



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 02 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 annual licensing inspection on January 17, 2018; January 18, 2018 and March 15, 2018, 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: THE ADAMS HOUSE		License Number: 41371
Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		County: Washington
Administrator: Julian Davenport		Region: WEST
Legal Entity Name: KAREN ADAMS		
Legal Entity Address: 314 FALLOWFIELD AVENUE, CHARLEROI, PA 15022		RECEIVED
Certificate(s) of Occupancy C-2 LP 09/07/1992 L&I		MAR 02 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours	Resident Support: 0	Total Daily Staff: 22 Waking Staff: 17
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint, Incident, Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 01/17/2018: Hovver, Josh; Bedford, Katie 01/18/2018: Hovver, Josh; Bedford, Katie		
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: 21	Number of Residents Served: 21	Number of Residents who:
Secured Dementia Care Unit in Home: No	Area:	Receive Supplemental Security Income: 21
Secured Dementia Unit Capacity, if Applicable:	Number of Residents Served in Secured Dementia Care Unit, if applicable:	Are 60 Years of Age or Older: 2
Number of Current Hospice Residents: 0	Number of Hospice Residents in past year: 0	Have Mental Illness: 21
		Have an Intellectual Disability: 2
		Have a Mobility Need: 1
		Have a Physical Disability: 0

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Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

1. REGULATION 55 Pa.Code §2600
2600.20(b)(5) - Commingling of resident funds and home funds is prohibited.

MAR 02 2018

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

Staff person A, the home's administrator, indicates that resident funds that are managed by the home are deposited into the home's business account.

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.

As soon as the administrator was notified by the Department, the resident funds were separated from home funds. Administrator created account dedicated solely to help applicable residents that get checks from friends and family get them cashed. There isn't and never will be a charge for this service. To prevent a similar violation, the home's business account will always be separated from resident funds.

The administrator will keep an accounting of all funds kept in the resident bank account, designating balances for each resident.

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Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Davenport

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

Christina Davenport

Date 3-2-18

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

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

MAR 02 2018

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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

Staff person B did not hold permanent residency in Pennsylvania for two consecutive years prior to date of hire; however, a FBI criminal background check was not completed.

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 B has lived with family in charleroi and moved in with a friend and could not afford an ID that updated [redacted] Pennsylvania residency. In order to prevent this as a similar violation, the home will perform an FBI check according to 2600.51 and will investigate residency for all future employees and will perform the required checks. See attached please.

Immediately -

The administrator will review the records to ensure all staff have all necessary criminal history background checks in accordance with OAPSA.

3/2/18

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Christina Davenport

Printed Name and Title of Legal Entity Representative
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Christina Davenport

Date 3-2-18

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(Date)

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(Initials)

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Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

MAR 02 2018

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/3/2018 at 6:37 a.m., the glucometer belonging to resident #1 was used to test resident #2's blood glucose level.

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.

Prior to this violation becoming written, the home followed the Department's guidance to correct the improper usage of the glucometers and their readings. Administrator created training for staff that was provided at meeting and also had a diabetes instructor come in January 7, 2018. The home also immediately disposed and replaced unsanitary glucometers with new ones at no charge to the resident. New glucometers were clearly labeled. Unfortunately, the new hire staff person E made the mistake of using the wrong glucometer on [REDACTED] very first shift independently. Staff person E no longer works for the home. The glucometer was disposed of and replaced again. Administrative assistant is going to check glucometers weekly and check the mar for recordings. New glucometers will be provided, labeled, and incident procedure done.

Physicians of residents #1 and #2 notified of shared glucometers. Immediately - The administrator will observe all staff who test blood sugars at least once a week for 3 months to ensure proper procedures are followed. *JL 3/20/18*

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Davenport Date 3-2-18

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Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

MAR 02 2018

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

WEST REGION FIELD OFFICE
Human Services Licensing

2a. DESCRIPTION OF VIOLATION

On 1/17/2017 and 1/18/2017, there were no paper towels or other sanitary method to dry hands in the lower first floor bathroom. The mechanical hand dryer was inoperable.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Includes 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 owner has ordered the mechanical hand dryer to replace the inoperable one. The home is waiting for it to be delivered and maintenance staff will install immediately. In the meantime, paper towels are provided. Receipt attached.

A designated staff person will monitor bathrooms daily ensure safe hand-drying method is available.

