



pennsylvania
DEPARTMENT OF HUMAN SERVICES

MAY 04 2018

Mr. Len Capuzzi
Vice President/Administrator
East Deer Personal Care Home, Inc.
967 Freeport Road
Creighton, Pennsylvania 15030

RE: East Deer Personal Care Home
License #: 430780

Dear Mr. Capuzzi:

As a result of the Department of Human Services' Licensing annual licensing inspection on January 30, 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 that reads "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

Violation Report: 43078 - 01/30/2018 - Hoover, Josh
PCH Name: EAST DEER PERSONAL CARE HOME

MAR 16 2018

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 Act, enacted 11/21/16, requires influenza information to be posted in a public place in the facility year-round. There was no information posted in the home in accordance with The Influenza Awareness 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.

The poster has been added to the bulletin boards on each floor. They have been labeled "do not remove". Weekly checks will be made to ensure it is posted. If it is not the staff will let the office know. A new one will be printed and posted immediately.

Attachment enclosed 'A' & 'B'

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) **LEN CAPUZZI, ADMINISTRATOR** Date **03-15-2018**

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

The above plan of correction is approved as of 3/28/18
(Date)

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

Plan of correction implementation status as of 3/28/18
(Date)

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

RECEIVED

Violation Report: 43078 - 01/30/2018 - Hoover, Josh
PCH Name: EAST DEER PERSONAL CARE HOME

MAR 18 2018

1. REGULATION 55 Pa.Code §2600
2600.82(a) - Poisonous materials shall be stored in their original, labeled containers.

APPROVED BY: [Signature]
DATE: [Date]

2a. DESCRIPTION OF VIOLATION
There was a 24 ounce spray bottle containing a mixture of bleach and water in 1st floor shower room B. The bottle was labeled "bleach/water" with black permanent marker.
There was an unlabeled 24 spray bottle containing a mixture of bleach and water in 2nd floor shower room B.

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 bottle has been replaced with shower disinfectant purchased from the store in there original bottles. This is what will be used to clean the showers moving forward.

Immediately - All staff will be educated on poisons being kept in their original, labeled containers.

[Signature]
3/28/18

Repeat Violation: No	Date(s) of Previous Violation(s):			
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Signature of Legal Entity Representative
(Required on EVERY Page) [Signature]

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) LEN CAPUZZI, ADMINISTRATOR Date 03-15-2018

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Violation Report: 43078 - 01/30/2018 - Hoover, Josh
PCH Name: EAST DEER PERSONAL CARE HOME

MAR 18 2018

1. REGULATION 55 Pa.Code §2600

2600.85(d) - Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

2a. DESCRIPTION OF VIOLATION

There was an uncovered, 1/4 full trash can in 1st floor shower room B.

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 lid on the trash can was replaced during inspection. The staff has been educated that they can not leave lids off trash and leave room.

Also, a new trash can has been purchased that has a motion lid. If trash can lid is not functioning properly staff will let Administrator know so problem can be addressed.

Attachment enclosed 'c'

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Violation Report: 43078 - 01/30/2018 - Hoover, Josh
PCH Name: EAST DEER PERSONAL CARE HOME

MAR 15 2018

783/130 York St. / 2nd Floor
Pottsville, PA 17864

1. REGULATION 55 Pa.Code §2600
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
There was a tube of MYAMYC 100,000 units/gm and a tube of Lidocaine 5% ointment for resident #2, unlocked and unattended in 1st floor shower room B.

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.

A staff member had set the shower room up for a resident prior to assisting them into the shower room. The inspector went into the shower room when they left to go get the resident.
The staff has been educated that they can not leave ointments etc, in the shower room unattended. From now on they will carry the medication with them to the residents room and it will be locked up after the shower is finished.


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Violation Report: 43078 - 01/30/2018 - Hoover, Josh
PCH Name: EAST DEER PERSONAL CARE HOME

RESIDENT COMPLAINTS
SECTION

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 glucometer for resident #3 is not calibrated to the current date and time.
Resident #1 is ordered Errin .35mg daily, however, the medication is not available in the home. next page 8 of 9

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 glucometers are calibrated weekly by the nursing staff. The staff will be educated to check the glucometers daily when they are using them to ensure they are always calibrated and giving accurate readings.

The residents PCP would not reorder the medication until they were seen by a specialist. The staff called the residents designated person numerous times to check if they had made the appointment. Eventually the appointment was made. Upon the resident visiting the specialist they did not feel the medication was needed. The PCP then discontinued the medication.

In the future the staff has been reeducated to ensure that the MARS and medication are aligned. If they do not match the PCP will be called to question what needs to be done.

Handwritten signature/initials
3/15/18

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

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Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Date
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Violation Report: 43078 - 01/30/2018 - Hoover, Josh
PCH Name: EAST DEER PERSONAL CARE HOME

MAY 2 2018

1000 N. MARKET STREET
PHILADELPHIA, PA 19106

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

2a. DESCRIPTION OF VIOLATION
Resident #1 is ordered Errin .35 mg daily; however, the resident did not receive this medication between 1/1/2018 and 1/30/2018.

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 residents PCP would not reorder the medication until they were seen by a specialist. The staff called the residents designated person numerous times to check if they had made the appointment. Eventually the appointment was made. Upon the resident visiting the specialist they did not feel the medication was needed. The PCP then discontinued the medication.

In the future the staff has been reeducated to ensure that the MARS and medication are aligned. If they do not match the PCP will be called to question what needs to be done.

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Violation Report: 43078 - 01/30/2018 - Hoover, Josh
PCH Name: EAST DEER PERSONAL CARE HOME

TESTED BY: JENNY P. L. D. OFFICE
PCH # 00000000000000000000

1. REGULATION 55 Pa.Code §2600

2600.227(c) - The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

2a. DESCRIPTION OF VIOLATION

The support plan for resident #4, dated 8/28/2017, does not indicate the type or frequency of services that hospice provides. The resident began receiving hospice services on 1/4/2018.

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 RASP has been corrected. In the future any change to the RASP will be documented at the time of change to ensure accuracy of plan of care, and to specifically indicate the type of services hospice provides, i.e. nursing, aide, and the frequency of these services.

J. Capuzzi
3/28/18

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