



pennsylvania
DEPARTMENT OF HUMAN SERVICES

APR 30 2018

Mr. Daniel Caffrey,
CEO
Zerbe Sisters Nursing Center, Inc.
2499 Zerbe Road
Navron, Pennsylvania 17555

RE: Zerbe Sisters Nursing Center
Certificate #: 322370

Dear Mr. Caffrey:

As a result of the Department of Human Services' Adult Residential Licensing's annual licensing inspection on February 22, 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: 32237 - 02/22/2018 - Springs, Israel
 PCH Name: ZERBE SISTERS NURSING CENTER

1. REGULATION 55 Pa.Code §2800

2800.85(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

On 2/22/18, the trash can next to the dishwashing station did not have a lid and was full of trash.

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 were re-educated by kitchen manager to cover trash cans when not in use.

The original can that was at the Dishwasher is being replaced with a 44 gallon step on type can so the lid remains on the can at all times.

The kitchen manager or their designee will monitor all cans in the kitchen daily.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rene Matthews*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **RENE MATHEWS LN** Date **3/16/18**

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

The above plan of correction is approved as of <u>3/20/18</u> (Date) The above plan of correction was approved by <u><i>RM</i></u> (Initials)	Plan of correction implementation status as of <u>3/20/18</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented
--	--

Violation Report: 32237 - 02/22/2018 - Springs, Israel
 PCH Name: ZERBE SISTERS NURSING CENTER

1. REGULATION 55 Pa.Code §2600
 2600.103(d) - Food shall be stored off the floor.

2a. DESCRIPTION OF VIOLATION

On 2/22/28, seven boxes containing individual cups of Vanilla, Butter Pecan, and Chocolate ice cream were stored on the floor of the home's walk-in freezer.

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 have been reeducated on keeping all food in the refrigerators/freezers off of the floors.

Dunage racks are available in the event that shelves are full. They will be kept in the walk-in refrigerators and freezers to be used if needed.

Kitchen manager or designee will monitor for proper placement of food on a daily basis.

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

Signature of Legal Entity Representative
 (Required on EVERY Page) *Rene Mathews*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) **RENE MATHEWS VAN** Date 3/20/18

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

The above plan of correction is approved as of 3/20/18
 (Date)

The above plan of correction was approved by *RM*
 (Initials)

Plan of correction Implementation status as of 3/20/18
 (Date)

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

Violation Report: 32237 - 02/22/2018 - Springs, Israel
 PCH Name: ZERBE SISTERS NURSING CENTER

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 Medical Administration Record (MAR) for Resident #1 documented blood glucose measurements of 186 on 2/17/18 at 11:07 and 190 on 2/17/18 at 19:11. These documented readings were not measurements stored in Resident #1's personal glucometer.

On 2/18/18 at 19:04, the MAR for Resident #1 incorrectly documented a blood glucose measurement of 188. The actual blood sugar measurement stored in the resident's glucometer was 182.

On 2/14/18, the MAR for Resident #2 incorrectly documented a morning blood glucose measurement of 198. The actual blood sugar measurement stored in the resident's glucometer was 189.

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.

Re-educated staff regarding the importance of proper documentation of blood sugars. All blood sugars and/or rechecks will be documented on the MAR when the blood sugar was taken.

Glucometer #1 was reset to indicate proper date and time.

Administrator will monitor all glucose machines weekly and compare glucometer to MAR.

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

Signature of Legal Entity Representative (Required on EVERY Page)	<i>[Handwritten Signature]</i>
--	--------------------------------

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
<i>RONE MATHEWS</i>	<i>3/16/18</i>

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

The above plan of correction is approved as of <u>3/20/18</u> (Date)	Plan of correction implementation status as of <u>3/20/18</u> (Date)
The above plan of correction was approved by <u>[Handwritten Initials]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented