator and Day to Day Manager will ensure all employees receive annual training in the above listed topics.

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

Signature of Legal Entity Representative (Required on EVERY Page) *Laura J. Messers*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Messers* Date *4/11/18*

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

The above plan of correction is approved as of <u>4/11/18</u> (Date)	Plan of correction implementation status as of <u>4/11/18</u> (Date)
The above plan of correction was approved by <u><i>pu</i></u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pu</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

APR 01 2018

Violation Report: 40736 - 12/13/2017 - Park, Bath
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800

2800.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit in the kitchen cupboard did not include tweezers.

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.

Am/pm Manager [redacted] replaced the tweezers during the inspection on 12/13/17. The tweezers were inadvertently left in the Grand Med. room.

Managers [redacted] will remind staff that tweezers should be sanitized & returned to first aid kit after use.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Laura J. Mesocco

Date 4/11/18

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

The above plan of correction is approved as of

4/11/18
(Date)

Plan of correction implementation status as of

4/11/18
(Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *g.u.*
- Partially Implemented - Inadequate Progress
- Not Implemented

The above plan of correction was approved by

g.u.
(Initials)

Violation Report: 40736 - 12/13/2017 - Perk, Beth
PCH Name: AM PM PERSONAL CARE HOME

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.132(e) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

2a. DESCRIPTION OF VIOLATION

The fire drill record for the drill conducted on 2/28/17 at 9:30 AM indicates 27 residents were in the home but one resident refused to evacuate for the drill. However, the fire drill record indicates 27 residents were evacuated for the drill.

The fire drill record for the drill conducted on 8/29/2017 at 3:15 PM, does not indicate the exit routes used

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.

Am/ Pm Manager [redacted] corrected the Fire Drill log for 2/28/17 on 12/14/17 - the day after our inspection on 12/13/17. Please see attached Fire Drill log.

Am/ Pm Manager [redacted] corrected the Fire Drill log for 8/29/17 on 12/14/17 - the day after our inspection on 12/13/17. Exits were used during this fire drill.

In the future, Am/ Pm Owner/ Administrator Laura J. Mesoraco will review Fire Drill logs to assure completion, at least monthly, per 4/11/18

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

Signature of Legal Entity Representative (Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Laura J. Mesoraco Date: 4/10/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/11/18 (Date)

Plan of correction implemented as of 4/11/18 (Date)

- Fully Implemented
- Partially Implemented - Progress *pu*
- Partially Implemented - Progress
- Not Implemented

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

APR 10 2018

Violation Report: 40730 - 12/13/2017 - Park, Bath
PCH Name: AM PM PERSONAL CARE HOME

WEST REGIONAL OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2800

2600.132(h) - Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

2a. DESCRIPTION OF VIOLATION

There were 27 residents in the home at the time of the fire drill held on 2/28/17 at 9:30 AM; however, only 26 residents were 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.

Please see attached fire drill log on 2/28/17 indicating that one resident was ill and refused to evacuate.

In the future, Staff and Am/PM manager [redacted] will assure all residents evacuate the facility during each fire drill, conducted.

Within 5 days of receipt of the plan of correction: All staff persons and residents will be educated on the home's fire drill policy including the requirement that all residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill. Documentation of the education shall be kept. *PL 4/10/18*

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Laura J. Mesoro* Date *4/10/18*

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The above plan of correction is approved as of 4/11/18
(Date)

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

Plan of correction implementation status as of 4/11/18
(Date)

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

Violation Report: 40738 - 12/13/2017 - Park, Beth
 PCH Name: AM PM PERSONAL CARE HOME

APR 10 2018

1. REGULATION 65 Pa.Code §2800
 2800.141(b)(1) - A resident shall have a medical evaluation at least annually. WEST REGION FIELD OFFICE
 Human Services Licensing

2a DESCRIPTION OF VIOLATION
 Resident #1's medical evaluation, dated 9/6/17, does not include the resident's health status and cognitive functioning. These sections of the form are blank.

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.

Attached Please find Resident #1's medical evaluation with corrections to resident's health status and cognitive functioning. The sections were inadvertently left blank by [redacted] (corrected on 12/14/17)

In the future, [redacted] Am/pm manager will review all medical evaluations to assure all sections are completed accurately.

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
 Laura J. Mesoraco 4/10/18

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE

The above plan of correction is approved as of 4/11/18 (Date)

Plan of correction implementation status as of 4/11/18 (Date)

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

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

Violation Report: 40736 - 12/13/2017 - Park, Bell
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2800
2600.162(c) - Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

2a. DESCRIPTION OF VIOLATION
The current week's and previous week's menus were posted; however, the upcoming week's menu was not posted in a conspicuous and public place 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.

During the inspection on 12/13/17, AM/PM Manager [redacted] posted the upcoming week's menu on the front and back bulletin boards.

In the future, AM/PM manager will assure that ~~all~~ the current and upcoming weeks' menus will be posted as regulated, by checking at least weekly. 4/11/18

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date 4/11/18
Laura J. Mesera

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

The above plan of correction is approved as of <u>4/11/18</u> (Date)	Plan of correction implementation status as of <u>4/11/18</u> (Date)
The above plan of correction was approved by <u>[initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>pl.</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented

Violation Report: 40736 - 12/13/2017 - Park, Belh
PCH Name: AM PM PERSONAL CARE HOME

STATE OF PENNSYLVANIA
DEPARTMENT OF SENIORS AND ASSISTIVE SERVICES

1. REGULATION 55 Pa.Code §2800

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 December 2017 medication administration record (MAR) for resident #1 did not include the diagnosis or purpose for Januvia 100 mg, Oxybutynin ER 10 mg or Nystatin 100000U/GM ointment.

The December 2017 medication administration record (MAR) for resident #2 did not include the diagnosis or purpose for several medications to include:

- Amlodipine, 2.5 mg
- Atorvastatin, 20 mg
- Furosemide 20mg

The medication administration record for resident #3 did not include the diagnosis or purpose for several medications to include:

- Citalopram, 20 mg
- Atovastatin, 80 mg
- Citalopram 20mg

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.

Am I'm Manager [redacted] will check for blood diagnosis each Monday AM. & will contact appropriate MD to obtain diagnosis & will forward to Mission Pharmacy to input on MAR.

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *[Name]* Date *4/11/18*

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

The above plan of correction is approved as of 4/11/18 (Date)

Plan of correction implementation status as of 4/11/18 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress *[initials]*
- Partially Implemented - Inadequate Progress
- Not Implemented

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

APR 01 2018

Violation Report: 40736 - 12/13/2017 - Park, Beth
PCH Name: AM PM PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2 was admitted on [redacted] 2017. However, resident #2's assessment was not completed until 8/2/2017.

Resident #3 was admitted on [redacted] 2016. However, resident #3's assessment was not completed until 1/17/2017.

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.

In the future, AM/PM Manager [redacted] will assume to complete each new resident's assessment form within 15 days of admission.

Within 5 days of receipt of the plan of correction: A designated staff person will review all resident records to ensure each resident has an assessment completed in its entirety and present in the resident's record. *gpc 4/11/18*

Within 15 days of receipt of the plan of correction: The administrator will develop and implement a tracking system to ensure each new resident has an assessment completed in its entirety within 15 days of admission. *gpc 4/11/18*

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

Signature of Legal Entity Representative (Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Laura J. Moore* Date *4/11/18*

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

The above plan of correction is approved as of 4/11/18 (Date)

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

Plan of correction implementation status as of 4/11/18 (Date)

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