



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 26 2018

Ms. Carolyn Arotin,
Owner/Administrator
Arotin's Hummingbird Estate Inc.
400 Park Avenue
Patton, Pennsylvania 16668

RE: Arotin's Hummingbird Estate
Certificate #: 333070

Dear Ms. Arotin:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on January 31, 2018 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: 33307 - 01/31/2018 - Showers, Michael

PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.94(b) - Interior stairs, exterior steps and ramps must have nonskid surfaces.

2a. DESCRIPTION OF VIOLATION

The ramps off the back porch rear exit and side exit on parking lot side of the home do not have a non-skid surface.

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.

Refer to Attached Page 2A

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>CAROLYN AROTIN</i>	Date <i>2-14-18</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/28/18
(Date)

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

Plan of correction implementation status as of 2/28/18
(Date)

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

Violation 33307 – 01/31/2018

2600.94(b)

PLAN OF CORRECTION

We did the best we could putting down the non-skid surface in the middle of winter. Come spring we will re-do the ramps to make sure that the non-skid surface will be permanent and not temporary.

* All staff will be educated to inform the administrator of potential safety hazards and items that need repair, including areas that require nonskid surfaces, immediately. The administrator shall initiate corrective actions upon receiving this information. This staff education shall be completed within 10 days from receipt of this plan.

The administrator shall perform routine checks of the interior and exterior conditions of the home to identify potential safety hazards or needed repairs.

* BNS 2/28/18

Carolyn Arpt
3-14-18

Violation Report: 33307 - 01/31/2018 - Showers, Michael

PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.107(d) - The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

2a. DESCRIPTION OF VIOLATION

The home's written emergency procedures have not been reviewed and submitted to the Cambria County Emergency Management Agency during the calendar year of 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.

Refer to Attached Page 3A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carolyn Arotin

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

Carolyn Arotin

Date

5-14-18

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2/28/18
(Date)

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2/28/18
(Date)

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BS
(Initials)

Violation 33307 – 01/31/2018

2600.107(d)

PLAN OF CORRECTION

On 02/13/2018 [REDACTED] from Cambria County Department of Emergency Services came to Arotin's Hummingbird Estate PCH and reviewed with the Administrator the Emergency Plan Procedures.

We are working on a date to review the plan this year with [REDACTED] training the staff on the Emergency Plan and Procedures.

The Administrator is now keeping a log on the desk with all the important dates and times when letters, DME and RASP's are due.

This log will be checked every business day; when she comes in.

- ψ Going forward, the administrator will review, update (as necessary), and submit the home's emergency procedures to the local emergency management (EMA) agency annually. Documentation for the submission to EMA will be retained by the home for Department review.

BAS 2/28/18

Carolyn Arotin
2-10-18

Violation Report: 33307 - 01/31/2018 - Showers, Michael

PCH Name: AROTIN S HUMMINGBIRD ESTATE

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

On 01/31/2018 at 9:20 am, the home's medication room was unlocked and unattended. A bottle of Ibuprophen, syringes for the administration of insulin, and Novalog and Lantus pens were unlocked and accessible to anyone entering the room.

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.

Refer to Attached Page 4A

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carolyn Arotin

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

Carolyn Arotin

Date *1-10-18*

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(Date)

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2/28/18
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BS
(Initials)

Violation 33307 – 01/31/2018

2600.183

PLAN OF CORRECTION

All staff have been retrained on the importance of keeping the med room locked for safety and privacy reasons.

We reviewed Regulation 2600.183 a, b, c, d, e, f and g and the policy and procedures for storing medication. Also the importance of keeping everyones privacy and keeping doors locked that have files or cabinets locked at all times.

- * While performing daily walk-throughs of the facility, the administrator will check the medication room to ensure that it is appropriately locked and only accessible to staff.

BRAS 2/28/18

Carolyn Aron
2-10-14

Violation Report: 33307 - 01/31/2018 - Showers, Michael
PCH Name: AROTIN S HUMMINGBIRD ESTATE

1. REGULATION 55 Pa.Code §2600

2600.254(c) - Resident records shall be stored in locked containers or a secured, enclosed area used solely for record storage and be accessible at all times to the administrator or the administrator's designee, and upon request, to the Department or representatives of the area agency on aging.

2a. DESCRIPTION OF VIOLATION

On 1/31/18 at at 9:20 am, resident Medication Administration Records were located on top of a medication cart in an unlocked and unattended medication room.

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.

Refer to Attached Page 5A

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Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Carolyn Arotin

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

Carolyn Arotin

Date *2-10-18*

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(Initials)

Violation 33307 – 01/31/2018

2600.254(c)

PLAN OF CORRECTION

All staff have been retrained on the importance of keeping the med room locked for safety and privacy purposes.

A review of house policy and procedures, and the Regulations 2600.183 a, b, c, d, e, f, g, and 2600.254 a, b, and c was conducted.

* While performing daily walk-throughs of the facility, the administrator will check the medication room to ensure that it is appropriately locked and only accessible to staff.

BAS 2/28/18

Cathy Best
2-10-18