



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 09 2018

Mr. Bryan Botts
Administrator
Jeffco Health Services, Inc.
417 Route 28
Brookville, Pennsylvania 15825

RE: Jefferson Court
Certificate #: 406240

Dear Mr. Botts:

As a result of the Department's Bureau of Human Services Licensing annual inspection on February 22 & 23, 2018 and July 3, 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
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: JEFFERSON COURT		License Number: 40824
Address: 417 RT 28, BROOKVILLE, PA 15825		County: Jefferson
Administrator: BRYAN BOTTS		Region: WEST
Legal Entity Name: JEFFCO HEALTH SERVICES INC		RECEIVED
Legal Entity Address: 417 RT. 28, BROOKVILLE, PA 15825		JUN 14 2018
Certificate(s) of Occupancy C2 - LP 02/09/1999 PA L&I		WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 67	Waking Staff: 50
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Renewal		
On-Site Inspections Dates and Department Representatives On-Site		
02/22/2018: Bartlett, Patricia; Summers, Vicky		
02/23/2018: Bartlett, Patricia; Summers, Vicky		
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: 48 Number of Residents Served: 44 Secured Dementia Care Unit in Home: Yes Area: Second Floor Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 20 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4	Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 42 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 23 Have a Physical Disability: 1	

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION
The licensing inspection summary, dated June 1, 2017, was not posted 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 license inspection summary from 6/1/17 was posted immediately. The administrator shall be responsible for reviewing license inspection summaries as soon as they are received at the facility following the plans of correction and then posting them on both floors at the facility. The administrator will be responsible for reviewing the posted current licensing inspection summary to ensure all records within are current and up to date. This will be checked twice a week for three months and then monthly afterwards.

Repeat Violation: Yes Date(s) of Previous Violation(s): 02/23/2017

Signature of Legal Entity Representative
(Required on EVERY Page) *Bryan Botts* LBN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

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

Plan of correction implementation status as of 7-20-18
(Date)

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia

PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 Pa.Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

Resident #1 ceased to breathe on [redacted] 17 at [redacted] However, the home did not report the death to the Department until 2/22/18 at approximately 3:07 p.m.

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 death was reported per department request on 2/22/18. The list of reportable incidents and conditions were reviewed by the administrator. Staff at the facility will be in-serviced upon hire, and annually there after on reportable incidents and conditions to ensure timely reporting on such issues. All incidents will be reviewed weekly at minimum for three months and reported as outlined by regulations.

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

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-30-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
2600.57(c) - Direct care staff persons shall be available to provide at least 2 hours per day of personal care services to each resident who has mobility needs.

2a. DESCRIPTION OF VIOLATION

The home is required to provide a minimum of 1 hour of personal care services for each mobile resident and 2 hours of personal care services for each resident with mobility needs. However, the home failed to provide the required amount of personal care needs hours as follows:

- * On 2/18/18, there were 44 residents residing in the home, including 24 residents with mobility needs, requiring a total minimum of 68 direct care staffing hours. On this day, only 63 hours of direct care staffing were provided.
- * On 2/18/18, there were 44 residents residing in the home, including 24 residents with mobility needs, requiring a total minimum of 68 direct care staffing hours. On this day, only 58.75 hours of direct care staffing hours were provided.
- * On 2/20/18, there were 44 residents residing in the home, including 24 residents with mobility needs, requiring a total minimum of 68 direct care staffing hours. On this day, only 63 hours of direct care staffing were provided.

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 schedule was evaluated immediately for appropriateness regarding the following matters: meeting the minimum direct care staffing hours and ensuring at least 75% of personal care service hours are available during waking hours. On days where these thresholds were not being met, it was corrected to be in compliance. Moving forward, the administrator will review the schedule on a weekly basis and as needed. The review will account for current census and number of staffing hours required. The administrator will then ensure that the schedule for the week will meet the requirements for both total staffing hours and that 75% of staffing hours will be available during waking hours. If these requirements are not being met, the schedule will be corrected to meet the requirements.