[Signature]
3/2/18

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

[Signature]

Printed Name and Title of Legal Entity Representative
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Christina Davenport

Date 3-2-18

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Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.86(b) - A bathroom that does not have an operable, outside window shall be equipped with an exhaust fan for ventilation.

2a. DESCRIPTION OF VIOLATION

On 1/17/2018 the ventilation fan in the shared half-bathroom on the upper portion of the first floor was inoperable. There is no window in this bathroom.

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 owner ordered the new ventilation fan to replace the inoperable one. Maintenance has since replaced the unit with the all new one. Picture(s) attached.

A designated staff person will monitor the bathrooms at least monthly to ensure ventilation fans are operable.

J Shih

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

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Christina Davenport Date 3-2-18

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Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

MAR 02 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.95 - Furniture and equipment must be in good repair, clean and free of hazards.

2a. DESCRIPTION OF VIOLATION

On 1/17/2018, there was no drain cover for the shower on the first floor. The drain and protruding inner pipe were exposed, posing a fall and laceration hazard.

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 owner had the problem corrected immediately by having maintenance install a drain cover. Photo attached.

A designated staff person will monitor bathrooms at least monthly to ensure all items are in good repair.

[Signature] 3/2/18

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)

Christina Davenport

Date 3-2-18

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3/21/18
(Date)

Plan of correction implementation status as of

3/21/18
(Date)

- Fully Implemented
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(Initials)

MAR 02 2018

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.100(b) - The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

2a. DESCRIPTION OF VIOLATION

On 1/1/2018, resident #3 slipped and fell on a patch of ice on the rear porch/smoking area. The resident was sent to the hospital via ambulance, where he/she was diagnosed with a hip fracture.

On 1/17/2018 and 1/18/2018, approximately 75% of the the rear porch, which includes the smoking area, was covered in ice and snow. There was frozen slush, approximately 1" in thickness, covering approximately 25% of the porch, and the remaining 50% was completely covered in approximately 2" of snow. Also the rear stairs were covered in a thin, slippery layer of snow.

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 home has purchased an adequate amount of salt and will keep an inventory of salt and shovels so the home is not without.

These salt purchases will occur in the summer to stockpile the amount. The lack of availability of salt in the Washington County area during winters will be considered by the owner. The use of water softener pellets was a short-term solution for that day and will not be used.

Maintenance will remove snow more thoroughly through proper form and more time spent shoveling.

Preparation for winter weather will be anticipated via the maintenance person monitoring the weather forecast.

Furthermore, the owner will be having plastic roof paneling put over the roof to aid in drainage and provide extra shelter from ice and snow accum. These renovations should begin spring/summer 2018.

Repeat Violation: No

Date(s) of Previous Violation(s):

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(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
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Christina Davenport

Date 3-2-18

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Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

MAR 02 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.104(c) - Condiments shall be available at the dining table.

2a. DESCRIPTION OF VIOLATION
Condiments are not available to residents during meal times. These include salt, pepper, ketchup, and butter.

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 owner has since purchased condiments for the tables at Sam's club. Home will maintain an inventory of the items in the home's food budget.

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

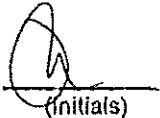
Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christina Davenport Date 3-2-18

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(Date)

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(Date)

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(Initials)

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

MAR 02 2018

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.107(c) - The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents.

2a. DESCRIPTION OF VIOLATION

The home serves 21 residents, requiring a minimum of 63 gallons of emergency water. The home does not store any drinking water on site. The home's emergency water contract, dated 3/28/2016, indicates emergency water will be provided to the home within 24 hours.

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 owner has bought the 63 gallons of water to be stored on site to sustain the home until the "up to 24 hour" water will be supplied. Inventory of the perishable item will be maintained. See attached picture.

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)

Christina Davenport

Date 3-2-18

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(Date)

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(Date)

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(Initials)

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- Not Implemented

RECEIVED

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

MAR 02 2018

WEST REGION FIELD OFFICE
Human Services Licensing

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

Three minutes is the home's maximum evacuation time designated in writing by a fire safety expert on 1/10/2017. On 1/1/2017, the fire drill evacuation time was 3 minutes 36 seconds.

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 home believes there is an error in this violation as there was no fire drill performed at the date stated above (1/1/2017) but that it was actually 2/1/2017. On 2/1/17 the fire drill on midnight shift failed because it took too long to evacuate due to a resident not wanting to wake up. This is an unfortunate violation but the home did try to rectify it by redoing the fire drill on night shift again 2/28/17 at 2min. 47 sec. See attached record. All fire drills over 3 minutes are redone as planned corrective action and documented so.