Repeat Violation: Yes

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts LAN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-8-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.57(d) - At least 75% of the personal care service hours specified in § 2800.57(b) and § 2600.57(c) shall be available during waking hours.

2a. DESCRIPTION OF VIOLATION

The home is required to provide a minimum of 1 hour of personal care services during waking hours for each mobile resident and 2 hours of personal care services during waking hours for each resident with mobility needs. At least 75% of those hours shall be available during waking hours. However, the home failed to provide the required amount of personal care needs hours as follows:

- * On 2/16/18, there were 44 residents residing in the home, including 24 residents with mobility needs, requiring a total minimum of 51 direct care staffing hours during waking hours. On this day, only 49 hours of direct care staffing were provided during waking hours.
- * On 2/18/18, there were 44 residents residing in the home, including 24 residents with mobility needs, requiring a total minimum of 51 direct care staffing hours during waking hours. On this day, only 44.75 hours of direct care staffing were provided during waking hours.
- * On 2/20/18, there were 44 residents residing in the home, including 24 residents with mobility needs, requiring a total minimum of 51 direct care staffing hours during waking hours. On this day, only 49 hours of direct care staffing were provided during waking 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 schedule was evaluated immediately for appropriateness regarding the following matters: meeting the minimum direct care staffing hours and ensuring at least 75% of personal care service hours are available during waking hours. On days where these thresholds were not being met, it was corrected to be in compliance. Moving forward, the administrator will review the schedule on a weekly basis and as needed. The review will account for current census and number of staffing hours required. The administrator will then ensure that the schedule for the week will meet the requirements for both total staffing hours and that 75% of staffing hours will be available during waking hours. If these requirements are not being met, the schedule will be corrected to meet the requirements.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-9-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.63(a) - At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

2a. DESCRIPTION OF VIOLATION

On 2/16/18 from 12:00 a.m. to 6:00 a.m., there were 44 residents present in the home. Staff persons A and B were the only staff person's on duty and present in the home. Neither staff person A nor staff person B are certified in first aid, CPR, and obstructed airway techniques.

On 2/18/18, from 10:00 p.m. to 12:00 a.m., there were 44 residents present in the home. Staff persons A and B were the only staff person's on duty and present in the home. Neither staff person A nor staff person B are certified in first aid, CPR, and obstructed airway techniques.

On 2/20/18, from 12:00 a.m. to 6:00 a.m., there were 44 residents present in the home. Staff persons A and B were the only staff person's on duty and present in the home. Neither staff person A nor staff person B are certified in first aid, CPR, and obstructed airway techniques.

On 2/20/18, from 10:00 p.m. to 12:00 p.m., there were 44 residents present in the home. Staff persons A and B were the only staff person's on duty and present in the home. Neither staff person A nor staff person B are certified in first aid, CPR, and obstructed airway techniques.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

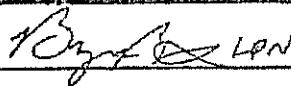
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The schedule was reviewed immediately to ensure each shift has at least one staff member who is trained in first aid and certified in both CPR and obstructed airway techniques. All shifts that were found to not be in compliance were corrected immediately so that the staffing was in compliance. The schedule will be reviewed weekly and as needed by the administrator to ensure that the staffing for each shift has at least one staff member trained in first aid and certified in both CPR and obstructed airway techniques. If necessary, the schedule will be adjusted so that the regulations will be satisfied. Trainings for first aid, CPR, and obstructed airway techniques will be held as needed to ensure an adequate amount of staff members have the proper requirements.

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) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-30-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Ancillary staff person C did not receive any of the training topics required in accordance with regulation 2600.65g for the 2017 training year (1/1/17 to 12/31/17).

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 staff training plan was reviewed and altered to ensure of all the required training topics are being covered. The training plan has been implemented for the 2018 training year. The administrator will ensure that all staff members complete all topics required within the 2018 training plan by the end of the 2018 year. The administrator will monitor the process quarterly throughout the year to ensure progress towards completion of the training plan.

Repeat Violation: Yes	Date(s) of Previous Violation(s):	02/23/2017	
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Signature of Legal Entity Representative
(Required on EVERY Page) *Bryan Botts*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

The above plan of correction was approved by /s/
(Initials)

Plan of correction implementation status as of 7-30-18
(Date)

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

RECEIVED

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia

PCH Name: JEFFERSON COURT

JUN 14 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

The home maintains a "House" glucometer which has been used to measure blood glucose levels on multiple residents to include:

- * Resident #2
 - On 2/22/18 at 7:38 a.m.
 - On 2/21/18 at 7:32 a.m.
 - On 2/20/18 at 7:39 a.m.
- * Resident #3
 - On 2/20/18 at 6:48 a.m.
 - On 2/20/18 at 8:29 p.m.
 - On 2/20/18 at 7:39 a.m.
- * Resident #4
 - On 2/19/18 at 8:00 p.m.
 - On 2/19/18 at 4:30 p.m.
 - On 2/28/18 at 8:00 p.m.
- * Resident #5
 - On 2/21/18 at 7:19 a.m.
 - On 2/17/18 at 8:41 a.m.
- * Resident #6 on 2/17/18 at 3:51 p.m.

There were four dried drops of what appeared to be blood, about 1/4 inch to 1/2 inch in diameter, on the "house glucometer", serial number 1040-4706893.

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 "house glucometer" was disposed of immediately upon learning of its use. Residents who did not have an individual glucometer were immediately supplied with one and each one was labeled with the correct resident name. Glucometers will be audited weekly for three months and then monthly by administration to ensure that each resident requiring one has an individual meter, and that each meter is labeled with the correct resident name. All staff were in-serviced on the importance of not sharing glucometers and that all residents must have their own glucometer on 5/31/18. All residents listed PCP's were notified via fax on 5/31/18.

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) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-7-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.89(b) - Hot water temperature in areas accessible to the resident may not exceed 120°F.

2a. DESCRIPTION OF VIOLATION

On 2/22/18 at approximately at approximately 10:50 a.m., the water temperature in the private bathroom sink of resident #7's bedroom (#21) measured 125.2 degrees Fahrenheit.

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.

Maintenance was made aware of the increased water temperature. Maintenance immediately corrected the water temperature so that it was under 120° F. Maintenance staff currently do and will continue to monitor water temperatures weekly and log them. If temperatures are found to not be within range, maintenance staff will adjust the water temperature and recheck the water temperature.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

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

Plan of correction implementation status as of 7-3-18
(Date)

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia

PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.96(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 home maintained two first aid kits. However, neither of the first aid kits had the required items as follows:

- The first aid kit in the first floor pantry room did not include: a thermometer, a breathing shield, eye coverings, and tweezers.
- The first aid kit in the second floor secured dementia care unit did not include: a thermometer, scissors, a breathing shield, eye coverings, and 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.

The first aid kit was immediately audited and corrected to have all the required supplies available within them. The first aid kit will be audited monthly by staff to ensure the required supplies are included in each kit. If the required supplies are not within the kit, or available to be placed in the kit administration will be notified. Administration will obtain the required supplies and replenish the first aid kits as necessary.

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) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-3-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
 PCH Name: JEFFERSON COURT
WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 65 Pa.Code §2600
 2600.132(a) - An unannounced fire drill shall be held at least once a month.

2a. DESCRIPTION OF VIOLATION
 The home did not conduct a fire drill during the month of November, 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.

It was investigated as to why a fire drill was not conducted during November 2017. The responsible party was in-serviced. Maintenance will complete one fire drill every month. The administrator will ensure that maintenance is completing the monthly fire drill. A schedule has been developed between maintenance and administration of Jefferson Court to prevent future fire drills from being missed.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Bryan Botts, Administrator	Date 6/14/18
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of <u>6-14-18</u> (Date)	Plan of correction Implementation status as of <u>7-2-18</u> (Date)
The above plan of correction was approved by <u>[Signature]</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

JUN 14 2018

Violation Report: 40824 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600
2600.132(c) - 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 home's fire drill record does not include the number of residents evacuated during the fire drill conducted on 1/31/18 at 9:28 a.m.
The home's fire drill record did not include the time the fire drill was conducted on 2/7/18.

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 responsible party was in-serviced on required components and documentation of a fire drill. Fire drills will be reviewed by administration after completion of each one, if any of the required components are missing the fire drill will be repeated and documented properly. The missing information from the 1/31/18 and 2/7/18 drill was located and filled in on the fire drill record.

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Bryan Botts*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-3-18
(Date)

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

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

JUN 14 2018

Violation Report: 40824 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

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

On 12/18/17 at 10:52 a.m., the home conducted a fire drill with 41 residents present in the home. However, the fire drill record indicated only 40 residents evacuated for a drill.

The home's fire safety expert specified a safe evacuation time of 6 minutes and 20 seconds. However the home was unable to evacuate the residents to a public thoroughfare or a designated fire safe area designated by a fire safety expert within the past year as follows:

- On 3/7/17 at 5:05 a.m., the evacuation time was 7 minutes and 40 seconds.
- On 9/29/17 at 5:13 a.m., the evacuation time was 7 minutes and 0 seconds.
- On 2/7/18 between 2 p.m. and 10 p.m., the evacuation time was 6 minutes and 28 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.

An annual review by a fire safety expert will be conducted to ensure the standard is an acceptable evacuation time. Future fire drills that fail to meet the established acceptable evacuation time will be repeated a second time, if the established accepted evacuation time is still not met the need for more staff will be evaluated and added if necessary. The fire drill record will provide reasoning for why all residents were not evacuated and will account for their absence during the drill.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts LBN

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

Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of

6-14-18
(Date)

Plan of correction implementation status as of

7-2-18
(Date)

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

The above plan of correction was approved by

B
(Initials)

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia

PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2800

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #8 was admitted to the home on 12/5/16. However, the initial medical evaluation was not completed for resident #8 until 12/11/17.

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 administrator/designee will ensure and assume responsibility for completion of initial medical evaluations within 60 days prior to admission or 30 days after admission. New admissions to Jefferson Court will have their records reviewed 15 days after admission to ensure completion of the form. If the medical evaluation has not been completed it will be the responsibility of administration to find out why this process has not yet been completed and make arrangements to have this form completed. DME's will be reviewed monthly by administrator/designee to ensure they are current.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts LBN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-30-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia

PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

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 home posted a menu from February 19 to February 25. However, the menu was not posted for one week in advance.

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 menu for the following week was posted immediately in addition to the current week. Staff will be responsible for posting the new menus each week once they are supplied by dietary on the fridge on each unit. The staff will ensure there are always two weeks worth of menus posted. If it is discovered that there are less than two weeks of menus posted dietary will be contacted to obtain the current menus for the two weeks.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts LPN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-3-18
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.183(e) - Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

2a. DESCRIPTION OF VIOLATION

Resident #4's Humalog 100/ml solution was opened on 1/16/18. According to the manufacturer's instructions, opened vials must be discarded if not used within 28 days. However, the medication was present in the medication refrigerator and was administered to the resident from 2/14/18 through 2/21/18 up to four times daily.

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.

Humalog was immediately discarded and replaced with a new vial which was labeled with the date opened. Staff were re-trained on the length of times that insulin vials can be opened and used for. Reference charts were posted in med rooms with the length of times that different types of insulins can be used. Medication administration trained staff will be responsible for checking insulins before use to ensure that the date opened is still within range.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts LAN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-2018
(Date)

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

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2800.184(a) - The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- (1) The resident's name.
- (2) The name of the medication.
- (3) The date the prescription was issued.
- (4) The prescribed dosage and instructions for administration.
- (5) The name and title of the prescriber.

2a. DESCRIPTION OF VIOLATION

Resident #4 has two prescription orders for HumaLog 100u/ml.

* HumaLog 100u/ml solution subcutaneously on two sliding scale; at 7:30 a.m., 11:30 a.m., and 4:30 p.m. as follows.
0 - 60 = 0 units and hypoglycemic protocol

61 - 160 = 0 units

161 - 200 = 6

201 - 250 = 8

251 - 300 = 12

301 - 350 = 16

351 - 400 = 20

401 - 4000 = 24 and call MD

* HumaLog 100u/ml solution subcutaneously on a sliding scale at 8:00 p.m. as follows:

The February 2018 MAR indicates:

Blood glucose level and units of insulin

0 - 60 = 0 units and hypoglycemic protocol

61 - 160 = 0 units

161 - 200 = 2

201 - 250 = 4

251 - 300 = 6

301 - 350 = 8

351 - 400 = 10

401 - 4000 = 12 and call MD

However, the pharmacy label indicates inject 12 units subcutaneously, four times daily.

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 order was clarified with pharmacy via records at the facility and ordering physician to ensure the correct order was being followed. MAR and pharmacy label were adjusted to ensure that they match. Medications and MAR will be compared/audited monthly by staff, administration, or pharmacy representative to ensure all orders are correct and uniform in all forms throughout the facility.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of

6-14-18
(Date)

Plan of correction implementation status as of

7-3-18
(Date)

Fully Implemented

Partially Implemented - Adequate Progress *PK*

Partially Implemented - Inadequate Progress

Not Implemented

The above plan of correction was approved by

PK
(Initials)

JUN 14 2018

Violation Report: 40824 - 02/22/2018 - Bartlett, Patricia

PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 56 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

Resident #9 is prescribed ProAir HFA Inhaler, inhale 2 puffs orally every 4 hours as needed for wheezing. However, the medication is not available in the home for administration.

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 was reordered immediately. Medications and MAR will be compared/audited monthly by staff, administration, or pharmacy representative to ensure all orders are correct and uniform in all forms throughout the facility. During the monthly audit, the auditor will also ensure all ordered medications are available within the facility. If at any time, it is discovered that an ordered medication is not present within the facility it will be investigated to find out why the medication is not present. Steps will be taken to get the medication within the facility as soon as possible.

Immediately: Medication care audits will occur weekly.

7-30-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Bryan Botts* LBN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

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

Plan of correction implementation status as of 7-30-18
(Date)

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

JUN 14 2018

Violation Report: 40624 - 02/22/2018 - Bartlett, Patricia		WEST REGION FIELD OFFICE	
PCH Name: JEFFERSON COURT		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 #8 is prescribed HumaLog 100u/ml per sliding scale subcutaneously three times daily as follows: Blood glucose level to units of insulin 0 - 69 = 0 units and hypoglycemic protocol 70 - 140 = 0 units 141 - 199 = 2 200 - 249 = 4 250 - 299 = 8 300 - 349 = 8 350 - 399 = 10 400 - 1000 = 12 and call MD for further instruction On 2/20/18 at 4:18 p.m., resident #8's blood glucose reading was 147. The resident was administered zero units of insulin. However, the resident should have been administered 2 units of HumaLog 100u/ml.			
3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.) <i>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.</i> The use of sliding scales were reviewed with staff who administer medications. Every week for three months, then monthly, administration will audit a random diabetic resident's blood sugar records for the month and ensure proper administrations of insulin. Staff will receive annual diabetic training which will include how sliding scales work. An incident report was completed and sent to DHS on 6/12/18. The resident was notified verbally of the med error by the administrator on 6/12/18. The resident's PCP was notified of the error via fax on 6/12/18. The resident's responsible party was notified via phone on 6/12/18. Immediately: Medication care audits will occur weekly. <div style="text-align: center;">7-3-18</div>			
Repeat Violation: No	Date(s) of Previous Violation(s):		
Signature of Legal Entity Representative (Required on EVERY Page)		<i>Bryan Botts</i> LAN	
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date 6/14/18	
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!			
The above plan of correction is approved as of <u>6-14-18</u> (Date)		Plan of correction implementation status as of <u>7-3-18</u> (Date)	
The above plan of correction was approved by _____ (Initials)		<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <i>2</i> <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented	

JUN 14 2018

Violation Report: 40824 - 02/22/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

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

Resident #2 was admitted to the home on 1/26/18. However, an initial assessment has not been completed for resident #2.

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 was discharged shortly after this inspection. The administrator/designee will ensure and be responsible for completion of initial assessments within 15 days days after admission. New admissions to Jefferson Court will have their records reviewed 10 days after admission to ensure completion of this form. If the initial assessment has not been completed, it will be the responsibility of administration to find out why this form has not yet been completed and make arrangements to have this form completed. DME's will be reviewed monthly by administrator/designee to ensure they are current.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of 6-14-18
(Date)

Plan of correction implementation status as of 7-3-18
(Date)

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

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

JUN 14 2018

Violation Report: 40824 - 02/22/2018 - Bartlett, Patricia

PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

1. REGULATION 55 Pa.Code §2600

2600.233(b) - A home shall have a statement from the manufacturer, specific to that home, verifying that the electronic or magnetic locking system will shut down, and that all doors will open easily and immediately when one or more of the following occurs:

- (1) Upon a signal from an activated fire alarm system, heat or smoke detector,
- (2) Power failure to the home,
- (3) Overriding the electronic or magnetic locking system by use of a key pad or other lock-releasing device.

2a. DESCRIPTION OF VIOLATION

The home's doors are equipped with magnetic locks that prevent immediate egress. However, the home does not have a statement from the manufacturer, specific to the home, verifying that the magnetic locking system will shut down, and that all doors will open easily and immediately in accordance with regulation 2600.233(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 administrator will be responsible for locating a company to test the magnetic locking doors to ensure they release under the specified conditions. Once this information is obtained, it will be submitted to the department for further review.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

Bryan Botts

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

Bryan Botts, Administrator

Date 6/14/18

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

The above plan of correction is approved as of

6-14-18
(Date)

Plan of correction implementation status as of

7-3-18
(Date)

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

The above plan of correction was approved by

[Signature]
(Initials)

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

PCH Name: JEFFERSON COURT		License Number: 40624
Address: 417 RT 28, BROOKVILLE, PA 15825		County: Jefferson
Administrator: BRYAN BOTTS		Region: WEST
Legal Entity Name: JEFFCO HEALTH SERVICES INC		
Legal Entity Address: 417 RT. 28, BROOKVILLE, PA 15825		RECEIVED
Certificate(s) of Occupancy C-2 LP 02/09/1999 Labor and Industry		JUL 24 2018 WEST REGION FIELD OFFICE Human Services Licensing
Staffing Hours		
Resident Support: 0	Total Daily Staff: 65	Waking Staff: 49
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Monitoring		
On-Site Inspections Dates and Department Representatives On-Site 07/03/2018: Bartlett, Patricia; Barone, Barbara		
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: 48 Number of Residents Served: 42 Secured Dementia Care Unit In Home: Yes Area: 2nd floor Secured Dementia Unit Capacity, if Applicable: 24 Number of Residents Served in Secured Dementia Care Unit, if applicable: 19 Number of Current Hospice Residents: 0 Number of Hospice Residents in past year: 4		Number of Residents who: Receive Supplemental Security Income: 3 Are 60 Years of Age or Older: 41 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 23 Have a Physical Disability: 1