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)

Christina Davenport

Date 3-2-18

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

The above plan of correction is approved as of

3/2/18
(Date)

Plan of correction implementation status as of

3/31/18
(Date)

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

The above plan of correction was approved by

(Initials)

RECEIVED


Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE
MAR 02 2018

1. REGULATION 55 Pa.Code §2600 WEST REGION FIELD OFFICE
2600.181(a) - Meals shall be offered that meet the recommended dietary allowances established by the United States Department of Agriculture. Human Services Licensing

2a. DESCRIPTION OF VIOLATION
The home's menu for 1/18/2018 was the following:
•Breakfast: Scrambled eggs and toast
•Lunch: Cajun rice and beans, slice of bread, jello/fruit
•Dinner: Bologna on a bun, Chicken Soup, jello/fruit
However, fruit was not served.
According to multiple staff and resident interviews, and observation by agents of the Department, only jello is served during meals when "jello/fruit" is indicated on the menu. No fruit was available. This menu does not meet the recommended dietary allowances established by the USDA, as it does not include vegetable, fruit, and dairy groups.
Also, multiple resident interviews indicate that milk is not available to drink 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.
The home is continually improving it's menu while trying to keep a sensible budget for a low-income home. Fruit has been added as a canned food option and will replace a lot of the jello. The menu has changed to reflect the option for the meals, vegetables and protein are being incorporated in the carbohydrate-saturated meals prior to improve any nutritional deficits, we had been using a vegetarian week in our 4 week menu plan rotation in order to save money on food cost for other home improvements but that has been eliminated to accomodate the resident's nutritional needs as well as wishes. Milk will be offered for those tolerant of it. Weekly food socials bring in special items for the resident's to have that they like such as fresh fruit salad. This is posted for them to see as well.

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) Christina Davenport Date 3-2-18

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

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- Fully Implemented
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MAR 02 2018

Page 13 of 20

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.162(e) - A change to a menu shall be posted in a conspicuous and public place in the home and shall be accessible to a resident in advance of the meal. Meal substitutions shall be made in accordance with § 2600.161 (relating to nutritional adequacy).

2a. DESCRIPTION OF VIOLATION

On 12/16/2017, the menu indicated chicken soup for dinner. However, the home did not have enough soup for all of the residents. Several residents were served rice and beans. No notice was provided to the residents in advance of the meal.

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.

Changes to the meals will be communicated to the administrator from staff in an effort to re-evaluate what it is that went wrong and why there is not enough food. Staff person C started out inexperienced in cooking and did not add enough water to the soup concentrate. He did provide leftovers as a short-sighted effort to provide something in this particular evening. Notice will be provided to residents as soon as possible now. Administrator has been coaching Staff person C over the phone along with the food service person who is always on call for food. Administrator has also checked in on the physical site during mealtimes, especially during dinner when most mistakes are made, and will continue to do so, at least weekly for 3 months.

[Signature]
3/2/18

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
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Christina Davenport

Date 3-2-18

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MAR 02 2018

Page 14 of 20

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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

The medication administration record (MAR) for resident #4, indicates the resident is prescribed Vaniqua 13.9% topical application, apply twice daily. The medication has never been available in the home for administration; however, the MAR indicates the medication was administered by staff persons C, D, E, and F multiples times in January 2018.

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 medication in question has since been discontinued. Staff now have a daily checklist form provided from our e-mar service provider where staff audits the resident's medications and provide the required procedures to prevent this type of error. This is a form that requires each shift to audit 1 specific resident's medications per shift (21 shifts per week - 21 residents to be audited.) See mar example.

Immediately -

A designated staff person will complete a medication audit for each resident to ensure all medications indicated on the MAR are available in the home, or if discontinued, a discontinuation order will be obtained in writing from physician.

3/2/18 All staff will be reeducated to not initial the MAR if medication not administered.

Repeat Violation: No

Date(s) of Previous Violation(s):

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Christina Davenport

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Christina Davenport

Date 3-2-18

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MAR 02 2018

Page 15 of 20

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #2 is ordered Lactulose 10gm/15ml syrup 2 TBSP by mouth twice daily; however, the medication was not available in the home. The resident did not receive the medication on 1/17/2018 at 8:00 a.m. Staff were unsure of the last time the resident received the medication.

Resident #4 is ordered Vaniqa 13.9% topical application twice daily; however, the medication was not available in the home. The order was written on 10/30/2017 and the resident states that he/she has never received the treatment.

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.

Both medications in question have since been discontinued. Medications not being used are becoming removed from the med cart after expiring and are not being discontinued by staff. Staff has been trained on how to contact the doctor to request this now. As stated on page 14, staff now have checklists to do during every shift where they audit the cart according to the individual resident's mar. - This has helped improve communication between staff and resident, pharmacy, and doctor. It has also helped get the evening shift staff more involved. See attached checklist.

Immediately - A designated staff person will complete a medication audit at least monthly to ensure all medications are present and to contact physician if medication not available. *M. Shulis*

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) Christina Davenport Date 3-2-18

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The above plan of correction is approved as of 3/2/18 (Date)

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

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

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

RECEIVED

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

MAR 02 2018

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.190(a) - A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

2a. DESCRIPTION OF VIOLATION

Staff person E has not completed the Department-approved medication administration course; however, he/she has administered medications regularly, including 8:00 a.m. medications for all residents on 1/10/2018, 1/11/2018, 1/16/2018, and 1/17/2018.

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 E was signed up by administrator to do med training Dec. 2, 2017. Training was completed but it was the renewal training (annual practicum) and not the initial exam for new hires. Staff person E no longer works for the home. This error will be rectified by always being clear that they take the initial test not the annual. This will be communicated with the approved instructor for the class as well.

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)

Christina Davenport

Date 3-2-18

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
(Initials)

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

MAR 02 2018

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.221(b) - The program must provide social, physical, intellectual and recreational activities in a planned, coordinated and structured manner.

2a. DESCRIPTION OF VIOLATION

The home's activity calendar for January 2018 includes church services, therapy dog visits, and 3 food based "socials," but does not include any activities of a physical or intellectual nature.

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 home failed to provide physical recreation to the residents this winter. Usually in spring through fall there is a strong group of walkers that recreation plans to form a walking club for. This will be formed in April 2018. The residents reacted positively to the therapy dog and the food socials. We will expand our recreation calendar in March 2018 to include puzzles/art for intellectual stimulation as well as monthly music therapy where we will have musician(s)/singing group come in and perform in the living room; (acoustic/singing/audio tape). We will invest a a wi console for winter time physical activity and will try out sit and be fit classes in March 2018. See calendar.

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)

Christina Davenport

Date 3-2-18

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3/2/18
(Date)

Plan of correction implementation status as of

3/2/18
(Date)

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

The above plan of correction was approved by

MAR 02 2018

Page 18 of 20

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

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

The assessment for resident #5, dated 10/2/2017, does not include the diagnosis of psychosis as indicated on the medical evaluation dated 9/19/2017.

The assessment for resident #6, dated 7/28/2017, does not include the diagnosis of schizoaffective disorder as indicated on the medical evaluation dated 7/18/2017.

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 attached pages. - Page 18A of 20

Repeat Violation: Yes

Date(s) of Previous Violation(s): 12/20/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

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

Christina Davenport

Date 3-2-18

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

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)

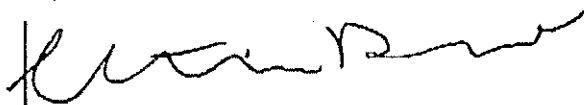
- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Because of the fact that these forms are done at different times of the year, in order to maintain accuracy from the time the resident's rasp, dme, and/or ma51 is done the administrative assistant makes use of the MAR for diagnosis information. The use of the MAR for diagnosis information seems to provide the most accurate, current diagnosis information for the administration to create/update these forms. Sometimes, the resident's diagnosis can change from one month to the next, especially if they are new to the facility and for example, the house doctor sees them for their initial exam and dme/ma51 are completed. A week or two later, it would no longer be accurate to go off the dme for medical information, it would be more accurate to complete a rasp using the resident's actual MAR and medications that list the individual diagnosis. This form can be printed out from our MAR program labeled as "physicians orders", on the right on the form it shows the DX or diagnosis reason for the medication. Therefore, I have attached physicians orders for the dates of 7/28/17 and 10/2/2017 as applicable with the names of the resident's on the top as well as the current orders as of. As you can see, these MARs do not include a diagnosis of schizoaffective disorder for Resident 6 nor does it include psychosis for Resident 5. The dme was done by the doctor at the initial exam, diagnosis information written down off that of the MAR, medication changes were made and then when the RASP (support plan) would have been made shortly after, the MAR would reflect the different and/or lack of that particular diagnosis. The administrative assistant will immediately reevaluate the way these forms are completed if this violation comes back as still out of compliance.