Violation Report: 40624 - 07/03/2018 - Bartlett, Patricia
 PCH Name: JEFFERSON COURT

JUL 24 2018

1. REGULATION 55 Pa.Code §2600
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

WEST REGION FIELD OFFICE
 Human Services Licensing

2a. DESCRIPTION OF VIOLATION
 Resident #1's prescribed PST Calazine skin protectant paste with zinc oxide was discontinued on 9/26/17. However, approximately 3/4 of the 4oz tube was located in the first floor medication cart.

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 tube was immediately removed from the cart and disposed of. The administrator or designated person will conduct a monthly med cart audit. If during the audit it is discovered that medications in the cart are not current, the auditor will dispose of such medications. These audits will occur in addition to any audits that the pharmacy completes. The administrator/designated person will be responsible for removing discontinued/completed medications from the med carts when discontinuing an order from the electronic system.

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

Bryan Botts

Printed Name and Title of Legal Entity Representative (Required on EVERY Page)	Date
Bryan Botts, Administrator	7/19/18

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

The above plan of correction is approved as of <u>7-30-18</u> (Date)	Plan of correction implementation status as of <u>7-20-18</u> (Date)
The above plan of correction was approved by <u>S</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

JUL 24 2018

Violation Report: 40624 - 07/03/2018 - Barlett, Patricia
PCH Name: JEFFERSON COURT

WEST REGION FIELD OFFICE
Human Services Licensing

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

Resident #2 is prescribed ProAir HFA Inhaler, inhale 2 puffs orally every 4 hours as needed for wheezing. However, the medication is not available in the home for administration.

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 was reordered from pharmacy immediately. The administrator or designated person will conduct a monthly med cart audit. If during the audit it is discovered that medications are absent from the cart, the auditor will be responsible for contacting the appropriate pharmacy and make arrangements for the medication to be delivered as soon as possible. These audits will occur in addition to any audits that the pharmacy completes.

Immediately: Medication care audits will occur weekly.

7-3-18

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

Signature of Legal Entity Representative
(Required on EVERY Page) *Bryan Botts*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator Date 7/19/18

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

The above plan of correction is approved as of <u>7/3/18</u> (Date)	Plan of correction implementation status as of <u>8/7/18</u> (Date)
The above plan of correction was approved by <u><i>[Signature]</i></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

Violation Report: 40624 - 07/03/2018 - Bartlett, Patricia
PCH Name: JEFFERSON COURT

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 #3 is prescribed Clonidine DIS 0.2mg/24 hours start date of 3/13/17. Apply one patch trans-dermally one time a day every Monday for HTN. The resident was administered the patch on 6/25/18. However, the resident did not receive the 7/2/18 administration because the medication was not available in the home.

Resident #4 is prescribed 2:00 p.m. medications. However, the medications were not administered until 4:15 p.m. as follows:

- * Magnesium Oxide 400 mg
- * Clonidine 0.1mg
- * Carbidopa/Levodopa 25-100mg

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

Arrangements were made to obtain the clonidine immediately. Resident #4's PCP was notified of late administration with no further directions. Staff were re-educated on the importance of administering medications in a timely manner. The administrator or designated person will conduct a monthly med cart audit. If during the audit it is discovered that medications are absent from the cart, the auditor will be responsible for contacting the appropriate pharmacy and make arrangements for the medication to be delivered as soon as possible. These audits will occur in addition to any audits that the pharmacy completes.

Immediately: Medication care audits will occur weekly.

7-30-18 ✓

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

Bryan Botts LPN

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Bryan Botts, Administrator

Date 7/19/18

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

The above plan of correction is approved as of 7-30-18
(Date)

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

Plan of correction implementation status as of 7-30-18
(Date)

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