Assessments for residents #5 and #6 updated.

Immediately - The administrator will complete resident assessments to include diagnoses as indicated on the residents' most recent medical evaluation, and as indicated by other medical professionals. The assessments will be updated as necessary throughout the year if residents' needs change.

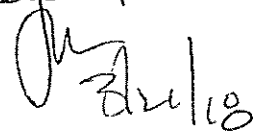
Immediately - The administrator will review the assessments of all residents to ensure all diagnoses are indicated on the residents' assessments.



Christina Davenport

3-2-18

For Page 18 of 20


3/2/18

MAR 02 2018

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 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 #4, dated 5/8/2017, does not include the diagnosis of bipolar disorder as indicated on the medical evaluation dated 12/12/2017.

The assessment for resident #7, dated 7/7/2017, indicates that the resident is not able to self-administer medications. However, resident #7 began self-administering blood glucose testing and insulin on 11/22/2017.

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 attached. Page 19A-20

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Christina Davenport

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

Christina Davenport

Date 3-2-18

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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)

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Page 19A of 20

For the first incident, regarding resident 4, the reason bipolar disorder is not included is because it is not documented as a condition currently being treated for on the MAR at the time those forms were completed. Resident 4 was newly diagnosed with bipolar disorder and it was labeled as DX: for mental condition being treated with a medication used for bipolar disorder called thiothixene. Resident 4 was earlier in the year diagnosed with a mental mood disorder with a medication called ziprasodone. This discrepancy in the diagnosis is something the administrative assistant looks at on the MAR for the most up to date information when completing forms such as the RASP (support plan), dme, and/or ma51. If the administrative assistant is at fault for this as a violation even after this explanation, we would be happy to update our processes for doing these forms in order to stay in compliance with the most accurate procedures according to the Department. Just as Page 18 states, because of the fact that these forms are done at different times of the year, in order to maintain accuracy from the time the resident's rasp, dme, and/or ma51 is done the administrative assistant makes use of the MAR for diagnosis information. The use of the MAR for diagnosis information seems to provide the most accurate, current diagnosis information for the administration to create/update these forms. Sometimes, the resident's diagnosis can change from one month to the next, especially if they are new to the facility and for example, the house doctor sees them for their initial exam and dme/ma51 are completed. A week or two later, it would no longer be accurate to go off the dme for medical information, it would be more accurate to complete a rasp using the resident's actual MAR and medications that list the individual diagnosis. This form can be printed out from our MAR program labeled as "physicians orders", on the right on the form it shows the DX or diagnosis reason for the medication. Therefore, I have attached physicians orders for the dates of May 8, 2017 and Dec. 12, 2017 as applicable with the name of the resident on the top as well as the current orders as of those dates. Again, the administrative assistant will immediately reevaluate the way these forms are completed if this violation comes back as still out of compliance.

As for the incident with resident 7 and the assessment regarding self-administration. We had received a script from the doctor stating that the resident was able to self-administer. We also had the doctor complete the dme/ma51 for it. The administrative assistant however failed to produce a rasp (support plan) for Resident 7's significant change. This will be rectified with all residents receiving applicable treatment to have a significant change rasp done for them within 5 days from now on.

Immediately - All residents assessments will be updated as needed throughout the year to include all residents diagnoses.

[Signature]

Christina Davenport

3-2-18

The administrator will review the assessments of all current residents to ensure a complete and accurate assessment is completed.

For Page 19 of 20

Assessments for residents #4 and #7 are updated.

-1.4

[Signature]
3/2/18

MAR 02 2018

Violation Report: 41371 - 01/17/2018 - Hoover, Josh
PCH Name: THE ADAMS HOUSE

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.251(c) - The home shall use standardized forms to record information in the resident's record.

2a. DESCRIPTION OF VIOLATION
The incident involving resident #3, dated 1/1/2018, was not reported on the incident reporting form required by 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.

This incident was reported incorrectly using the old form. The outdated form has since been removed and the appropriate form has been copied and made accessible to staff.

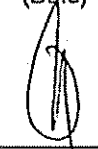
Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) 

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Christina Davenport Date 3-2-18

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(Date)

The above plan of correction was approved by 
(Initials)

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

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